



**FUNDS
MANAGEMENT**

SELECTOR HIGH CONVICTION EQUITY FUND APPLICATION FORM

October 2018

Guide to completing this form

HOW TO INVEST

1. Read the Information Memorandum (IM) for the relevant fund.
2. Read and complete all relevant sections of this Application Form.
3. Read and provide a wet ink signature for the declaration in the Application Form.
4. Attach certified copies of your supporting identification and documents, including any power of attorney authorisations.
5. Lodge your Application Form together with your supporting identification and documents. We recommend that you keep copies for future reference.
6. All individual and beneficial owners that are party to this application must complete Section 14 "Declaration of overseas tax status".

HOW TO LODGE YOUR APPLICATION

Once you have completed the Application Form, please make your cheque payable to 'Selector Funds Management Limited Wholesale Application Account' and mark it 'Not Negotiable'. Your original Application Form, supporting identification document and cheque can be posted to or lodged directly at DDH Graham Limited (DDH), the fund's administrator. Please note that faxed or email copies will not be processed.

Postal address

DDH Graham Limited
GPO Box 330
Brisbane QLD 4001

Office address

DDH Graham Limited
Level 9, 324 Queen St
Brisbane QLD 4000

Alternative payment method

Payment method other than cheque is available, i.e. you initiate an electronic transfer to the following bank account:

Account name: Selector Funds Management Limited Wholesale Application Account

Bank: National Australia Bank Limited

BSB: 083-973

Account number: 000582168

Reference: Use a description that clearly identifies you.

You can then send your Application Form and supporting identification documents to the above postal address or hand deliver to the office address stated above.

If you are adding to an existing investment, please complete an 'Additional Application Form', available by phoning 1800 226 174.

If you have an existing investment but wish to establish a new account please complete this Application Form.

SUPPORTING IDENTIFICATION DOCUMENTS

Australian anti-money laundering and counter-terrorism financing laws oblige us to ask for supporting identification documents from prospective investors in order to meet our obligations under Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) laws (AML/CTF). These laws apply to all fund managers in Australia.

By investing in a fund, you agree that:

- you do not apply for an interest in the fund under an assumed name;
- any money invested by you in the fund is not derived from or related to any criminal activities;
- any proceeds from your investment in the fund will not be used in relation to any criminal activities;
- if we ask, you will provide us with additional information we reasonably require for the purposes of AML/CTF laws (including information about you, any beneficial interest in the fund, or the source of funds);
- we may obtain information about you or any beneficial owner of an interest in the fund from third parties if we believe this is necessary to comply with AML/CTF laws; and
- in order to comply with AML/CTF laws we may be required to take action, including:
 - delaying or refusing the processing of any application or withdrawal;
 - disclosing information that we hold about you (or any holder of a beneficial interest in the fund) to our related bodies corporate or service providers, or relevant regulators of AML/CTF laws (whether in or outside of Australia).

AUTOMATIC EXCHANGE OF INFORMATION

Australia participates in Automatic Exchange of Information (AEOI) regimes concerning the automatic exchange of financial account information with a number of foreign jurisdictions. These regimes are known as the Foreign Tax Compliance Act (FATCA) in the case of exchange by Australia with the United States of America and the Common Reporting Standard (CRS or Standard) in the case of exchange by Australia with other countries that have implemented the Standard.

CRS and FATCA obligations are imposed on Australian financial institutions (AFI's) through the operation of the Taxation Administration Act 1953. A requirement of the legislation implementing FATCA and CRS is that AFI's must collect and report specified information to the Australian Taxation Office (ATO).

The Selector High Conviction Equity Fund is expected to be subject to the FATCA and CRS obligations. Section 14 sets out the information required to be collected by us and all applicable applicants **must** provide responses to the questions in this section as appropriate. If you do not provide the information requested, we will not be able to process your application.

We are not able to provide tax advice and cannot determine the impact or compliance obligations of FATCA or CRS on investors. We strongly encourage investors to seek the advice of an experienced tax advisor to determine what actions, if any, investors need to consider.

WHAT TYPE OF INVESTOR AM I?

The following table sets out your investor type that will determine the form of identification required.

