

Sandhurst Managed Funds Application Form – 9 November 2023

Companies / Trusts / Partnerships / Associations only

All other investor types (i.e.: Individual, Joint investors, Sole trader, Informal trusts i.e. 'In Trust for' minors under 18 years of age) are required to complete the 'Individual' form available from www.bendigobank.com.au/managedfundsforms

Important information

The Application Form accompanies each Product Disclosure Statement (PDS) for each managed fund listed in the table below (the Fund/s) and is for applying for interests in the Fund/s selected. Please ensure you have reviewed and understood the relevant PDS which is current as per the web links below at the time of signing this form.

It is important that you consider each relevant PDS in its entirety, including any other important information that forms part of the PDS, before making an investment.

Sandhurst Trustees Limited (ABN 16 004 030 737, AFSL 237906) ('Sandhurst', 'us', 'we' or 'our') is the responsible entity and issuer of each of the Fund/s listed below.

| Fund Name | Fund Information and PDS web link |
|--|--|
| Sandhurst Cash Common Fund (ARSN 090 908 400) | bendigobank.com.au/personal/investing/managed-funds/sandhurst-cash-common-fund |
| Sandhurst Select 90 Fund (ARSN 090 909 069) | bendigobank.com.au/personal/investing/managed-funds/Sandhurst-select-90-Fund |
| Sandhurst Investment Term Fund (ARSN 090 908 660) | bendigobank.com.au/personal/investing/managed-funds/sandhurst-investment-term-fund |

Sandhurst is a subsidiary of Bendigo and Adelaide Bank Limited ('the Bank') (ABN 11 068 049 178, AFSL 237879) and is part of the Bendigo and Adelaide Bank Group, which comprises the Bank and its related entities.

Please note that:

- the offer made in this Application Form is only available to persons receiving the PDS (electronically or otherwise) and applying within Australia;
- you must be 18 years of age or over;
- Sandhurst reserves the right to refuse an application for any reason; and
- this application will not be accepted unless signed by persons authorised to sign.

Completed original Application Form can be submitted in person at any Bendigo Bank branch or forwarded to us at:

Sandhurst Trustees Limited
Funds Administration
GPO Box 4314
Melbourne VIC 3001

If you need assistance completing this Application Form, please visit your local branch or contact our Customer Service Centre on **1800 634 969**.

If you are investing via a master trust, wrap account, investor directed portfolio-type service or other custodial service (collectively referred to as a platform), contact your platform provider, or if you are investing through investment services other than a platform, contact your other service provider for information about how to invest in the Fund.

Checklist - Please have the following ready

- ❑ Foreign Tax (FATCA/CRS) details – completion of this step on page 4 is mandatory
- ❑ Each applicant's Tax File Number (TFN) and ABN/ACN where applicable. Note: There may be financial consequences for an individual who chooses not to quote their TFN
- ❑ Australian Bank account details for distributions
- ❑ If your initial investment is by cheque, please make payable to *Sandhurst Trustees Limited* – 'name of investor' and cross 'Not Negotiable'
- ❑ Identification Documentation – Refer to AML/CTF Identification Documentation on the last page of this Application Form for ID requirements
Individual ID Documents are required for each Applicant and if applicable, each Nominated Representative (Non-titled member)
- ❑ If signed under a Power of Attorney, you must provide a certified copy of the Power of Attorney and the 'donor' must also provide their 'Individual ID documents'

Your account may not be opened (or transactions may be restricted) until certified copies of identification documentation have been received and your application completed.

| Step | | Company | Trust | Partnership | Association |
|------|----------------------------------|---------|-------|-------------|-------------|
| 1 | Investment Details | ✓ | ✓ | ✓ | ✓ |
| 2 | Entity Applicant Details | ✓ | ✓ | ✓ | ✓ |
| 2.1 | Australian Company Details | ✓ | ● | ● | x |
| 2.2 | Trust Details | x | ✓ | x | x |
| 2.3 | Partnership Details | x | x | ✓ | x |
| 2.4 | Association, Club, Co-operative | x | x | x | ✓ |
| 2.5 | Beneficial Ownership or Control | ✓ | x | ✓ | ✓ |
| 3 | Account Operation | ✓ | ✓ | ✓ | ✓ |
| 4 | Declaration and Signature | ✓ | ✓ | ✓ | ✓ |
| 5 | AML/CTF Identification Documents | ✓ | ✓ | ✓ | ✓ |

