



Ethical Income Fund - Income Plus Units

Application Form

Income Plus Units Information Memorandum dated 24 April 2019

Issued by Specialised Investment and Lending Corporation Pty Ltd ABN 87 149 520 918 | AFSL 407100

Important Information

This Application Form accompanies the Ethical Income Fund (Fund) Income Plus Units Information Memorandum (IM) dated 24 April 2019. The IM for the Ethical Income Fund contains information about investing in the Fund and specifically in the Income Plus Units. If you give another person access to this Application Form, you must also give them access to the IM.

The trustee of the Fund is Specialised Investment and Lending Corporation Pty Ltd (The SILC Group) ABN 87 149 520 918, AFSL 407100. The SILC Group will send you a paper copy of the IM or replacement IM and the relevant application forms free of charge on request during the life of the Fund.

Income Plus Units in the Fund will only be issued following the Trustee's acceptance of an Application Form issued with the IM.


The table below indicates the applicable sections that you need to be complete depending on the type of investor you are.


Investor Type	Sections to complete
<input type="checkbox"/> Individual / Joint Investors	Complete Sections A, B, G and H
<input type="checkbox"/> Sole Trader	Complete Sections A, B, G and H
<input type="checkbox"/> Australian Company	Complete Sections A, C, F, G and H
<input type="checkbox"/> Foreign Company	Complete Sections A, D, F, G and H
<input type="checkbox"/> Trust	If Trustee is an Individual - Complete Sections, A, B, E, F, G and H If Trustee is an Australian Company - Complete Sections A, C, E, F, G and H
<input type="checkbox"/> Superannuation Fund	If Trustee is an Individual - Complete Sections, A, B, E, F, G and H If Trustee is an Australian Company - Complete Sections A, C, E, F, G and H

Questions about this Application Form

Should you have any queries in relation to this Application Form, please contact the Investment Manager:

Ethical Income Fund

 Level 16, 379 Collins
Street Melbourne VIC
3000 Australia

 +61 3 9111 0850

 info@carnbrea.com.au



Section A: Your Details

ALL investors must complete this section. Please use BLOCK letters to complete this application form. All fields in Section A MUST be completed.

A.1 Name Of Investor

Are you a NEW or EXISTING Investor?

- New
 Existing

EXISTING INVESTOR

Full name

Investor number

A.2 Contact Details

Please provide details of key contact person for correspondence.

Title Surname

Given name(s)

Unit no. Street no. Street name

Suburb/town State Postcode Country

Phone Mobile Fax

Email (This email address will be used for ALL correspondence)

A.3 Power Of Attorney

- I/we have appointed a Power of Attorney (POA) to act on my/our behalf. (Please provide an original certified copy of the POA)
 Not applicable

A.4 Nominated Bank Account Details

Please provide details of the account into which you would like distributions to be paid. The nominated bank account must be in the name of the investor. By providing your nominated bank account, you authorise the Trustee to use these details for all future transaction requests that you make including credits in relation to any withdrawal proceeds until notice is provided otherwise. All distributions will be paid in Australian dollars.

Account name

Name of financial institution

Branch address

BSB

Account number



A.5 Source Of Funds (Anti-Money Laundering & Counter Terrorism Financing (AMLCTF))

- Gainful employment
 Business activities
 Superannuation savings
 Inheritance / gift
 Financial investments
 Other, please specify

A.6 Investment details

Name of Unit Class

Income Plus Units

Investment amount (AU\$)

\$, , .00

Is this a NEW INVESTMENT or ADDITIONAL INVESTMENT?

New investment

Additional investment

Please indicate how you will be making your new or additional investment:

Bank Cheque - Please refer Payment Instructions below

Direct Credit/EFT - Please refer Payment Instructions below

Direct Credit / EFT Instructions:

Please transfer investment funds amount to:

Ethical Income Fund - App AC
National Australia Bank
BSB: 083-004
Account number: 92-9410-0693

Please note the Applicant's name in the reference when transferring the funds.

The amount transferred must be the exact amount of the investment amount in Australian dollars. Please ensure all funds transferred are net of all bank charges.