Type of Investor and Description		Sections to complete on Application Form
Individual(s), Sole Traders & Minors	Investing in your personal capacity. This includes individuals investing on your behalf of a minor. Sole Trader describes a business that is owned and controlled by one person.	Individuals – 1.1 and/or 1.2 Sole Traders – 1.3 Minors – 1.4
Trust Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	Investing in your personal capacity as a trustee on behalf of a Trust or Superannuation Fund. A Trust will be established pursuant to a Trust Deed. Trusts can include: <ul style="list-style-type: none"> • Superannuation Funds (including self managed superannuation funds) • Family Trusts • Managed Investment Schemes • Charitable Trusts • Testamentary Trusts 	Individuals – 1.1 and/or 1.2 Trust or Superannuation Fund – 3
Trust Australian company acting as a Trustee(s) of a Trust or Superannuation Fund	Company incorporated in Australia, acting in the capacity of trustee on behalf of a Trust or Superannuation. A Trust will be established pursuant to a Trust Deed and examples of Trust are listed above.	Company – 2 Trust or Superannuation Fund – 3
Company	Company incorporated in Australia including: <ul style="list-style-type: none"> • Proprietary company (ending in “Pty Ltd”) • Public company (ending in “Limited”) – listed on a securities exchange or unlisted. • Companies limited by guarantee. 	Company – 2
Partnership	Established pursuant to a partnership agreement/deed.	Partnership – 4
Association	Incorporated Association is registered by the State or Territory in which the association is based and involves formal appointments of a public officer and Committee. Unincorporated Association does not have a legal identity and cannot hold assets in its own name. Appointment of individuals as trustees who own the assets but hold them for the benefit of the association.	Associations – 5
Government body	Government body is a legal entity that is owned or controlled by Commonwealth, State or Local government.	Government body – 6

FORMS OF IDENTIFICATION REQUIRED

This section outlines the types of documents that you will need to provide. We will collect these documents before processing your application, but may request additional information at a later date. If you do not provide the documents we request, we will not be able to process your application.

Please read the sections applicable to you and ATTACH AN ORIGINAL CERTIFIED COPY OF THE DOCUMENT TO YOUR APPLICATION FORM.

Account type:	Certified copies of documentation required:*	Account must be in the name of:	Sections to complete on Application form:
Individual	<p>Option 1 – provide one document from the selection below:</p> <ul style="list-style-type: none"> Australian driver’s licence containing your photograph; Australian Passport; identification card issued by a state or territory that contains your date of birth and a photograph; or foreign government issued passport or similar travel document containing your photograph and signature. <p>OR</p> <p>Option 2 – provide one document from the section below:</p> <ul style="list-style-type: none"> Australian birth certificate; Australian citizenship certificate; pension card issued by Centrelink; or foreign driver’s licence that contains your photograph. <p>AND</p> <ul style="list-style-type: none"> a notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains your name and residential address; a notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by you by or to the Commonwealth; a notice issued by the local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to you (the notice must contain your name and residential address); OR a National Identity Card issued by a foreign government that contains your photograph and signature. 	<p>Your full name</p> <p>Your full name</p>	<p>Individual/Joint accounts: 1.1 Applicant A 1.2 Applicant B</p> <p>Individual as Trustee: 1.1 Applicant A 1.2 Applicant B</p>
Soletrader	<p>Information required as for:</p> <ul style="list-style-type: none"> Individual; AND The full address of the principal place of business (if any); AND A copy of the ABN of the business 	<p>Your full name</p> <p>Full name of business</p>	<p>1.1 Applicant A 1.2 Applicant B</p> <p>1.3 Business name</p>
Minor (less than 18 years old)	<ul style="list-style-type: none"> Minor’s birth certificate, OR A notice that: <ul style="list-style-type: none"> Was issued by a school principal within the preceding three months; Contains the minor’s name and residential address; AND Records the period of time the minor attended the school; AND Identification as required for an Individual for all account signatories 	<p>The minor or trustees for the minor</p>	<p>1.4 Minor Name AND 1.1 Applicant A and/or 1.2 Applicant B</p>
Company	<ul style="list-style-type: none"> Certificate of registration or incorporation issued by ASIC; or Certificate of registration or incorporation issued by the relevant foreign registration body; <p>AND</p> <ul style="list-style-type: none"> if a listed public company or a majority owned subsidiary of a listed public company, a search of the relevant stock exchange; or if a listed public company or a majority owned subsidiary of a listed public company, a public document issued by the relevant company; or if a licenced domestic company, a search of the licence or other records of the relevant regulator; <p>OR</p> <ul style="list-style-type: none"> if an unlisted public company or private company, identification as required for an Individual for all beneficial owners. 	<p>The name of the company</p>	<p>Company Director Details</p>
Trusts & Trustees (e.g. Superannuation fund)	<ul style="list-style-type: none"> Trust Deed; AND Identification as required for: <ul style="list-style-type: none"> Individual Trustee/s (refer to an Individual above); or Corporate Trustee (refer to a Company above) 	<p>The trustees of the trust</p>	<p>Individuals: 3. Trust Name 1. Individual Details</p> <p>Companies: 3. Trust Name 2. Company Details</p>