- ✓ Mandatory
- Complete if a Trustee or a Partner is a Company
- x Not required to be completed

| Company | |
|--|--|
| Who signs the Application Form? | <ul style="list-style-type: none"> • Two directors or a director and company secretary on behalf of the company; or Sole Director • Any Nominated Representatives must sign at Step 3 (if applicable) |
| Documentation Required? | <ul style="list-style-type: none"> • Completed Application Form (Step 1, 2, 2.1, 2.5, 3, 4) • Individual ID Documents for each Beneficial Owner • Individual ID Documents for each Nominated Representative (if applicable) |
| Trust | |
| Who signs the Application Form? | <ul style="list-style-type: none"> • The Trustee(s) • Any Nominated Representatives must sign at Step 3 (if applicable) |
| Documentation Required? | <ul style="list-style-type: none"> • Completed Application Form (Step 1, 2, 2.2, 3, 4) • Note: where a trustee is a company, Step 2.1 Company Details must also be completed • Individual ID documents for at least one Trustee or Executor listed in Step 2.2 • Trust documents or Deceased estate documents • Individual ID Documents for each Nominated Representative (if applicable) |
| Partnership | |
| Who signs the Application Form? | <ul style="list-style-type: none"> • Each Partner • Any Nominated Representatives must sign at Step 3 (if applicable) |
| Documentation Required? | <ul style="list-style-type: none"> • Completed Application Form (Step 1, 2, 2.3, 2.5, 3, 4) • Note: where a partner is a company, Step 2.1 Company Details must be completed • Individual ID Documents for at least one Partner listed in Step 2.3 • Individual ID Documents for each Beneficial Owner • Partnership documents • Individual ID Documents for each Nominated Representative (if applicable) |
| Association, Club, Co-operative | |
| Who signs the Application Form? | <ul style="list-style-type: none"> • Authorised representative(s) on behalf of the Association / Club / Co-operative • Any Nominated Representatives must sign at Step 3 (if applicable) |
| Documentation Required? | <ul style="list-style-type: none"> • Completed Application Form (Step 1, 2, 2.4, 2.5, 3, 4) • Individual ID Documents for each Beneficial Owner • Individual ID Documents for at least one office holder • Incorporated / Unincorporated association documents or Co-operative documents • Individual ID Documents for each Nominated Representative (if applicable) |

Step 1. Investment details

Account Name (name in which investment is to be held)

Account Title (additional account description if required e.g. 'Holiday Fund')

You can use this form to apply for more than one fund providing the investment is in the same name(s).

| Fund (please tick) | Investment amount | Fund features (please tick) | | | | | | | | | | | | | | | | |
|--|-------------------|---|---------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|
| Sandhurst Cash Common Fund (APIR STL0001AU) Minimum initial investment \$1,000 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Statement (X1) | \$ | | | | | | | | | | | | | | | | | |
| Sandhurst Select 90 Fund (APIR STL0002AU) Minimum initial investment \$2,000 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Statement (V4) | \$ | | | | | | | | | | | | | | | | | |
| Sandhurst Investment Term Fund Minimum initial investment \$2,000 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certificate (W1) | \$ | Term ¹ – months (please circle) 3 6 12 24 36 48 60 | | | | | | | | | | | | | | | | |
| | | Distribution frequency ² (please tick) | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <td>Monthly</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarterly</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Monthly | | | | | | | | Quarterly | | | | | | | |
| Monthly | | | | | | | | | | | | | | | | | | |
| Quarterly | | | | | | | | | | | | | | | | | | |
| <p>¹ Current Anticipated Rates and terms are available at bendigobank.com.au/managedfundsrates</p> <p>² Income is calculated on your daily balance and (for terms other than three months) paid at the end of each calendar month or calendar quarter (depending on your nominated distribution frequency), and on maturity or withdrawal of the investment. 3 month terms are paid on maturity, on 30 June (if applicable) and upon withdrawal.</p> | | | | | | | | | | | | | | | | | | |

Distribution of income (Note: if no election is made distributions will be reinvested)

Reinvest any and all income received from this new investment and all income from all other future investments into the Fund;
or

Deposit to nominated Australian bank account below:
(Note: Distributions must be paid into an account in the investor's name with an Australian financial institution. If a direct credit rejection occurs, distributions will be automatically reinvested.)

Financial institution

Branch address

Account name

BSB

Account number

Initial investment details

What is the source of funds for this investment? (Select all applicable options)

Savings Income Sale of Property Inheritance Redundancy

Retirement Gift Legal Settlement Other, please specify:

How will the initial investment be made?

Cheque - Please make your cheque/s payable to **Sandhurst Trustees Limited** – 'name of investor' and cross 'Not Negotiable'. Cheques must be attached and submitted with this application form.

Transfer - Once your account has been opened, we will provide you with your account details to make your initial investment

Step 2. Entity Applicant Details

Type of entity

Australian Company Trust / Superannuation Fund / Deceased Estate Partnerships Association / Co-operative

Government Body established under the following Government legislation

| |
|---|
| |
| (Australian State or Territory, Commonwealth of Australia, Foreign country) |

Entity details

Full registered name including full business name or trading name (if any) of the organisation

| |
|--|
| |
|--|

| ACN/ARBN | ABN | Unique identifying number (if incorporated association or registered co-operative) | Industry Type (i.e. primary business activity) | ANZSIC Code |
|----------|-----|---|---|-------------|
| | | | | |

| Contact person | Preferred contact phone number | Additional phone number |
|----------------|--------------------------------|-------------------------|
| | | |

| |
|---|
| Registered office address (PO Box NOT acceptable) |
| |

| Suburb | State | Postcode | Country |
|--------|-------|----------|---------|
| | | | |

| |
|---|
| Principal place of business (PO Box NOT acceptable) |
| |

| Suburb | State | Postcode | Country |
|--------|-------|----------|---------|
| | | | |

| |
|---------------|
| Email address |
| |

Note: If you provide your email address, you agree that we may provide you with certain information, where permitted by law, by email. Contact us if you wish to change your communication preferences.