Bank Cheque Instructions:

Bank Cheques must be made payable to **Specialised Investment and Lending Corporation Pty Ltd ATF Ethical Income Fund**. Only cheques in Australian currency and drawn on Australian bank will be accepted. Your cheque(s) should be crossed NOT NEGOTIABLE. Mail or deliver your completed Application Form, together with your bank cheque(s) to:

The SILC Group
Level 9, 179 Queen Street
Melbourne VIC 3000
AUSTRALIA

A.7 Politically Exposed Person (PEP)

Is any investor or Beneficial Owner¹ a Politically Exposed Person (PEP)² (refer to explanation below)?

Yes - please identify the PEP:

Name:

Position:

No

To comply with the AML/CTF laws, you must disclose whether you are or have an association with a PEP.

Note 1. Beneficial Owner

A "Beneficial Owner" of a customer (the Applicant) means an individual (a natural person or person(s)) who ultimately owns or controls (whether directly or indirectly) the customer.

Ownership for the purpose of determining a Beneficial Owner means an ownership (directly or indirectly) of 25% or more of the customer.

'Control' includes whether the control is exerted by means of trusts, agreements, arrangements, understandings or practices and whether or not the individual has control based on legal or equitable rights. It includes where an individual can exercise control through making decisions about financial and operating policies.



Note 2. Politically Exposed Person (PEP)

A Politically Exposed Person is an individual who:

1. holds a prominent public position or function in a government body or an international organisation, such as a:
 - i. head of state or head of a country or government; or
 - ii. government minister or equivalent senior politician; or
 - iii. senior government official; or
 - iv. judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation; or
 - v. governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; or
 - vi. senior foreign representative, ambassador, or high commission, high-ranking member of the armed forces, or
 - vii. Board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation, and
2. is an immediate family member of a person referred to in paragraph (1), including
 - i. a spouse; or
 - ii. a de facto partner; or
 - iii. a child and a child's spouse or de facto partner; or
 - iv. a parent; and
3. is a close associate of a person referred to in paragraph (1), which means any individual who is known (having regard to information that is public or readily available) to have:
 - i. joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (1); or
 - ii. sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in paragraph (1)

Where you identify as, or have an association with, a PEP, we may request additional information from you.



Section B: Individual(s) / Sole Trader

Do not complete Section B if you have previously provided identification documents. Please complete Section B if trustee is an individual. Please use BLOCK letters to complete this Application Form.

B.1 Personal Details

Investor or entity 1

Title	Surname	Date of birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Given name(s)

Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Investor or entity 2 (Joint investor)

Title	Surname	Date of birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Given name(s)

Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Sole Trader

Full business name (if any)	ABN (if any)
<input type="text"/>	<input type="text"/>

Principal place of business (if any) (PO Box is not acceptable)

Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

B.2 Tax Information

Note: Tax Residency rules for individuals differ by country and may be based on the amount of time a person spends in a country, the location of the person's residence or place of work. You should seek professional advice if you are unsure of your Tax Residency status .

Please answer BOTH Tax Residency questions

1. Are you a tax resident of Australia? Yes - Complete TFN section below
 No

	Tax File Number (TFN)	TFN Exemption (if applicable)
Investor 1	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>

It is not against the law if you choose not to provide your Tax File Number (TFN) or exemption reason. However, please note that should you decide not to, tax may be deducted from your distribution at the highest marginal tax rate (plus Medicare levy).



2. Are you a tax resident of a country other than Australia? Yes - Complete TIN section below
 No

If you are a tax resident of another country, please provide Tax Identification Number (TIN) or equivalent.

	Country	Tax Identification Number (TIN)	If no TIN, list reason A, B or C
Investor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Reason A: Country of residence does not issue TINs to tax residents
Reason B: Individual has not been issued with a TIN
Reason C: Country of residence does not require the TIN to be disclosed

If you are a tax resident of more countries, please provide details in a separate sheet.

B.3 Identification Documents

Provide an ORIGINAL CERTIFIED COPY of ONE of the following documents for each individual investor:

- Australian State / Territory driver's licence containing a photograph of the person; or
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

*Documents that are written in a language other than English must be accompanied with an English translation prepared by an Accredited Translator

If you are unable to provide one of the above documents, please contact us on +61 3 9111 0850 or info@carnbrea.com.au



Section C: Australian Company

Section C to be completed by Australian companies and Australian company trustee only. Please complete Section D for foreign companies. Please use BLOCK letters to complete this Application Form.

C.1 Australian Company Details

Full name as registered by ASIC

Full address of registered office (PO Box is not acceptable)

Unit no Street no Street name

Suburb/town State Postcode Country

Full address of principal place of business (if any) (PO Box is not acceptable) (if same as the registered office, write "as above")

Unit no Street no Street name

Suburb/town State Postcode Country

ACN

ABN

C.2 Regulatory / Listing Details

Is the company regulated or listed?