Partnership	<ul style="list-style-type: none"> Partnership Agreement; OR Minutes of a Partnership Agreement; or Membership details of a relevant professional association; or A search of the relevant ASIC or other regulators database; or A notice issued by the ATO within the last 12 months; AND Identification as required for an Individual for all beneficial owners 	The principals of the partnership	4. Partnership Name 4. Partner Details
Incorporated Association	<ul style="list-style-type: none"> An original or certified copy of the Constitution or Rules of the association; OR Information provided by ASIC or the government body responsible for the incorporation of the association; AND Signed meeting minutes showing which officers can operate the account; AND Identification as required for an Individual for all beneficial owners 	The name of the incorporated body	1. Individual Details 5. Association
Unincorporated Association	<ul style="list-style-type: none"> An original or certified copy of the Constitution or Rules of the association; AND Signed meeting minutes showing which officers can operate the account; AND Identification as required for an Individual for all beneficial owners 	Officers on behalf of the unincorporated body	5. Association 1. Individual Details
Government Bodies	<ul style="list-style-type: none"> Search on the relevant Commonwealth, State or Territory website for confirmation of the government body's existence; or Review of the relevant register of government bodies; or Extract of the relevant legislation as obtained from a government website 	The name of the Government Body	6. Government Bodies

*Additional documentation may be required in some circumstances. We reserve the right to vary these requirements at any time.

Alternative forms of identification may be acceptable under circumstances permitted by law. Please contact DDH Fund Services on 1800 226 174 for further information.

BENEFICIAL OWNER INFORMATION

In accordance with AML/CTF laws we must collect additional information on for the following investor types:

- Companies where individual shareholders control or own 25% or more of the issued capital (refer section 2.3); and
- Trusts where individual beneficiaries control or are entitled to a 25% or more interest by membership class in the Trust (refer section 3.2).
- For partnerships, this includes, but is not limited to, partners who hold 25% or more beneficial interest in the partnership (refer section 4.2).
- For associations, this includes, but is not limited to, the Chairman (or equivalent), secretary, or treasurer who holds 25% or more beneficial interest in the association (refer section 5.2).

CERTIFYING COPIES OF SUPPORTING IDENTIFICATION AND DOCUMENTS

An originally certified document is a document that has been certified as a true copy of the original document by an eligible certifier. To certify a document, take the original document and the photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document.

Originally certified identification documentation must have been certified within the last 12 months.

Sample wording or similar to be used by the certifier is provided below.

I, [full name], certify that this is a true and correct copy of the original [name, occupation, licence number (if any), signature and date].

If there are multiple pages each page is required to be certified, or you may state:

I, [full name], certify that this page and the following 'x pages' are a true and correct copy of the original [name, occupation, licence number (if any), signature and date].

The person providing the certification must date and sign the identification documents and clearly write information about their name, occupation and licence number (if any). Alternatively, if they have a stamp that includes this information they may stamp the document.

ALL identification documentation provided must be in the name of the investor.

Non-English documents must be accompanied with a translation prepared by an accredited translator.

An accredited translator is a person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator, or above, to translate from a language other than English into English; or a person who currently holds an accreditation that is consistent with this standard.

ELIGIBLE CERTIFIERS: WHO CAN CERTIFY COPIES OF DOCUMENTS?

When having copies of documents certified, you should show both the original document and a copy to the eligible certifier.