Postal Address

Same as registered office Same as principal place of business

| | | | |
|--------|-------|----------|---------|
| | | | |
| Suburb | State | Postcode | Country |
| | | | |

Foreign Accounts Tax Compliance Act (FATCA) – Completion of this section is mandatory

Each entity including a Trust, partnership or domestic company must complete this section.

Are any applicants Citizens or Residents of the US for Tax purposes? No Yes
 Is the entity created in the US, established under the laws of the US or a US taxpayer? No Yes
 Are any 'controlling persons'[^] of an Entity Citizens or Residents of the US for Tax Purposes? No Yes
 Is the entity a Financial Institution? No Yes

If yes – please complete and attach the [Foreign Tax Details Form](#) (OA761) available from your local Bendigo Bank branch or at www.bendigobank.com.au/managedfundsforms

[^] For companies, trusts and partnerships a controlling person is an individual who is a shareholder, trustee, beneficiary, settlor or partner AND who owns 25% or more of the Entity, controls 25% or more of the voting rights including a power of veto, or holds the position of senior managing official of the Entity. For associations and co-operatives, a controlling person is also an individual who is entitled to 25% or more of the assets of the Entity upon dissolution.

Common Reporting Standard (CRS) – Foreign Tax – Completion of this section is mandatory

Each entity including a Trust, partnership or domestic company must complete this section.

Are any individual applicants residents of any country other than Australia or US for tax purposes? No Yes
 Is the entity created in any country other than Australia or US? No Yes
 Is the entity a Passive Non-Financial Entity No Yes

If yes – please complete and attach the [Foreign Tax Details Form](#) (OA761) available from your local Bendigo Bank branch or at www.bendigobank.com.au/managedfundsforms

Note: Sandhurst is required to collect information in compliance with Organisation for Economic Co-operation and Development CRS and FATCA which have been incorporated into Australian law through the Tax Administration Act. For definitions of Foreign Tax terminology, please refer to the Foreign Tax Glossary which is together with the Foreign Tax Details Form available from your local Bendigo Bank branch or at www.bendigobank.com.au/managedfundsforms. If you are uncertain of your status you should seek specialist taxation advice.

Tax File Number (TFN)

You are under no obligation to provide us with your TFN and it is not an offence not to provide your TFN, however if you choose not to, and do not claim an exemption, we are required to deduct tax at the highest marginal rate plus applicable levies from any Fund distributions made. If you choose to provide your TFN or claim an exemption in relation to your investment in the Fund, please complete this section. Collection of your TFN is authorised, and its use and disclosure are regulated by tax laws and the Privacy Act.

Please complete the following section only if you wish to provide us a TFN and have not previously provided it.

| | |
|---------------------------------|--------------------------------------|
| Name in which TFN is registered | |
| | |
| TFN or exemption code | Reason for exemption (if applicable) |
| | |

For office use only Yes TFN has been provided by the applicant(s) and is recorded in the system.

Step 2.1. Australian Company Details

Company structure

- Proprietary/Private
 Public domestic listed company
 Majority owned subsidiary of a domestic listed company
 Public unlisted company
 Other, please specify:

Full Company Name (as registered with ASIC)

For public listed companies and majority owned subsidiaries proceed to Step 3.

Entity control details

Complete for **proprietary/private and public unlisted companies only.**

Is the company regulated*?

* A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL holders); Australian Credit Licensees (ACL holders); and Registrable Superannuation Entity (RSE) Licensees.

- Yes **If yes** – Please specify Regulator Name and Licence Details below, then proceed to Step 3.

Regulator Name

Licence Details (e.g. AFSL number)

| | |
|--|--|
| | |
|--|--|

- No **If no** – Please complete Entity control details below

- a) Does any individual (i.e. 'natural persons') own through one or more shareholdings (direct or indirect) 25% or more of the issued capital of the company?
 - Yes - please complete details of each applicable Shareholder below then proceed to Step 2.5.
- b) If no individuals are identified in a), does any individual control 25% or more of voting rights, including power to veto?
 - Yes - please complete details of each applicable Individual below then proceed to Step 2.5.
- c) If no individuals are identified in a) or b), please provide details of senior managing official(s) below. The 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller) then proceed to Step 2.5.

| Shareholder 1 / Individual 1 / Official 1 – Full legal name (given name, middle name(s), family name) | Position (if applicable) | % Shares/Voting rights |
|---|--------------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Please attach additional page(s) if required.

Identification documentation – refer to 'Documentation Required' in Step 5.

- ▶ Each Shareholder / Individual / Official listed above must complete Step 2.5 Beneficial Ownership or Control and provide 'Individual ID documents'
- ▶ Each individual that requires to operate the account if not indicated in Step 2.5 Beneficial Owner or Control must complete the Nominated Representative section in Step 3.