Company is not regulated or listed

Regulated company - 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. For example, Australian Financial Services Licensee (AFSL), Australian Credit Licensee (ACL) or Registrable Superannuation Entity (RSE) Licensee

Regulator name

Licence details (e.g. AFSL, ACL, RSE)

Australian listed company

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market / exchange

C.3 Company Type

Public (companies whose name does NOT include the words "Pty Ltd" or "Proprietary Ltd"; generally listed companies) Go to Section C.6

Proprietary (companies whose name ends with "Proprietary Ltd" or "Pty Ltd"; also known as private companies) Go to Section C.4



C.4 Directors (Proprietary Companies Only)

Provide full name of ALL directors. If there are more directors, provide details on a separate sheet.

	Surname	Given name(s)
Director 1	<input type="text"/>	<input type="text"/>
Director 2	<input type="text"/>	<input type="text"/>
Director 3	<input type="text"/>	<input type="text"/>
Director 4	<input type="text"/>	<input type="text"/>

C.5 Beneficial Owners

Provide details of ALL individuals who are Beneficial Owners (as defined in Note 1 on page 3).

Beneficial Owner 1

Title	Surname	Date of birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Given name(s)				
<input type="text"/>				
Unit no	Street no	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/town	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Beneficial Owner 2

Title	Surname	Date of birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Given name(s)				
<input type="text"/>				
Unit no	Street no	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/town	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Beneficial Owner 3

Title	Surname	Date of birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Given name(s)				
<input type="text"/>				
Unit no	Street no	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/town	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



Beneficial Owner 4

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C.6 Tax Information

Please complete Section F: Tax Information

C.7 Identification Documents

Please provide a copy of the Identification document.

Full ASIC company extract

For each Beneficial Owner, provide an ORIGINAL CERTIFIED COPY of ONE of the following documents:

- Australian State / Territory driver's licence containing a photograph of the person; or
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

*Documents that are written in a language other than English must be accompanied with an English translation prepared by an Accredited Translator

If you are unable to provide one of the above documents, please contact us on +61 3 9111 0850 or info@carnbrea.com.au



Section D: Foreign Company

Section D to be completed by foreign companies. Please complete Section C for Australian companies. Please use BLOCK let-ters to complete this Application Form.

D.1 Foreign Company Details

Full name of foreign company

Country of formation / incorporation / registration

Complete this section if the company is registered with ASIC

ARBN

Australian agent name (if applicable)

Principal place of business in Australia or Australian agent address details (PO Box not permitted)

Unit no Street no Street name

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

Suburb/town

State

Postcode

Country

Registered office address

Unit no Street no Street name

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

Suburb/town

State

Postcode

Country

Is the company also registered with a relevant foreign registration body?

Yes - Name of registration body

No

Complete this section if the company is NOT registered with ASIC

Is the company registered with a relevant foreign registration body?

Yes
 No

If Yes, please provide the company identification number (if any) that was issued by the relevant foreign body upon the company's formation, incorporation or regulation

Full address of the company in the country of formation, incorporation or registration as registered by the foreign registration body (PO Box not permitted)

Unit no Street no Street name

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

Suburb/town

State

Postcode

Country



D.2 Company Type

- Public
 Proprietary

Go to Section D.5

Go to Section D.3

D.3 Directors (Proprietary Companies Only)

How many directors are there?

Provide full name of ALL directors. If there are more directors, provide details on a separate sheet.

	Surname	Given name(s)
Director 1	<input type="text"/>	<input type="text"/>
Director 2	<input type="text"/>	<input type="text"/>
Director 3	<input type="text"/>	<input type="text"/>
Director 4	<input type="text"/>	<input type="text"/>

D.4 Beneficial Owners

Provide details of ALL individuals who are Beneficial Owners (as defined in Note 1 on page 3)

Beneficial Owner 1

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 2

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Beneficial Owner 3

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 4

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D.5 Regulatory / Listing Details (All Companies To Complete)

Is the company regulated or listed?