Legal

- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- a judge of a court
- a Magistrate
- a Public Notary
- a Justice of the Peace (please include registration number (or equivalent))
- a Commissioner of Declarations (please include registration number (or equivalent))

Police

- a police officer (please include registration number (or equivalent))

Post Office

- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation, with 2 or more years of continuous service, who is employed in an office supplying postal services to the public

Finance corporations (bank, building society, credit union)

- a bank / building society / credit union / finance company officer with 2 or more continuous years of service
- an officer with, or authorised representative of a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees

Pharmacist

- a pharmacist (please include registration number (or equivalent))

Accountant

- a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Please contact us on 1800 226 174 and we will be able to assist you with further information regarding eligible certifiers. For a detailed list of eligible certifiers, please visit the DDH website at www.ddhgraham.com.au.

Selector Funds Management Limited

Application Form

Please complete form using CAPITAL letters. Complete ALL sections.

Do you have a DDH Investor ID

Yes → Account number:

AND

Do you want to create a new account?
 Yes → Please complete ALL relevant sections in this application.

No → DO NOT USE THIS FORM
 Please refer to the latest IM and submit an Additional Application Form, available by phoning 1800 226 174.

No → Please complete ALL relevant sections in this application.

1. Individual, joint investors, sole traders, minors, individual trustees

Important: Please complete ALL sections to avoid delays with processing your application.

1.1 INVESTOR 1 / INDIVIDUAL TRUSTEE

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Are you, or have you been commonly known by two or more different names?

No Yes → Mr Mrs Miss Ms Dr Other:

Other first name (s)

Other surname

Residential address

Are you an Australian resident for tax purposes?

Yes No (Complete section 14 "Declaration of Overseas tax status")

What is your occupation?

Retired Student Other (Complete Occupation)

Occupation

Source of funds (Please choose one or more options listed in Appendix 1)

1.2 INVESTOR 2 / INDIVIDUAL TRUSTEE

Mr Mrs Miss Ms Dr Other:

First name

Middle name(s)

Surname

Date of birth

 / /

Are you, or have you been commonly known by two or more different names?

No Yes → Mr Mrs Miss Ms Dr Other:

Other first name (s)

Other surname

Residential address

Are you an Australian resident for tax purposes?

Yes No (Complete section 14 "Declaration of Overseas tax status")

What is your occupation?

Retired Student Other (Complete Occupation)

Occupation

Source of funds (Please choose one or more options listed in Appendix 1)

1.3 Are you making this application as a sole trader?

No Yes →

Full business name

ABN/ARBN/ACN

1.4 Are you making this application on behalf of a minor?

No Yes →

First name

Middle name(s)

Surname

Date of birth

 / /

What is your relationship with the child/minor?

1.5 Are you a potential Politically Exposed Person?

Yes No

A Politically Exposed Person is an individual or a close family member or close associate of an individual, who holds a prominent public position or function in an Australian government body, or foreign government body, or an international organisation.

2. Company or Corporate Trustee of Trust or Superannuation Fund

2.1 NAME OF COMPANY OR CORPORATE TRUSTEE

ACN

Contact Name

Registered Office (PO Box is not acceptable)

Principal Place of Business/Agent Address/Administration Address (as applicable)

Source of Funds (Please choose one or more options listed in Appendix 1)

2.2 COMPANY TYPE

Please select from each column and provide the required information:

Australian Company

Public Company

ASIC registered

→ ACN or ARBN

Foreign Company

Proprietary or Private Company

Foreign registered

→ Foreign registration number

Name of relevant foreign registration body

Country of incorporation

Majority owned subsidiary of Listed Public Company

→ Name of parent company and relevant exchange

Listed on market/exchange

→ Details of market/exchange (including registration number if applicable)

Other (please provide details)

→ Details of regulator (including registration number if applicable)

If you are an Australian or foreign listed public company, you do not need to complete sections 2.3 or 2.4 below.

2.3 NAMES OF DIRECTORS (PROPRIETARY COMPANIES ONLY)

Director 1 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Director 2 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Director 3 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Director 4 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

2.4 BENEFICIAL OWNERSHIP

Please provide details of all shareholders and/or controlling persons who own 25% or more of the company's issued capital. If no individual owns 25% or more of the company's issued capital, please provide the details of the individual(s) who exercise control of the company through the capacity to determine decisions about the company's financial and operational policies.