Step 2.2. Trust Details

Type of Trust

Individual OR Family Trust Corporate Trustee Regulated Trust (Superannuation Fund/SMSF)

Deceased Estate

Registered Managed Investment Scheme, please provide ARSN:

Other, please specify:

Country in which Trust was established:

Settlor of Trust

Only required if initial sum to establish the trust was \$10,000 or greater and the type of trust as indicated above is Individual or Family Trust or Other. The 'settlor' is the person/entity who established the trust by contributing the initial assets or amount, often called the 'settled sum'.

Settlor – Full legal name (given name, middle name(s), family name) or Registered Business Name

Trustee details

Tick if one or more of the trustee/s or executor/s is a company.

For each individual trustee or executor, please complete below and provide company details in Step 2.1 if applicable.

Individual Trustee 1 – Full legal name (given name, middle name(s), family name) Date of Birth

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Residential address (PO Box NOT acceptable)

Suburb State Postcode Country

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Individual Trustee 2 – Full legal name (given name, middle name(s), family name) Date of Birth

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Residential address (PO Box NOT acceptable)

Suburb State Postcode Country

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Individual Trustee 3 – Full legal name (given name, middle name(s), family name) Date of Birth

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Residential address (PO Box NOT acceptable)

Suburb State Postcode Country

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Individual Trustee 4 – Full legal name (given name, middle name(s), family name) Date of Birth

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Residential address (PO Box NOT acceptable)

Suburb State Postcode Country

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Please attach additional page(s) if required.

Beneficiary details

Only required if the type of trust as indicated above is Individual or Family Trust or Other.

Individual Beneficiaries. Please provide details of each individual beneficiaries below:

Full legal name (given name, middle name(s), family name)

Beneficiary 1 **Beneficiary 2**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Beneficiary 3 **Beneficiary 4**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Please attach additional page(s) if required.

Other Beneficiaries. If the beneficiaries are defined by reference to a membership of a class, please describe the defined class.

Class(es) of beneficiaries

Identification documentation – refer to 'Documentation Required' in Step 5.

- ▶ At least one Individual Trustee or Executor listed must complete Step 3 Account Operation as a Nominated Representative and provide 'Individual ID documents'
- ▶ Each individual that requires to operate the account must complete Step 3 and provide 'Individual ID documents'.
- ▶ Applicants must provide 'Trust documents' or 'Deceased estate documents'

Step 2.3. Partnership Details

Partnership details

Country in which Partnership was established

Is the Partnership a member of a professional association (e.g. law society)?

Yes **If yes** – please specify the professional association below and complete Partner details below for each partner who owns 25% or more of the partnership

No **If no** – please complete the below details for each partner

Partner details

Tick if one or more of the partners is a company.

For each individual partner please complete below and provide company details in Step 2.1 if applicable.

| | |
|--|----------------------|
| Partner 1 – Full legal name (given name, middle name(s), family name) | Date of birth |
| <input type="text"/> | <input type="text"/> |

| | |
|---|------------------------|
| Residential address (PO Box NOT acceptable) | % share of partnership |
| <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Suburb | State | Postcode | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|----------------------|
| Partner 2 – Full legal name (given name, middle name(s), family name) | Date of birth |
| <input type="text"/> | <input type="text"/> |

| | |
|---|------------------------|
| Residential address (PO Box NOT acceptable) | % share of partnership |
| <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Suburb | State | Postcode | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|----------------------|
| Partner 3 – Full legal name (given name, middle name(s), family name) | Date of birth |
| <input type="text"/> | <input type="text"/> |

| | |
|---|------------------------|
| Residential address (PO Box NOT acceptable) | % share of partnership |
| <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Suburb | State | Postcode | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|----------------------|
| Partner 4 – Full legal name (given name, middle name(s), family name) | Date of birth |
| <input type="text"/> | <input type="text"/> |

| | |
|---|------------------------|
| Residential address (PO Box NOT acceptable) | % share of partnership |
| <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Suburb | State | Postcode | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please attach additional page(s) if required.

Entity Control Details

If no partner listed owns 25% or more of the partnership then provide the details of the Senior Managing Official(s).

The 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller)

| | |
|---|----------------------|
| Official 1 – Full legal name (given name, middle name(s), family name) | Position |
| <input type="text"/> | <input type="text"/> |

| | |
|---|----------------------|
| Official 2 – Full legal name (given name, middle name(s), family name) | Position |
| <input type="text"/> | <input type="text"/> |

Please attach additional page(s) if required.

Identification documentation – refer to 'Documentation Required' in Step 5.

- ▶ At least one Partner listed and each Partner who owns 25% or more of the partnership must provide 'Individual ID documents'
- ▶ The Senior Managing Official(s) (if applicable) must complete Step 2.5 Beneficial Ownership or Control and provide 'Individual ID documents'
- ▶ Applicant must provide 'Partnership documents'

Step 2.4. Association, Club, Co-operative

Type of structure

Incorporated Association Unincorporated Association Co-operative

Office holder details

Chairman or equivalent – Full legal name (given name, middle name(s), family name)

Secretary or equivalent – Full legal name (given name, middle name(s), family name)

Treasurer or equivalent – Full legal name (given name, middle name(s), family name)

Please attach additional page(s) if required.