Company is not regulated or listed

Public listed company

Name of market / exchange

Country

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

Majority-owned subsidiary of a listed company

Listed company name

Name of market / exchange

Country

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

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 a country's company registration body. For example, Australian Financial Services Licensee (AFSL), Australian Credit Licensee (ACL) or Registrable Superannuation Entity (RSE) Licensee in Australia

Regulator name

Licence details (e.g. AFSL, ACL, RSE)

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

D.6 Tax Information

Please complete Section F: Tax Information



D.7 Identification Documents

Complete this section for each Beneficial Owner

For each Beneficial Owner, provide an ORIGINAL CERTIFIED COPY of ONE of the following documents:

- Australian State / Territory driver's licence containing a photograph of the person; or
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

Complete this section if the company is registered with ASIC

Please provide a copy of ONE of the following documents.

- Full ASIC company extract (if company is registered in Australia); or
- Full company extract from relevant registration body; or
- If the ASIC or foreign registration body database is not reasonably available, an original certified copy of the certificate of registration issues by ASIC or the relevant registration body

Complete this section if the company is NOT registered with ASIC

Please provide a copy of ONE of the following documents.

- Full company extract from relevant registration body; or
- If the foreign registration body database is not reasonably available, an original certified copy of the certificate of registration issues by the relevant registration body

Complete this section if the company is regulated, listed or a majority subsidiary of an Australian listed company

Please provide a copy of ONE of the following documents

- Full ASIC company extract; or
- Full company extract from relevant financial market; or
- Evidence of the company's full name from the relevant Commonwealth, State or Territory statutory regulator; or
- A public document issued by the company

*Documents that are written in a language other than English must be accompanied with an English translation prepared by an Accredited Translator.

If you are unable to provide one of the above documents, please contact us on +61 3 9111 0850 or info@carnbrea.com.au



Section E: Trusts / Superannuation Fund

Do not complete Section E if you have previously provided identification documents. Please use BLOCK letters to complete this Application Form.

E.1 Trust Or Superannuation Fund Detail

Full name of trust or Superannuation fund

Country of establishment

Australian Registered Scheme Number (ARSN)

Type of trust

Family trust Charitable trust Testamentary trust Superannuation fund

Other - please specify

Full name of Settlor/s* (if applicable)

* The person(s) who settles the initial sum or assets to create the Trust. Not required to be completed if settlor contributed less than \$10,000 upon trust establishment OR settlor is deceased OR trust is verified using simplified verification eg. SMSF.

Business name of Trustee (if relevant)

Complete Section E.2 Beneficiaries and E.3 Trustee if the the trust is an Unregulated Trust (as defined in Note 3 page 13).

E.2 Beneficiaries

Provide full name of ALL beneficiaries of the trust

	Surname	Given name(s)
Beneficiary 1	<input type="text"/>	<input type="text"/>
Beneficiary 2	<input type="text"/>	<input type="text"/>
Beneficiary 3	<input type="text"/>	<input type="text"/>
Beneficiary 4	<input type="text"/>	<input type="text"/>
Beneficiary 5	<input type="text"/>	<input type="text"/>

If there are more than 5 beneficiaries, provide details on a separate sheet

OR

Class(es) of beneficiaries (e.g. unit holders, family members of named person, charitable organisation/causes)

E.3 Trustee

Is the Trustee(s) an Individual(s) or a Company?

Individual(s)

Please complete Section E.4 - Individual Trustee for ALL individual trustees and complete Section B: Individual(s) / Sole Trader for ONE Individual Trustee

Company

Please complete Section E.5 - Corporate Trustee for ALL Corporate Trustees of an unregulated trust (as defined in Section E.2) and complete Section C: Australian Company

Note 3: Regulated and Unregulated Trusts

A Regulated Trust includes self-managed superannuation funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other trusts subject to the regulatory oversight of an Australian regulator (eg. APRA). Other trusts are Unregulated Trusts.



E.4 Individual Trustee

Individual Trustee 1

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual Trustee 2

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual Trustee 3

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E.5 Company Trustee

Company Trustee 1

Full name of Trustee			
<input type="text"/>			
Type of Company	<input type="checkbox"/> Public	<input type="checkbox"/> Private/proprietary	
Trustee's registered office (PO Box not acceptable)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Company Trustee 2

Full name of Trustee

Type of Company

Public

Private/proprietary

Trustee's registered office (PO Box not acceptable)

Unit no Street no Street name

Suburb/town

State

Postcode

Country

E.6 Beneficial Owners

Unless the trust is an exempt trust such as a superannuation fund or a managed investment scheme, please provide details of all the Beneficial Owners (as defined in Note 1 on page 3)