Beneficiary 1 Details

Mr Mrs Miss Ms Dr Other: _____

First name _____ Middle name(s) _____

Surname _____ Date of birth _____ / _____ / _____

Residential Address _____

Beneficiary 2 Details

Mr Mrs Miss Ms Dr Other: _____

First name _____ Middle name(s) _____

Surname _____ Date of birth _____ / _____ / _____

Residential Address _____

Beneficiary 3 Details

Mr Mrs Miss Ms Dr Other: _____

First name _____ Middle name(s) _____

Surname _____ Date of birth _____ / _____ / _____

Residential Address _____

Beneficiary 4 Details

Mr Mrs Miss Ms Dr Other: _____

First name _____ Middle name(s) _____

Surname _____ Date of birth _____ / _____ / _____

Residential Address _____

If there are additional beneficial owners, please provide their full names, dates of birth and residential addresses on a separate page and attach to this form.

3. Trust or Superannuation Fund

3.1 FULL NAME OF TRUST OR SUPERANNUATION FUND

Registered business name (if any) of Trust

ABN

Source of funds (Please choose one or more options listed in Appendix 1)

*Please complete Individual trustee details in Section 1 OR Corporate trustee details in Section 2. If there is more than one trustee, please attach details on a separate sheet and attach to this form.

Full name of Settlor of Trust or Superannuation Fund

You do not need to provide the Settlor's details if the Settlor is deceased or the material asset contribution to the trust by the Settlor at the time the trust is established is less than \$10,000.

3.2 TRUST TYPE

Please select one option below and provide the requested information.

Registered Managed Investment Scheme

→ ARSN

Unregistered Managed Investment Scheme

Foreign Superannuation Fund

Regulated Trust (e.g. Self-Managed Superannuation Fund)

→ Name of regulator (e.g. ASIC, APRA, ATO)

→ Registration/Licensing details

Details of regulator (including registration number if applicable)

Government Superannuation Fund

→ Name of Legislation Establishing the Fund

Other Trust Type Trust Description (e.g. family, unit, charitable, testamentary)

→

If you are a Registered Managed Investment Scheme, Unregistered Managed Investment Scheme (provided you do not make small scale offerings to which section 1012E Corporations Act 2001 (Cth) applies), Regulated Trust or Government Superannuation Fund, you do not need to complete section 3.3 below.

3.3 BENEFICIAL OWNERSHIP

Please provide details of all unitholders by class of units who own 25% or more of that class of units.

Class of units ^{Note 1}

Beneficiary 1 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Residential Address

Beneficiary 2 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Residential Address

Beneficiary 3 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Residential Address

Beneficiary 4 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Residential Address

Note 1: If more than one class of membership complete as above for each class on a separate sheet and attach to this application.

If there are additional beneficial owners, please provide their full names, dates of birth and residential addresses on a separate page and attach to this form.

4. Partnership

4.1 FULL NAME OF PARTNERSHIP

Registered business name of Partnership

ABN or other registration number

Address

Country in which established (if not Australia)

Source of funds (Please choose one or more options listed in Appendix 1)

Partner 1 Details

Mr Mrs Miss Ms Dr Other:

First name

Middle name(s)

Surname

Date of birth

 / /

Residential address

Partner 2 Details

Mr Mrs Miss Ms Dr Other:

First name

Middle name(s)

Surname

Date of birth

 / /

Residential address

Partner 3 Details

Mr Mrs Miss Ms Dr Other:

First name

Middle name(s)

Surname

Date of birth

 / /

Residential address

Partner 4 Details

Mr Mrs Miss Ms Dr Other:

First name

Middle name(s)

Surname

Date of birth

 / /

Residential address

4.2 BENEFICIAL OWNERSHIP

Please provide details of all partners and any other person who holds 25% or more beneficial interest in the partnership.

Beneficiary 1 Details

Mr Mrs Miss Ms Dr Other: _____

First name _____ Middle name(s) _____

Surname _____ Date of birth _____ / _____ / _____

Residential address _____

Beneficiary 2 Details

Mr Mrs Miss Ms Dr Other: _____

First name _____ Middle name(s) _____

Surname _____ Date of birth _____ / _____ / _____

Residential address _____

Beneficiary 3 Details

Mr Mrs Miss Ms Dr Other: _____

First name _____ Middle name(s) _____

Surname _____ Date of birth _____ / _____ / _____

Residential address _____

Beneficiary 4 Details

Mr Mrs Miss Ms Dr Other: _____

First name _____ Middle name(s) _____

Surname _____ Date of birth _____ / _____ / _____

Residential address _____

If there are additional beneficial owners, please provide their full names, dates of birth and residential addresses on a separate page and attach to this form.

