

Application Form

- **If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS**
- **Use ticks in boxes where applicable**
- **The applicant must complete, print and sign this form**
- **Keep a photocopy of your completed Application Form for your records**
- **Please ensure all relevant sections are complete before submitting this form**

This application form is part of the Product Disclosure Statement dated 18 February 2014 ('PDS') and the Supplementary Product Disclosure Statement dated 1 July 2014 ('SPDS') relating to units in the Ventura Australian Opportunities Fund issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975).

- The PDS and SPDS contain information about investing in the Fund. You should read the PDS and SPDS before applying for units in the Fund.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS and SPDS.
- EQT will provide you with a copy of the PDS, SPDS and the Application Form on request without charge (*If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes.*)

US Persons:

This offer is not open to any US Person. Please refer to the Product Disclosure Statement for further information.

Section 1 – Introduction

Are you an existing Ventura investor?

- YES** – my details are:

Investor Number	
Account Name	
Contact Telephone Number (Including Country Code)	

Now go to section 8.

- NO** – only complete the sections relevant to you, as indicated below:

Select One	Account Type	Sections to Complete	Identification Requirement Groups to Complete
<input type="checkbox"/>	Individual(s)	1,2,7,8, 9 (optional),10,11	Group A
<input type="checkbox"/>	Partnership(s)	1,3,7,8,9 (optional),10,11	Group A & B
<input type="checkbox"/>	Trust/Superannuation fund with an individual trustee	1,2,4,7,8,9 (optional),10,11	Group C or D, & E
<input type="checkbox"/>	Trust/Superannuation fund with a corporate trustee	1,4,5,7,8,9 (optional),10,11	Group C or D, & E
<input type="checkbox"/>	Company	1,5,7,8,9 (optional),10,11	Group F or G
And complete these if you would like to appoint a power of attorney or agent			
<input type="checkbox"/>	Power of attorney or agent	Section 6	Group H
<input type="checkbox"/>	Financial Adviser	Section 7	Group H

Contacting the Fund

Investor Services Ventura Client Services on 1300 738 421

Post your completed application to:
Ventura Funds Registry Services
GPO Box 1406
Melborne, VIC 3001
Australia

AML/Identification Requirements

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please call Ventura Client Services on 1300 738 421.

These documents should be provided as a CERTIFIED COPY of the original.

GROUP A – Individuals

Each individual investor, individual trustee, partner or individual agent must provide one of the following:

- A current Australian driver's licence (or foreign equivalent) that includes a photo
- An Australian passport
- A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that provides your signature
- An identity card issued by a State or Territory Government that includes a photo

GROUP B – Partnerships

Provide one of the following:

- A certified copy or certified extract of the partnership agreement
- A certified copy or certified extract of minutes of a partnership meeting
- A notice issued by the Australian Taxation Office ("ATO") within the last 12 months
- An original or certified copy of a certificate of registration of business name issued by a government agency in Australia
- Group A verification requirements for each partner and beneficial owner of the Partnership

GROUP C – Registered Managed Investment Scheme, Regulated Superannuation Fund (including self- managed) or Government Superannuation Fund

Provide one of the following:

- A copy of the company search on the ATO database
- A copy of the company search of the relevant regulator's website
- A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website

GROUP D – Other Trusts

Provide one of the following:

- A certified copy or certified extract of the Trust Deed
- Signed meeting minutes showing the full name of the trust
- Annual report or audited financial statements
- A certified copy of a notice issued by the ATO within the previous 12 months
- Group A verification requirements for each beneficial owner of the trust

GROUP E – Trustees

- If you are an **Individual Trustee** – please provide the identification documents listed under Group A
- If you are a **Corporate Trustee** – please provide the identification documents listed under Group F or G.
- If you are a **combination** of both – please complete for one trustee from each investor type listed under Group A and F or G

GROUP F – Australian Companies

Provide one of the following:

- A certified copy of the Certificate of Registration or Licence
- A copy of a company search on the ASIC database
- A copy of information regarding the company / trustee's licence or other information held by the relevant Commonwealth, State or Territory regulatory body. All of above must clearly show the company's full name and type (i.e. public or private).
- Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in Section 5.4 of the application.

GROUP G – Non-Australian Companies

Provide one of the following:

- A certified copy of the company's Certificate of Registration or incorporation (issued by ASIC or equivalent in the domestic jurisdiction) showing the company's registration number
 - A certified copy of the company's articles of association or constitution
 - A copy of a company search on the ASIC database or relevant foreign registration body
- All of above must clearly show the company's full name and type (i.e. public or private).
- Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in Section 5.4 of the application.