Beneficial Owner 1

Title Surname Date of birth (dd/mm/yyyy)

Given name(s)

Unit no Street no Street name

Suburb/town

State

Postcode

Country

Beneficial Owner 2

Title Surname Date of birth (dd/mm/yyyy)

Given name(s)

Unit no Street no Street name

Suburb/town

State

Postcode

Country

Beneficial Owner 3

Title Surname Date of birth (dd/mm/yyyy)

Given name(s)

Unit no Street no Street name

Suburb/town

State

Postcode

Country



Beneficial Owner 4

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E.7 Tax Information

Please complete Section F: Tax Information

E.8 Identification Documents

Please provide a Certified copy of the following documents.

- An original or certified copy of Trust Deed or extract of the Trust Deed (must include name of the Trust, Trustees, Beneficiaries, Settlor(s) and Appointers (where applicable))

For each Beneficial Owner, provide an ORIGINAL CERTIFIED COPY of ONE of the following documents:

- Australian State / Territory driver's licence containing a photograph of the person; or
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

*Documents that are written in a language other than English must be accompanied with an English translation prepared by an Accredited Translator

If you are unable to provide one of the above documents, please contact us on +61 3 9111 0850 or info@carnbrea.com.au



Section F: Tax Information

Section F must be completed for investors that are Australian company, a Foreign company, a Trust or a Superannuation Fund. Individual investors must complete Tax Information section in Section B. Please use BLOCK letters to complete this Application Form.

F.1 Tax Status

Collection of tax status is compulsory pursuant to the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Please tick the applicable tax status

- A Financial Institution - A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)

Global Intermediary Identification Number (GIIN) (if applicable):

If the company is a Financial Institution but does not have a GIIN, what is the company's FATCA status?

- Deemed Compliant Financial Institution
 Excepted Financial Institution
 Exempt Beneficial Owner
 Non Reporting IGA Financial Institution

-If the entity is a trust and a Trustee-documented trust, provide trustee GIIN:

- Non-participating Financial Institution
 Other - FATCA status

- Describe FATCA status:

Is the Financial Institution an Investment Entity located in a non-participating CRS jurisdiction* and managed by another Financial Institution?

- Yes - Go to Section F.2
 No - Go to Section G

- Australian Public Listed company, majority owned subsidiary of Australian Public Listed company or Australian Registered Charity - Go to Section G
- Foreign Public Listed company, majority owned subsidiary of a foreign Public Listed company, foreign Government entity, International organisation or Central Bank - Go to Section G
- Active Non-financial Entity (NFE) - Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org - If the entity is an active NFE, please proceed straight to Section F.3.
- A Foreign Charity - Go to Section F.2
- Passive Non-financial Entities - Go to Section F.2

*A list of CRS participating countries can be found on the OECD website:

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction/>

F.2 Foreign Beneficial Owners & Controlling Entities

Companies

Are any of the Beneficial Owners (as defined in Note 1 on page 3) tax residents of countries other than Australia?

(Please note "tax resident" definition will change from country to country)

- Yes - Provide details of these individuals below
 No



Beneficial Owner 1

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 2

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 3

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 4

Title	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name(s)			
<input type="text"/>			
Unit no	Street no	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Trust / Superannuation Fund

Are any of the Trust Controlling Persons* tax residents of countries other than Australia?

Yes - Provide details of these individuals below

	Surname	Given names
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

*A Controlling Person is any individual who directly or indirectly exercises control over the Trust. For a Trust, this includes all Trustees, Settlers, Protectors or Beneficiaries. For a Trustee company this includes any beneficial owners controlling more than 25% of the shares in the company or Senior Managing Officials.

No - Proceed to Section F.3

F.3 Country Of Tax Residency

Please answer BOTH Tax Residency questions

1. Is the Company or Trust a tax resident of Australia? Yes - Tax File Number (TFN)
 No
2. Is the Company or Trust a tax resident of a country other than Australia? Yes - Complete TIN section below
 No

If the Company or Trust is a tax resident of another country, please provide Tax Identification Number (TIN) or equivalent.

	Country	Tax Identification Number (TIN)	If no TIN, list reason A, B or C
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason A: Country of residence does not issue TINs to tax residents
Reason B: Individual has not been issued with a TIN
Reason C: Country of residence does not require the TIN to be disclosed

If you are a tax resident of more countries, please provide details in a separate sheet.