5. Associations

5.1 FULL NAME OF ASSOCIATION

Association status

Incorporated

Unincorporated

Address of principal place of administration or registered office (if any)

Country of establishment (if not Australia)

Identification number (if any)

Chairman (or equivalent officer)

Secretary (or equivalent officer)

Treasurer (or equivalent officer)

Public officer

Residential address

Residential address of chairman, secretary or treasurer (if no public officer)

Source of funds

5.2 BENEFICIAL OWNERSHIP

Please provide details of all Chairman (or equivalent), secretary, or treasurer or other individual who holds 25% or more beneficial interest in the association.

Beneficiary 1 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Residential Address

Beneficiary 2 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Residential Address

Beneficiary 3 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Residential Address

Beneficiary 4 Details

Mr Mrs Miss Ms Dr Other:

First name Middle name(s)

Surname Date of birth / /

Residential Address

If there are additional beneficial owners, please provide their full names, dates of birth and residential addresses on a separate page and attach to this form.

6. Government bodies (including government departments)

Full name of government body

Address of principal place of operation or registered office

Establishing legislation

Separate legal entity, agency of authority

Established under legislation of the Commonwealth, state or territory or a foreign country (please provide details)

Source of funds (Please choose one or more options listed in Appendix 1)

7. Contact details (you must complete this item)

Postal address (if different to previously provided)

Country

Phone (business hours)

()

Phone (after hours)

()

Mobile Phone

Email address

Facsimile

()

8. How would you like us to act on your instructions?

Please select **one** of the following options (if you do not select an option, we will only accept instructions via letter).

Letter - Only your original, signed written instructions will be acted on.

Electronic (email or facsimile) - Signed written instructions or originals will be acted on.

Refer to the IM for the terms and conditions.

9. Investment selection

Important: Initial applications must satisfy the minimum investment amount as indicated below. Amount to be invested must be in Australian dollars unless indicated otherwise. DDH will automatically reinvest your distribution in units of your chosen fund if you do not make a selection between 'reinvest distributions' and 'credit bank account'. If you select to 'credit bank account' for your distributions, please provide your bank details in section 10.

9.1 Which Fund(s) would you like to invest in?

Fund name	Minimum amount	Amount to be invested	Reinvest distributions (please tick ✓)	Credit bank account (please tick ✓)
Selector High Conviction Equity Fund - Class A units	\$500,000	\$.	<input type="checkbox"/>	<input type="checkbox"/>
Selector High Conviction Equity Fund - Class B units	\$10,000,000	\$.	<input type="checkbox"/>	<input type="checkbox"/>

10. Banking instructions

Payments will **ONLY** be made into an Australian domiciled bank account in the name of the investor.

BSB number

Account number

Account name (e.g. John Smith)

Name of financial institution

Address of financial institution

State

Post Code

11. Online Access

Do you wish to apply for access to view your investments online?

 No

 Yes → Please ensure you have supplied your email address in section 7.

12. Adviser details (if applicable)

Important: If you have an adviser, your adviser should complete all sections below.

Adviser number (if applicable)

Business name

AFSL number

Dealer group (if different from above)

Full name of individual adviser

Postal address

State

Post Code

Business phone

Mobile phone

Facsimile

Email address

Investor 3

TFN ABN

Or (select one of the following and fill in the appropriate TFN / ABN details)

Partnership Company Trust Superannuation Fund

TFN ABN

Do you have a tax exemption?

Any applicant who has a TFN but is exempt, should still quote that TFN. Exempt applicants should then indicate their exemption below to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

- Child under 18. Note that the funds do not accept investments directly in the name of a minor. Applicants can only be accepted in the name of a trustee.
- Recipient of age, invalid, service or veteran's pension.
- Recipient of another type of pension - wife, carer, widow, sole parent, special benefit.
- Organisation not required to lodge tax return.
- Non-resident of Australia.

Investor 4

TFN ABN

Or (select one of the following and fill in the appropriate TFN / ABN details)

Partnership Company Trust Superannuation Fund

TFN ABN

Do you have a tax exemption?

Any applicant who has a TFN but is exempt, should still quote that TFN. Exempt applicants should then indicate their exemption below to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

- Child under 18. Note that the funds do not accept investments directly in the name of a minor. Applicants can only be accepted in the name of a trustee.
- Recipient of age, invalid, service or veteran's pension.
- Recipient of another type of pension - wife, carer, widow, sole parent, special benefit.
- Organisation not required to lodge tax return.
- Non-resident of Australia.