Entity Control Details

Provide the details of each individual who directly or indirectly controls the organisation, including those entitled to 25% or more of assets upon dissolution, voting rights of 25% or more or power to veto. If no such person can be identified then provide details of the Senior Managing Official(s) who make decisions affecting a substantial part of the business (e.g. Chairman, Secretary or Treasurer).

Individual 1 / Senior Managing Official 1 – Full legal name (given name, middle name(s), family name) % Assets/Voting rights

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Individual 2 / Senior Managing Official 2 – Full legal name (given name, middle name(s), family name) % Assets/Voting rights

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Individual 3 / Senior Managing Official 3 – Full legal name (given name, middle name(s), family name) % Assets/Voting rights

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Please attach additional page(s) if required.

Identification documentation – refer to 'Documentation Required' in Step 5.

- ▶ At least one office holder listed must complete Step 2.5 Beneficial Ownership or Control and provide 'Individual ID documents'
- ▶ Each Individual / Senior Managing Official (if applicable) must complete Step 2.5 Beneficial Ownership or Control and provide 'Individual ID documents'
- ▶ Applicant must provide 'Incorporated/Unincorporated association documents'

Step 2.5. Beneficial Ownership or Control

Complete for Associations, Companies and Partnerships

Beneficial Owner 1

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State Postcode Country

Date of birth Identified under customer number

Signatory to account. If signatory, please complete:

Preferred contact phone number

Specific Occupation ANZSCO Code

Beneficial Owner 3

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State Postcode Country

Date of birth Identified under customer number

Signatory to account. If signatory, please complete:

Preferred contact phone number

Specific Occupation ANZSCO Code

Please attach additional page(s) if required.

Beneficial Owner 2

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State Postcode Country

Date of birth Identified under customer number

Signatory to account. If signatory, please complete:

Preferred contact phone number

Specific Occupation ANZSCO Code

Beneficial Owner 4

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State Postcode Country

Date of birth Identified under customer number

Signatory to account. If signatory, please complete:

Preferred contact phone number

Specific Occupation ANZSCO Code

Identification documentation – refer to 'Documentation Required' in Step 5.

- ▶ Each Beneficial Owner must provide 'Individual ID documents'

Step 3. Account Operation

Account operating authority

Please indicate how you wish to operate your account One to sign Two or more to sign All to sign

If you select 'one to sign', each signatory (including any person appointed as a nominated representative) will be able to transact on or otherwise operate your account independently of the others. Joint applications must be signed by all parties but withdrawals shall be permitted as authorised and indicated above. You can change the account operating authority at any time by a written request signed by all account holders.

If you do not select an option Sandhurst will assume that the 'one to sign' option will apply.

Nominated Representative (If Applicable)

(Non-titled member/additional authorised signatory)

You may wish to appoint an alternate person/s as your Nominated Representative. To do so, the nominated person or party must complete this section. A Nominated Representative is able to act on behalf of an Investor in all matters relating to the Fund/s except closing an account unless there is a power of attorney.

See 'Investor Declaration and Signature' under the heading 'Nominated Representatives (authorised signatories)' on page 12 of this Application Form for information about the terms on which you are appointing the Nominated Representative.

If a Nominated Representative is your financial adviser, they must also complete the 'Adviser use only' box on page 13.

Name of Nominated Representative 1

| Surname | Given name(s) |
|---------|---------------|
| | |

| |
|--|
| Residential address (PO Box is NOT acceptable) |
|--|

| |
|--------|
| Suburb |
|--------|

| State | Postcode | Country |
|-------|----------|---------|
| | | |

| Date of birth | Identified under customer number |
|---------------|----------------------------------|
| | |

| |
|--------------------------------|
| Preferred contact phone number |
|--------------------------------|

| Specific Occupation | ANZSCO Code |
|---------------------|-------------|
| | |

| |
|---------------------------------------|
| Signature of Nominated Representative |
|---------------------------------------|

Name of Nominated Representative 2

| Surname | Given name(s) |
|---------|---------------|
| | |

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| Residential address (PO Box is NOT acceptable) |
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| |
|--------|
| Suburb |
|--------|

| State | Postcode | Country |
|-------|----------|---------|
| | | |

| Date of birth | Identified under customer number |
|---------------|----------------------------------|
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|--------------------------------|
| Preferred contact phone number |
|--------------------------------|

| Specific Occupation | ANZSCO Code |
|---------------------|-------------|
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| Signature of Nominated Representative |
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Identification documentation – refer to 'Documentation Required' in Step 5.