Section G: Qualifying Investor Qualification

Please use BLOCK letters to complete this application form

Name of Investor

G.1 Investor Category

Please select the category that best describe the investor

Sophisticated Investor

Investor 1	Investor 2	Qualifying criteria
<input type="checkbox"/>	<input type="checkbox"/>	I am applying for AU\$500,000 or more worth of Units
<input type="checkbox"/>	<input type="checkbox"/>	I have net assets of at least AU\$2.5 million (please arrange for Qualified Accountant to complete Section G.2 below)
<input type="checkbox"/>	<input type="checkbox"/>	I have earned at least AU\$250,000 per annum gross income for each of the last two (2) financial years (please arrange for Qualified Accountant to complete Section G.2 below)

Professional Investor

Investor 1	Investor 2	Qualifying criteria
<input type="checkbox"/>	<input type="checkbox"/>	I have or control gross assets of at least AU\$10 million (please arrange for Qualified Accountant to complete Section G.2 below)
<input type="checkbox"/>	<input type="checkbox"/>	I hold an Australian Financial Services Licence number (please provide AFSL no.) <input type="text"/>

Please contact the Investment Manager if you do not fit the above categories.

G.2 Qualified Accountant Certification

To be completed by a Qualified Accountant

Full Name

Unit no Street no Street name

Suburb/town

State

Postcode

Country

Phone

Mobile

Email

Professional classification (e.g. CA or CPA)

Membership No

I certify that the above named person/entity is a Qualifying Investor in accordance with the category indicated in Section G.1 above.

Signature

Date



Section H: Declarations & Signatures

Please read the declarations below before signing this Application Form.

I/We declare that:

- i. I/We have read and understood the IM to which this Application Form applies including any supplemental information;
- ii. I/We have received and accepted the offer to invest in Ethical Income Fund (the Fund), specifically in the Income Plus Units, in Australia and represent and warrant to the Trustee that I/we are permitted to invest in the Fund without the Fund or Trustee obtaining any further authorisation, registration, certification in any country other than Australia and agree to indemnify the Trustee and Investment Manager if the warranty is untrue;
- iii. I/We acknowledge and warrant that we are a “wholesale client” for the purposes of section 761G of the Corporations Act and relevant information has been provided to confirm this and that if the Applicant is a SMSF, it is compliant and investing in this Fund complies with the Superannuation Industry Supervision Act 1993 (Cth);
- iv. The information provided in this Application Form is true, correct and complete in all respects;
- v. I/We agree to be bound by the provisions of the Trust Deed governing the Fund and the terms and conditions of the IM each as amended from time to time;
- vi. I/We acknowledge that none of Specialised Investment and Lending Corporation Pty Ltd ACN 149 520 918 (Trustee), Carnbrea & Co Ltd ACN 090 724 762 (Investment Manager), their related bodies corporate, officers, employees, consultants, advisers or agents, guarantees the performance of the Fund or the payment of distributions other than as set out in the IM;
- vii. I/We have read and understood the risks set out in section 6 of the IM and acknowledge that an investment in the Fund is subject to risks, including risk that an investment in the Fund may result in reduction in, or total loss of, the capital value of the investment, returns that are less than expected or delays in repayment of capital;
- viii. I/We acknowledge the Trustee reserves the right to reject any application in whole or in part in its absolute discretion;
- ix. I/We warrant and represent to the Trustee and Investment Manager that I/we have undertaken my/our own due diligence in relation to an investment in the Fund, including (without limitation) in relation to the structure of the Fund and the likelihood of returns from the Fund;
- x. I/We have obtained my/our own independent financial, taxation and legal advice prior to investing in the Fund;
- xi. If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power;
- xii. I am/We are over 18 years of age and I/we are eligible to hold units in the Fund;
- xiii. I/We have all requisite power and authority to execute this Application Form and make the investment in the Fund as set out in this Application Form;
- xiv. I/we have read the information on privacy and personal information contained in section 8 of the IM and consent to my/our personal information being used and disclosed as set out in the IM and Trustee’s privacy policy, and that until I/we inform the Trustee otherwise, I/we will be taken to have consented to all uses of our personal information contained under that heading;
- xv. I/we acknowledge that the Trustee may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- xvi. I/we indemnify the Trustee, the Investment Manager and each of their related bodies corporate, officers, employees, consultants, agents and permitted delegates (together, the Indemnified Parties) and hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/use to either the Trustee or the Investment Manager, their representatives, agents or other parties in connection with our investment in the Fund;
- xvii. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Trustee and the issue and/or sale of the investment;
- xviii. To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the IM or my/our investment
- xix. Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States for taxation purposes (US Person);
- xx. I/We will promptly notify the Trustee of any change in to the information that I/we have previously provided to the Trustee, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us who is a US Person;
- xxi. I/We consent to the Trustee disclosing any information (including to the Australian Taxation Office) required by the Trustee to comply with its due diligence and reporting obligations under “Agreement between the Government of Australia and the Government of the United States of America to improve international tax compliance and to implement FATCA” (signed 28 April 2014) and any related Australian law and guidance implementing the same (together, the IGA);
- xxii. I/We acknowledge that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Law) ;
- xxiii. I/We acknowledge that there is no requirement and it is a not an offence if I/we do not provide the Trustee with a Tax File Number (TFN) or to quote a TFN exemption or Australian Business Number, however, if I/we choose not to, the Trustee may be required to deduct tax at the highest marginal rate plus the Medicare Levy from my/our income distributions (if applicable);
- xxiv. I/We are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities prohibited under any international convention or agreement (such as the AML/CTF Law); and
- xxv. I/We will provide the Trustee with all additional information, documentation and assistance that the Trustee may request in order for the Trustee to comply with any AML/CTF Law and the IGA.