14. Declaration of Overseas Tax Status

14.1 FATCA and CRS – Non-individuals

Please complete this section for entities which are tax residents of any country other than Australia.

Name

Country

TIN

Is the entity a:

Financial Institution (other than a US financial institution)

Company's Global Intermediary Identification Number (GIIN), if applicable

Company does not have a (GIIN), please provide its tax status

If you are unsure of your tax status, please consult your accountant or tax specialist.

You do not need to complete section 14.2 below.

Non-Financial Public Company (Public companies that are not Financial Institutions as described above).

Corporation the stock of which is regularly publicly traded on an established securities market or its affiliates

Governmental Entity or Central Bank

International Organisation

Other Active NFE ("Active Non-Financial Entity")

Passive NFE (other than Investment Entity located in a CRS Non-Participating Jurisdiction and managed by another Financial Institution)

You do not need to complete section 14.2 below.

Non-Financial Proprietary Company (Proprietary companies that are not Financial Institutions as described above)

Other – provide details

14.2 FATCA and CRS – Individuals and Beneficial Owners

Please complete this section if an individual or beneficial owner* that are party to this application has an overseas tax status.

If the Individual or Entity is a tax resident of any other country outside of Australia, please indicate the country(ies) in which they are a resident for tax purposes and each country's associated Tax Identification Number (TIN).

If a TIN is not available, please tick the appropriate reasons.

Name

Country

Tax Identification Number (TIN)

Reason if no TIN provided (please tick one)

Foreign TIN not issued by this country Individual is under age Foreign TIN pending issue by the country's tax authority

Name

Country

Tax Identification Number (TIN)

Reason if no TIN provided (please tick one)

Foreign TIN not issued by this country Individual is under age Foreign TIN pending issue by the country's tax authority

Name

Country

Tax Identification Number (TIN)

Reason if no TIN provided (please tick one)

Foreign TIN not issued by this country Individual is under age Foreign TIN pending issue by the country's tax authority

*A beneficial owner is any individual who has control (direct or indirectly) of an entity. Control includes the capacity to influence the way the entity conducts its affairs through trusts, formal or informal agreements, arrangements, understandings and practices:

- For companies, where an individual who owns 25% or more (directly or indirectly) or has control (directly or indirectly) of the company.
- For partnerships this includes but is not limited to partners who hold 25% or more beneficial interest in the partnership.
- For unincorporated/incorporated association/cooperative entity this includes but is not limited to the Chairman (or equivalent), secretary or treasurer who holds 25% or more beneficial interest in the entity.
- For trusts this includes but is not limited to beneficiaries who hold more than 25% or more beneficial interest in the trust property and the appointer who has the power to appoint or remove trustee of the trust.

Note: if there is insufficient space to complete this section, please photocopy this section to provide additional details.

15. Applicant acknowledgement and signature(s) ALL APPLICANTS MUST COMPLETE THIS SECTION

15.1 Applicant acknowledgement

I/We agree to be bound by the provisions of the Constitution that governs the Fund in which I/we apply to invest as amended from time to time.

I/We have read the Information Memorandum (IM) for the Fund.

I/We agree that if we use the facsimile service I/we will be bound by the terms and conditions applicable to the facility as set out in the IM, as amended from time to time.

I/We acknowledge that DDH Graham Limited ('DDH') may accept instruction from any one investor in a joint unitholding, unless I/we have specified otherwise on this Application Form.

I/We acknowledge and agree to promptly repay any withdrawal, distribution or other payment notified by the Trustee or Fund Administrator to me/us which has been made in error.

I/We understand that information concerning me/us collected from any source, including any information contained in this Application Form:

- relating to the outcome of this application
- relating to my death or insolvency
- which otherwise incorporates any DDH references for any of my/ our accounts with DDH may be made available or used by my/our adviser whose details appear on this form, DDH or any entity carrying out functions on behalf of DDH for the purposes of:
- enabling DDH to process my/our application and administer the products or services DDH supplies to me/us
- prevention and detection of money laundering and terrorist financing
- verifying my/our identity and customer due diligence purposes, or
- any other purpose authorised by law.

I/We also understand that failure to provide information required in this application may affect the success of this application or any further application I/ we may make to DDH.