- ▶ Each Nominated Representative (non-titled member) must provide 'Individual ID documents'

Step 4. Investor Declaration and Signature – All applicants MUST complete

For Associations at least two office holders from Step 2.4 must sign this section

General

By making an application, you acknowledge, warrant and agree that:

- all details provided in this application are true and correct;
- upon signing this declaration, you have read, understood, and agree to the terms set out in this Application Form;
- that you have read and agree to the Privacy Disclosure Statement in this application;
- if more than one applicant is nominated in the Application Form, you agree to hold the interests as joint investors and acknowledge that all applicants are required to sign the Application Form and that any applicant is able to operate the account (unless otherwise specified in Step 3) and bind the others for future transactions, including additional investments and withdrawals;
- you agree to be bound by the provisions of this Application Form and the Constitution (as amended) for the Fund/s in which you invest;
- you have received, within Australia, an electronic or paper copy of the current PDS for the Fund/s and have read and understood the relevant PDS as at the date of signing this form;
- future transactions in the Fund/s will be made on the terms of the relevant PDS current at the time of the transactions and that the declarations and acknowledgements made in this Application Form will also apply to all such future transactions;
- Sandhurst reserves the right to reject any application in whole or in part without giving any reason for the rejection;
- you have legal power to invest in the Fund/s, or where applicable, have authority to bind a company or organisation to the investment;
- if signing under a Power of Attorney, you have legal power to invest in the Fund/s, and authority to bind the individual to the investment and you have not received notice of revocation of that power;
- you understand the risks associated with an investment in the selected Fund/s as they are outlined in the relevant PDS;
- neither Sandhurst nor any other person guarantees the return of capital or performance of the Fund/s;
- an investment in the Fund/s does not represent an investment in or a deposit with Sandhurst, the Bank or any company in the Bendigo and Adelaide Bank Group;
- you authorise Sandhurst's use of the TFN you have provided for the purpose of facilitating and administering the investment for which you are applying;
- by providing Sandhurst with your email address, you consent to Sandhurst corresponding with you via email, where permitted by law, unless you notify Sandhurst otherwise;
- if you elect to use related banking facilities provided by the Bank, you have read and understand each relevant part of the Bendigo Personal Accounts and Facilities Terms and Conditions or the Bendigo Business Accounts and Facilities Terms and Conditions prior to using any related banking facility;
- subject to the Corporations Act 2001 (Cth) and the Fund/s Constitution, Sandhurst may redeem your investment at its discretion, and you authorise Sandhurst to take all steps it considers necessary to effect this;
- if your account is opened with a zero balance and you do not operate your account within 30 days of opening, we may close the account without giving you prior notice;
- should your account fall below the minimum investment balance, Sandhurst reserves the right to redeem all of your investment in the Fund/s at any time without the need for a withdrawal request from you and you authorise Sandhurst to take all steps it considers necessary to effect this; and
- You may be entitled to a cooling-off period. Please refer to the relevant PDS for more information.

Electronic instructions

In respect of electronic instructions (including by online form, email or fax) you acknowledge, warrant and agree that Sandhurst:

- may determine at its discretion whether it will reject or accept electronic instructions;
- is not responsible for any loss or delay that results from an electronic transmission not being received by Sandhurst;
- will only process your electronic instructions if they are received in full and contain all the required information as determined by Sandhurst to validate the instructions;
- may require you to provide a duly executed hard copy of the instructions and/or further information necessary for Sandhurst to validate the instructions;
- will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instructions;
- will not compensate you for any losses relating to electronic instructions, unless required to do so by law; and
- does not take responsibility for any fraudulent or incorrectly completed electronic instructions.

Sandhurst does not exclude responsibility or liability for the fraud or negligence of Sandhurst, its employees and agents, and receivers appointed by Sandhurst.

You release Sandhurst from, and indemnify Sandhurst against, all losses and liabilities arising from Sandhurst reasonably and in good faith:

- acting in accordance with any instructions received electronically bearing your customer number and/or other information provided to validate the instructions; or
- declining to act on instructions for any reason including because it was unable to validate those instructions to the satisfaction of Sandhurst.

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)

To comply with Sandhurst's AML/CTF regulatory requirements Sandhurst will need to obtain identification information to establish your identity (and the identity of other persons associated with your account). Sandhurst may also, and you acknowledge and agree that it may:

- require you to provide to Sandhurst or otherwise obtain, any additional information documentation or other information;
- suspend, block or delay transactions on your account or refuse to make a payment or provide services to you (and Sandhurst will incur no liability to you if it does so); and/or
- report any proposed transaction or activity to anybody authorised to accept such reports relating to AML/CTF or any other law.

By making an application, you acknowledge and warrant to Sandhurst that:

- you have not knowingly done anything or know of anything that is done on your behalf to put Sandhurst or the Bendigo and Adelaide Bank Group in breach of AML/CTF laws;
- you will notify Sandhurst if you become aware of anything you have done or that is done on your behalf that would put Sandhurst or the Bendigo and Adelaide Bank Group in breach of AML/CTF laws;

- if requested you will provide, where reasonable, additional information and assistance and comply with all reasonable requests to facilitate Sandhurst or the Bendigo and Adelaide Bank Group's compliance with AML/CTF laws; and
- if you fail to provide Sandhurst or the Bendigo and Adelaide Bank Group with such additional information and documentation requested of you, your application may be refused, any interests you hold may be compulsorily redeemed, and/or a withdrawal request by you may be delayed or refused by Sandhurst.
- you are not aware and have no reason to suspect that:
 - the money used to fund the investment is derived from or related to money laundering, terrorism financing or similar illegal activities; or
 - that proceeds of investment made in connection with this product will fund illegal activities.