Use of email

If I/we submit my/our Application Form by email, the Trustee may rely on the emailed Application Form to process and accept my/our application. For each investment in the Fund, if the Trustee receives instructions by email in relation to my/our investment in the Fund, I/we:

- will send the originals in the mail for the Trustee’s records,
- acknowledge that there is potentially a greater risk that fraudulent instructions can be given by someone who has access to my/our account number and a copy of my/our signature(s) and that I/we accept such risks,
- acknowledge that the Trustee may assume that the instruction has been sent, and is authorised, by or on behalf of me/us, and
- release the Trustee from, and indemnify the Trustee against all losses and liabilities arising from any payment or action taken by the Trustee based on any instruction bearing my/our account number and a signature that purports to be mine/ours or that of an authorised signatory on the account, even if such instructions are not authorised (except to the extent that such losses and liabilities directly arise from the negligence or wilful default of the Trustee).



Investor or Entity 1	Investor or Entity 2
Signature <div style="border: 1px solid black; height: 60px;"></div>	Signature <div style="border: 1px solid black; height: 60px;"></div>
Date (dd/mm/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	Date (dd/mm/yyyy) <div style="border: 1px solid black; height: 20px;"></div>
Surname <div style="border: 1px solid black; height: 20px;"></div>	Surname <div style="border: 1px solid black; height: 20px;"></div>
Given name(s) <div style="border: 1px solid black; height: 20px;"></div>	Given name(s) <div style="border: 1px solid black; height: 20px;"></div>
Capacity <input type="checkbox"/> Individual <input type="checkbox"/> Joint investor <input type="checkbox"/> Sole Director <input type="checkbox"/> Director	Capacity <input type="checkbox"/> Joint investor <input type="checkbox"/> Director

Signing authority

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc)

- Only one required to sign
 All signatories must sign

Who must sign?

The table below provides guidance on completing the Declaration and the applicant(s) signatures section of the Application Form. Please ensure that all applicants have read the Declaration before signing.

Investor Type	Names Required	Signatures	TFN/ABN
Individuals and/or joint investors	Full name of each investor (do not use initials)	Individual investor or each joint investors	Individual investor or joint investors
Sole trader	<ul style="list-style-type: none"> ▪ Full name or sole trader; and ▪ Full business name (if any) 	Sole trader	Sole trader
Australian company/ Foreign company	<ul style="list-style-type: none"> ▪ Full company name as registered with ASIC or a foreign registration body; and ▪ Name of each Director of the company; and ▪ Full name of each beneficial owner* 	<ul style="list-style-type: none"> ▪ Sole trader ▪ Two Directors; or ▪ One Director and company Secretary 	Company
Trust/Superannuation fund	<ul style="list-style-type: none"> ▪ Full trust/Superannuation fund name (eg. John Smith Pty Ltd ATF The Smith Family Trust) ▪ Full name of the trustee(s) ▪ Names of beneficiaries (if identified in Trust Deed) ▪ Full name of the settlor(s)** ▪ Full name of each beneficial owner 	<ul style="list-style-type: none"> ▪ Individual trustee(s) "as trustee for" ▪ If any of the trustees are an Australian company, the signatures set out in the "Australian company" sections are also required 	Superannuation fund or trust
Account designation	Full name of responsible adult, as the investor	Adult(s) investing on behalf of the person/minor	Adult(s)
Investment made under a Power of Attorney (POA)	<ul style="list-style-type: none"> ▪ Full name of each investor(s) ; and ▪ Full name of person holding POA 	Person holding Power of Attorney	Individual investor or joint investors