GROUP H – Agents

- If you are an **Individual Agent** – please provide the identification documents listed under Group A
- If you are a **Corporate Agent** – please provide the identification documents listed under Group F or G

Important Information

Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and the Foreign Account Tax Compliance Act.

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (the 'AML/CTF Act') and the Foreign Account Tax Compliance Act (the 'FATCA') the Responsible Entity is required to collect additional information about you. The Responsible Entity may also ask you to provide certified copies of certain identification documents along with the Application Form.

Under the AML/CTF Act and FATCA, the Responsible Entity is prohibited from processing your application until all of the information and supporting documentation requested in this form has been received. In most cases, the information that you provide in this form will satisfy the AML/CTF Act & FATCA. However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act and FATCA.

Declarations

When you complete this Application Form you make the following declarations:

- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund in which I/we have chosen to invest.
- I/We acknowledge that EQT is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of EQT or its related bodies corporate and to foreign government agencies (if necessary).
- I/We hereby acknowledge and agree that EQT have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the EQT Group Privacy Statement.
- I/we hereby confirm that the personal information that I/we have provided to EQT is correct and current in every detail, and should these details change, I/we shall promptly advise EQT in writing of the change(s).
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify EQT from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- I/We have received and accepted this offer in Australia.
- I/We acknowledge that EQT does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of EQT and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- If I/we have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and agree to indemnify EQT from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from EQT acting on the instructions of my/our authorised representatives, agents and/or nominees.
- By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS
- I/We have considered our personal circumstances and, where appropriate, obtained investment and / or taxation advice.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- I/We acknowledge that I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/we have chosen to invest.
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
 - I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
 - I/we owe any amounts to EQT,then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.
- I/We agree to provide further information or personal details to the Responsible Entity if required to meet its obligations under anti-money laundering and counter-terrorism legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.

Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements. For

more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

When you sign this Application Form you declare that you have read and agree to the declarations above.

Section 2 – Individual(s) or Individual Trustee(s)

Complete this section if you are investing in your own name or as an individual trustee.

For AML requirements please refer to page 2.

2.1 Type of investor

Tick one box only and complete the specified parts of this section.

<input type="checkbox"/> Individual – complete 2.2	<input type="checkbox"/> Sole Trader – complete 2.2 and 2.4
<input type="checkbox"/> Jointly with another individual(s) – complete 2.2, 2.3 and 2.5	<input type="checkbox"/> Individual trustee for an individual – complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee)
<input type="checkbox"/> Individual trustee for a trust – complete 2.2 and 2.3 (also complete section 4)	

2.2 Investor 1

Title	Given Name(s)	Surname

Telephone Number (Including Country Code) (daytime)

Date of Birth (DDMMYY)	Tax File Number (TFN) – or exemption code
<input type="text"/>	<input type="text"/>

Reason for TFN Exemption

Street Address (not a PO Box)

Unit Number	Street Number	Street Name

Suburb	State	Post Code

Country of Birth

Are you a foreign resident for tax purposes?

No
 Yes, please advise country of residence

Do you hold dual citizenship?

No
 Yes, please advise which countries

2.3 Investor 2

Title	Given Name(s)	Surname

Telephone Number (Including Country Code) (daytime)

Date of Birth (DDMMYY)	Tax File Number (TFN) – or exemption code
<input type="text"/>	<input type="text"/>

Reason for TFN Exemption

Street Address (not a PO Box)

Unit Number	Street Number	Street Name

Suburb	State	Post Code

Country of Birth

Are you a foreign resident for tax purposes?

No
 Yes, please advise country of residence

Do you hold dual citizenship?

No
 Yes, please advise which countries

2.4 Sole Trader Details

Business Name (if applicable, in full)

Australian Business Number (ABN) (if obtained)*

Street Address

Suburb

State

Postcode

Country

2.5 Signing Authority

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

Only one investor required to sign

All investors must sign

* See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs

Section 3 – Partnerships

Complete this section if you are investing for a partnership or as a partner.

For AML requirements please refer to page 2.

3.1 General Information

Full Name of Partnership

Registered Business Names of Partnership (if any)

Country where Partnership is established

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption

3.2 Type of Partnership

Is the partnership regulated by a professional association?