Nominated Representative (authorised signatories)

You may request us, in writing, to authorise one or more other persons to access and operate your account. This can be done via this Application Form or at any time in writing.

Where you have appointed a Nominated Representative, you acknowledge that:

- To the full extent permitted by law you will release, discharge, and indemnify Sandhurst and any company in the Bendigo and Adelaide Bank Group from and against any and all losses, liabilities, actions, proceedings, accounts, claims and demands arising from the appointment or exercise of powers by the Nominated Representative;
- A payment or purported payment (the Payment) made to your Nominated Representative, in accordance with the requests or instructions of the Nominated Representative shall be to the complete satisfaction of Sandhurst's obligation to you, to the extent of the Payment, notwithstanding any fact or circumstance including that the Payment was requested, made, or received without your knowledge or authority.
- If the Payment is made in accordance with the request or instruction of the Nominated Representative, you shall have no claim against us or any company in the Bendigo and Adelaide Bank Group in relation to the Payment;
- You understand and acknowledge that you are bound by the actions of the Nominated Representative in relation to the operation of your investment in the Fund/s;
- Sandhurst may cancel this arrangement or vary these conditions on 14 days' notice;
- This arrangement will continue until you notify Sandhurst in writing that you cancel the appointment, or until Sandhurst exercises its right to cancel the arrangement as set out above; and
- Any variation, modification or cancellation of the appointment by you does not become effective until 14 days after Sandhurst has received written notice of the variation, modification or cancellation. If there is an urgent need to vary, modify or cancel the appointment, you will make every reasonable effort to notify Sandhurst as soon as possible.

Sandhurst does not exclude responsibility or liability for the fraud or negligence of Sandhurst, its employees and agents, and receivers appointed by Sandhurst.

How Sandhurst may exercise its rights

Any rights of Sandhurst under a term in this Application Form will be exercised by Sandhurst in accordance with its obligations as trustee of the Fund. Subject to those obligations, Sandhurst will generally exercise those rights in a way that:

- is reasonably necessary to protect its legitimate interests; or
- treats the members who hold interests of the same class equally and members who hold interests of different classes fairly.

Annual financial report

The annual report for Sandhurst Funds will be made available at bendigobank.com.au/managedfundsforms

You can also elect to receive a hardcopy or electronic copy of the relevant annual report by contacting Sandhurst on 1800 634 969. If you do not make an election, you agree to access the annual report from our website.

Privacy Disclosure Statement

1. Collection of your personal information

Sandhurst collects your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to us or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 Cth. If you provide incomplete or incorrect information, we may be unable to provide you with the product or service you are applying for.

2. Collection of personal information about third parties

We may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information and that in most cases they can access and seek correction of the information we hold about them.

3. Use and disclosure of your personal information

We may use your personal information to perform our business functions (for example internal audit, operational risk, product development and planning). We may also use your personal information to confirm your details. We will treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include joint account holders, nominated representative, intermediaries and government authorities. Your information may also be disclosed to our related entities, our joint venture partners and Community Bank[®] companies where its confidentiality is maintained at all times.

4. Disclosure of personal information to overseas organisations

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas, we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

5. Access to and correction of your personal information

In most cases you can gain access to personal information held by us. We will also take reasonable steps to amend or correct your personal information to keep it accurate and up to date. Please contact us if you would like to access or request a correction of your personal information by contacting your local branch or by telephoning 1800 634 969.

6. Direct marketing

We may use your personal information to inform you about financial products and services that are related to those you have with us or other products and services we think you may be interested in. These may be products and services provided by us, our related entities or other entities we are associated with. You can opt out of receiving direct marketing material at any time by contacting your local branch or by telephoning 1800 634 969.

7. Privacy Policy

You should also read our Privacy Policy. Our Privacy Policy contains information about:

- a. how you can access and seek correction of your personal information;
- b. how you can complain about a breach of the privacy laws by us and how we will deal with a complaint; and
- c. if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available on our website www.bendigobank.com.au or by telephoning on 1800 634 969.

Applicant 1 / Organisation signatory 1

Full name (given name(s), family name)

Signature (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position
 Director Company Secretary Trustee Attorney
 Sole Director Other, please specify:

Date

Applicant 2 / Organisation signatory 2

Full name (given name(s), family name)

Signature (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position
 Director Company Secretary Trustee Attorney
 Sole Director Other, please specify:

Date

Organisation signatory 3

Full name (given name(s), family name)

Signature (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position
 Director Company Secretary Trustee Attorney
 Sole Director Other, please specify:

Date

Organisation signatory 4

Full name (given name(s), family name)

Signature (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position
 Director Company Secretary Trustee Attorney
 Sole Director Other, please specify:

Date

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|--|--|--|------------------------------------|
| <p>Adviser use only – If you do not have a distribution agreement, please contact us on 1800 634 969.</p> | | | <p>Branch/Adviser Stamp</p> |
| <p>Dealer group name <input type="text"/></p> <p>Adviser full name <input type="text"/></p> | <p>Dealer group AFSL <input type="text"/></p> <p>Adviser contact phone number <input type="text"/></p> | <p>Adviser contact email <input type="text"/></p> <p>Adviser Signature <input type="text"/></p> | |
| <p>Office use only – Bendigo Bank branch details</p> | | | |
| <p>Date Received <input type="text"/></p> <p>Customer Number/Ledger <input type="text"/></p> | <p>Staff ADM <input type="text"/></p> | <p>Branch Name <input type="text"/></p> <p><input type="checkbox"/> FATCA/CRS section completed <input type="checkbox"/> Account opened by Specialised Account Opening Team <input type="checkbox"/> Application Form must be scanned to: managedfunds@sandhursttrustees.com.au</p> | |
| <p>Please tick entity control structure: <input type="checkbox"/> Simple OR <input type="checkbox"/> Complex</p> | | | |

Step 5. AML/CTF Identification Documentation

As part of your investment application, we need to obtain identification information as required by law, including 'know your customer' requirements under anti-money laundering and counter terrorism financing legislation. For example, for an individual this will include documents that verify information such as name, residential address and date of birth.

Either original documents or certified copies can be accepted. A certified copy means a document that has been certified as a true copy of an original document by any one of the eligible certifiers listed below. The person certifying the documents must include a statement that "this is a true and complete copy of an original document which I have sighted", then print and sign their name, date, qualification number (if applicable), state category of certifier (refer to list below), years of service (if applicable) and a contact telephone number.

Documents may be certified by:

- a) A lawyer – a person who is enrolled on the roll of the Supreme Court of a State or Territory or High Court of Australia, as a legal practitioner (however described);
- b) A judge of a court of the Commonwealth of Australia;
- c) A magistrate of the Commonwealth of Australia;
- d) A Chief Executive Officer of a Commonwealth Court of Australia;
- e) A registrar or deputy registrar of a court of the Commonwealth of Australia;
- f) A Justice of the Peace in an Australian State or Territory;
- g) A Notary Public (for the purposes of the Statutory Declaration Regulations 2018);
- h) A police officer (Australian State or Territory or Commonwealth of Australia);
- i) A postal agent – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- j) A post office employee – a permanent employee of the Australian Postal Corporation with five or more years continuous service who is employed in an office supplying postal services to the public;
- k) An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955);
- l) An officer with five or more years continuous service with one or more financial institutions regulated in Australia (for the purposes of the Statutory Declaration Regulations 2018);
- m) A finance company officer with five or more years continuous service with one or more financial companies regulated in Australia (for the purposes of the Statutory Declaration Regulations 2018);
- n) An officer with, or authorised representative of, a holder of an Australian Financial Services Licence having five or more years continuous service with one or more licensees;
- o) A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years continuous membership;
- p) Commissioner for Affidavits or Declaration of Oaths; or
- q) A Pharmacist (within the meaning of the Statutory Declarations Regulations 2018)
- r) A Financial Adviser or Financial Planner

Each document provided with this Application Form must be certified by an acceptable certifier. We will not accept photocopies or electronic transmissions of a certification. Please contact us if the documentation will not be certified in Australia.

Documentation required

Individual ID documents

One primary photographic identification document:

- Current Australian driver's licence
- Australian or current foreign passport (Australian Passport expired within preceding 2 years)
- State or Territory issued proof of age card
- Foreign national identity card

OR

One primary non-photographic identification document:

- Australian birth certificate or foreign birth certificate
- Birth extract issued by an Australian State or Territory
- Australian citizenship certificate or foreign citizenship certificate
- Pension or Government Health Care card issued by Centrelink or Department of Veterans' Affairs

AND

One secondary identification document:

- Notice less than 12 months old issued by a Commonwealth, State or Territory Department which records provision of financial benefit (e.g. Centrelink statement). Must contain the individual's name and residential address
- Notice less than 12 months old issued by the Australian Tax Office of debt or assessment that contains the name of the individual and residential address
- Notice less than 3 months old issued by a Local Government Body or Utilities Provider that notes the provision of services to that address and/or that person (e.g. Council Rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill). Must contain the name of the individual and residential address

Company documents

A company search will be completed by Sandhurst.

Trust documents

- Original trust deed and any variations or amendments, a certified copy or certified extract of a trust deed

Deceased estates documents

One of the following documents:

- A certified copy of Probate
- A certified copy of both the death certificate and the will

Partnership documents

One of the following documents:

- Original, certified copy or certified extract of the current partnership agreement
- Original or certified extract of the minutes of a meeting (dated) that confirms the name of the partnership
- Original letter from the accountant or legal practitioner confirming the name and the existence of the partnership dated within the last 12 months.

Incorporated association* documents

One of the following documents:

- Original, certified copy or certified extract of the rules or constitution of the association
- Original or certified extract of the minutes of a meeting (dated) that confirms the name of the association

An ASIC search will be completed by Sandhurst

Unincorporated association* documents

- Original or certified extract of the minutes of a meeting (dated) that confirms the name of the unincorporated association

Co-operative* documents

An ASIC search will be completed by Sandhurst

* Any unique registration numbers issued to the association or cooperative must be identifiable in one of the above documents.