I/We can amend any personal information that DDH holds about me/us or find out what information DDH holds about me/us, by contacting the Privacy Officer, DDH Graham Limited, GPO Box 330, Brisbane Qld 4001 at any time in writing.

While DDH will take all reasonable steps to protect information that I/we provide, DDH cannot guarantee the security of certain types of information provided by me/us (for example over the internet or by email).

I/We hereby consent for DDH to collect, retain, use, store and

disclose such information as detailed before.

I/We hereby certify that I/we am/are not a foreign shell bank (a bank that does not maintain a physical presence in any country).

I/We hereby certify that I/we am/are not a US Person(s) (as defined below) nor do I/we act on behalf of or for the benefit of any US Person and I/we agree to notify DDH immediately if I/we become a US Person.

I/We acknowledge that where I/we have provided information about another individual, I/we have made them aware of that fact and the contents of DDH's Privacy Policy and Collection Statement.

Further, I/we understand and agree that the units described in the IM may not be offered to a US Person (as defined below) and I/ we will not, subject to the discretion of DDH, at any time cause my/our units to be sold or transferred, directly or indirectly to or for the benefit of a US Person.

US Persons include:

- a. any natural person resident in the United States;
- b. any partnership or corporation organised or incorporated under the laws of the United States;
- c. any estate of which any executor or administrator is a US Person;
- d. any trust of which any trustee is a US Person;
- e. any agency or branch of a foreign entity located in the United States;
- f. any non-discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary for the benefit or account of a US Person;
- g. any discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary organised, incorporated or (if an individual) resident in the United States; and
- h. any partnership or corporation if (a) organised or incorporated under the laws of any foreign jurisdiction and (b) formed by a US Person principally for the purpose of investing in securities not registered under the US Securities Act of 1933, as amended, unless it is organised or incorporated, and owned, by 'accredited investors' (within the meaning given to such term in Regulation D under the Securities Act) who are not natural persons, estates or trusts.

I/We certify that I/we received the IM for the Fund in Australia and have completed this Application Form in Australia.

15.2 Account signing authorities

Please indicate below who can authorise instructions in relation to your investment. If you do not tick one of the options below, all instructions must be signed by all of the signatories below, or as otherwise permitted by law. You must provide a certified copy for all authorised signatories.

Signatory 1 ONLY

Allow other authorised signatories

(please complete the Authorised Representative form and submit with this application OR provide a certified copy of an authorised signatories list)

Signatory 2 ONLY

Signatory 1 AND 2

Power of attorney

(please submit a certified copy of the power of attorney and identification documents required for an individual)

Either Signatory 1 OR 2

15.3 Applicant signatures**SIGNATORY 1****1st Individual applicant OR director OR office bearer** (company signatories must include their company title)

Signature

Date signed

 / /

Full name

Capacity (if company)

 Director Sole director and sole secretary**SIGNATORY 2****2nd Joint individual applicant OR director/secretary OR office bearer** (company signatories must include their company title)

Signature

Date signed

 / /

Full name

Capacity (if company)

 Director/Secretary

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to DDH Graham Limited.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- Applications by clubs, charities, churches or unincorporated bodies must be signed by the authorised office bearers (e.g. A. Smith - President) and a copy of the Constitution/Rules attached.

Checklist

Before you submit your application and identification documents, please ensure:

- Address (not postal address) matches identification documents provided.
- Bank details provided are in the same name as the applicant(s).
- Certified identification documents include date and number of pages certified.
- 'Declaration of Overseas Tax Status' section 14 is completed.
- Declaration above is signed and dated.

Appendix 1. Source of Funds

- Salary/Wages
- Commission
- Bonus
- Business income/earnings
- Business profits
- Investment income/earnings
- Corporate investments earnings
- Rental income
- Loan
- Ext investment/Capital Injection
- Insurance payment
- Compensation payment
- Government benefits
- Government grant
- Sale of assets
- Liquidation of assets
- Mergers & Acquisitions
- Controlled money account
- Redundancy
- Inheritance
- Superannuation/pension
- Gift/Donation
- Windfall
- Tax refund
- Additional Sources (provide a value)

INVESTMENT MANAGER



**Level 8, 10 Bridge St
Sydney NSW 2000**

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EMAIL admin@selectorfund.com.au

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FUND ADMINISTRATOR



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