Yes, please provide details

Name of Association

Membership Details

No, provide number of partners

Partner 1

Title Given Name (s)

Surname

Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)

Unit Street Number Street Name

Suburb

State

Postcode

Country

Country of Birth

Partner 2

Title Given Name (s)

Surname

Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)

Unit Street Number Street Name

Suburb

State

Postcode

Country

Country of Birth

Section 4 – Trust / Superannuation Fund

Complete this section if you are investing for a trust or superannuation fund.

For AML requirements please refer to page 2.

4.1 General Information

Full Name of Trust or Superannuation Fund

Full Name of Business (if any)

Country where Trust established

Tax File Number (TFN) – or exemption code

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Reason for TFN Exemption

4.2 Trustee Details

How many trustees are there?

- Individual** - at least one trustee must complete Section 2 of this form
- Company** - at least one trustee must complete Section 5 of this form
- Combination** - at least one trustee from each investor type must complete the relevant section of this form

4.3 Type of Trust

- Registered Managed Investment Scheme**

Australian Registered Scheme Number (ARSN)

- Regulated Trust** (including self managed superannuation funds)

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/License Details

Australian Business Number (ABN)*

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- Other Trust** (also complete section 4.4)
Please Describe

4.4 Beneficiaries

Complete Section 4.4 and 4.5 only if you ticked 'Other Trust' in 4.3

Does the Trust Deed name beneficiaries?

- Yes**, how many?

Provide the full name of each beneficiary: (If more than 8, please provide as an attachment)

1	2
3	4
5	6
7	8

- No**, describe the class of beneficiary: (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name)

* See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

4.5 Beneficial Owners

Please provide the **Full Name** of any beneficial owner of the trust. A Beneficial owner of a trust is any individual who has a **25% or more interest** in the trust or **controls the trust**. This includes the **appointor** of the trust (who holds the power to appoint or remove the trustees of the trust), the **settlor** of any trust over \$10,000 upon establishment, and **beneficiaries with at least a 25% interest** in the trust. All beneficial owners will need to provide AML verification documents as per page 2. Please provide beneficial owners as an attachment if there is insufficient space below:

Section 5 – Company / Corporate Trustee

Complete this section if you are investing for a company or where a company is acting as a trustee.

For AML requirements please refer to page 2.

5.1 Company Type

- Australian Listed Public Company – complete 5.2
- Australian Proprietary Company or non-listed public company – complete 5.2 and 5.4
- Foreign Company – complete all sections

5.2 Company Details

Company Name ACN/ABN (if registered in Australia)

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Tax File Number (TFN) – or exemption code

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Reason for TFN Exemption

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Given Name(s) of Contact Person

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Registered Street Address (Not PO Box) Suburb

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State Post Code Country

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Principal place of business in Australia

Note for non-Australian companies: you must provide a local agent name and address if you do not have a principal place of business in Australia.

- Tick if the same as above, otherwise provide:

Registered Street Address (Not PO Box) Suburb

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State Post Code

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5.3 Additional Details for non-Australian Company

- Tick if the company is registered with ASIC

Australian Registered Body Number (ARBN)

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- Tick if the company is registered with a regulatory body

Name of Regulatory Body Company Identification Number Issued (if any)

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Registered Company Address (Not PO Box) Suburb

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State Post Code Country

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5.4 Beneficial owner

a. Managing Officials: All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf):

1	2
3	4

If there are more than 4 directors please provide as an attachment.

b. Shareholders: All proprietary or non-listed public domestic companies and foreign companies must provide details of each shareholder who owns directly, jointly or beneficially at least 25% of the company's issued capital.

Shareholder 1

Full Name

--

Registered Street Address (Not PO Box) Suburb

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State Post Code Country

--	--	--	--	--	--

Shareholder 2

Full Name

Registered Street Address (Not PO Box)

Suburb

State

Post Code

Country

*If there are more than 2 shareholders that each have at least 25% of the company's issued capital, provide as an attachment.*** See page 2 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.***Section 6 – Authorised representative or agent***Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.***For AML requirements please refer to page 2.****6.1 Appointment of Power of Attorney**

- I would like to appoint an authorised representative to operate on this account **OR**
 I am an agent under Power of Attorney or the investor's legal or nominated representative - complete 6.2

Full name of authorised representative / agent

Title of role held with applicant

Signature

6.2 Power of Attorney Documentation

You must attach a valid Power of Attorney.