A "Beneficial Owner" of a customer (the Applicant) means an individual (a natural person or person(s)) who ultimately owns or controls (whether directly or indirectly) the customer.

Ownership for the purpose of determining a Beneficial Owner means an ownership (directly or indirectly) of 25% or more of the customer.

'Control' includes whether the control is exerted by means of trusts, agreements, arrangements, understandings or practices and whether or not the individual has control based on legal or equitable rights. It includes where an individual can exercise control through making decisions about financial and operating policies.

**Not required in some circumstances.



Certification of Documents

Customer Identification

To comply with our obligations under Anti-Money Laundering and Counter-Terrorism Financing legislation, we must collect certain information about each investor. In some cases, the information must be supported by a “certified copy” or “certified extract of an identification document”

A certified copy is a document that has been certified as true and correct copy of an original document.

A certified extract is an extract of a document that has been certified as a true copy of the relevant information contained in the original document. We can only accept the original certified copy itself; we cannot accept faxed or scanned versions of certified copies.

Certifying documents

A certified document is a copy of an original document such as a birth certificate, marriage certificate or proof of identity that has been authorised (or stamped) as being a true copy of an original by one of the persons listed below.

The person certifying the document must include the following information on the photocopy:

“I certify that this is a true and correct copy of the original document produced to me.”

- Signature of the certifier
- Full name of the certifier
- Occupation, qualification or registration number of the certification
- Date of certification

Who can certify?

In Australia

Legal	<ul style="list-style-type: none"> ▪ solicitor or barrister (that is, 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 chief executive officer of a Commonwealth court ▪ a registrar or deputy registrar of a court; ▪ a notary public ▪ bailiff ▪ clerk of the Court ▪ Commissioner for Affidavits. ▪ Commissioner for Declarations ▪ Master of a court ▪ Justice of Peace
Police and Australian Defence Force	<ul style="list-style-type: none"> ▪ police officer ▪ Sheriff or Sheriff's officer ▪ Member of the Australian Defence Force who is an officer, a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service, ▪ A warrant officer (within the meaning of the Defence Force Discipline Act 1982)
Accountant	<ul style="list-style-type: none"> ▪ member of the following institutions with 2 or more years of continuous membership: <ol style="list-style-type: none"> i. Chartered Accountants Australia & New Zealand ii. Certified Practising Accountants Australia iii. National Institute of Accountants iv. Association of Taxation and Management Accountants v. Fellow of the National Tax Accountants' Association
Post Office	<ul style="list-style-type: none"> ▪ 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
Financial corporations (Bank, Building Society, Credit Union)	<ul style="list-style-type: none"> ▪ an officer with 2 or more continuous years of service with one or more financial institutions ▪ a finance company officer with 2 or more continuous years of service with one or more finance companies ▪ an officer, or authorised representative of, an Australian financial services licence holder, having 2 or more continuous years service
Health professionals	<ul style="list-style-type: none"> ▪ Chiropractor ▪ Dentist ▪ Medical practitioner ▪ Nurse ▪ Optometrist ▪ Pharmacist ▪ Physiotherapist ▪ Psychologist ▪ Veterinary surgeon
Engineers	<ul style="list-style-type: none"> ▪ Member of Chartered Secretaries Australia ▪ Member of Engineers Australia, other than at the grade of student ▪ Member of the Australasian Institute of Mining and Metallurgy

Overseas

Legal	<ul style="list-style-type: none"> ▪ a notary public ▪ Justice of Peace
Diplomatic service	<ul style="list-style-type: none"> ▪ an Australian consular officer (within the meaning of the Consular Fees Act 1985) ▪ an Australian diplomatic officer (within the meaning of the Consular Fees Act 1985) ▪ Employee of the Australian Trade Commission who is in a country or place outside Australia, and authorised under section 3(d) of the Consular Fees Act 1955, and exercising their function in that place.