- The document is an original or certified copy
 The document is signed by the applicant / investor
 The document is current and complete
 The document permits the attorney / agent (you) to transact on behalf of the applicant / investor

Section 7 – Financial adviser*By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser / authorised representative / agent access to your account information unless you indicate otherwise by ticking the box below.***For AML requirements please refer to page 2.****7.1 Financial adviser**

I am a financial adviser completing this application form as an authorised representative or agent.

Name of Adviser

AFSL Number

Dealer Group

Name of Advisory Firm

Postal Address

Suburb

State

Post Code

Country

Email Address of Advisory Firm (required)

Email Address of Adviser

Business Telephone

Facsimile

7.2 Financial Adviser Declaration

- I/We hereby declare that I/we are not a US Person as defined in the PDS
 I/We hereby declare that the investor is not a US Person as defined in the PDS
 I have completed an appropriate customer identification procedure (CID) on this investor which meets the AML/CTF Act.
AND EITHER
 I have attached the relevant CID documents
OR

I have not attached the CID documents however I will retain them and agree to provide them to EQT on request. I also agree to forward these documents to EQT if I ever become unable to retain the documents.

I have provided personal financial advice to the investor(s) named in this Application taking into account their personal needs, objectives, financial and taxation situation (having regard to the nature and any complexities of this product), have complied with all requirements of the Corporations Act and applicable law in relation to this investment by the investor(s) and have provided the Investor with a statement of advice. If I cease being the financial advisor for the Investor I will notify the Administrator at that time.

Financial Adviser Signature	Date

7.3 Access to Information

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

- Please tick this box if you **DO NOT** want your financial adviser to have access to information about your investment.
- Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your adviser.

Section 8 – INVESTMENT INSTRUCTIONS (All investors MUST complete)

8.1 Contact Details

Title	Given Name (s)	Surname						
Home Telephone Number (including Country)		Date of Birth (DDMMYY)						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
Unit	Street Number	Street Name						
		Suburb						
		State						
Postcode	Country	Mobile Telephone (including Country)						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
Email Address								
Business Telephone (including Country)								
Facsimile								

8.2 Investment Details

Ventura Australian Opportunities Fund (VEN0026AU)
Full name investment to be held in

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Initial/Additional Investment

Initial/Additional Amount \$	Distribution method (tick preferred)*	
	Reinvest %	Pay to bank %
\$	<input type="checkbox"/>	<input type="checkbox"/>

Regular Investment Plan

Initial/Additional Amount \$	Regular Investment Plan Monthly Amount \$	Regular Investment Plan Start date**	Distribution method (tick preferred)*	
			Reinvest %	Pay to bank %
\$	\$	15/ /	<input type="checkbox"/>	<input type="checkbox"/>

Regular Withdrawal Plan

Regular Investment Plan Monthly Amount \$	Regular Withdrawal Plan Start date**
\$	15/ /

**If left blank, income distribution will be reinvested. The distribution amount can be split by percentage between Reinvestment and Pay to bank.*

***Payment/Withdrawal Plan will be deducted on or around the 15th of the month*

8.3 Investor Banking Details for Redemptions and Distributions (if applicable)

Account name

Financial Institution

Branch (including Country)

BSB

Account Number

8.4 Payment Method

Electronic Funds Transfer

Bank Name & Address (including country)	National Australia Bank Limited NAB Asset Services, 500 Bourke Street, Melbourne, VIC 3000
Account Name	NNLOCA Ventura Investment Management Application Account
BIC/SWIFT	NATAAU3303X
BSB Number	083-043
Account Number	16 894 2739

Direct Debit – See Section 9.

8.5 Elections

Annual Financial Report

The annual financial report for the Fund will be available on www.eqt.com.au from 30 September each year, however, if you would like a hard copy of the annual financial report sent to you please tick the box.

Privacy

Do you wish to receive marketing information from EQT (and EQT’s related bodies corporate) about products and services that may be of interest to you? This information may be distributed by mail, email or other form of communication.

- Yes
- No

8.6 Purpose of Investment and Source of Funds

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc)

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions)

Section 9 – Direct Debit Request (DDR) Service Agreement

The following is your Direct Debit Service Agreement with National Australia Bank Limited (NAB). This agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your DDR form.

Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means the Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you.

us or we means NAB (the Debit User) you have authorised by signing a direct debit request.

you means the customer who signed the Direct Debit Request.

your financial institution means the financial institution nominated by you on the DDR at which your account is maintained.

9.1 Debiting your account

9.1.1 By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.

9.1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

9.1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

9.2 Amendments by Us

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least 14 days written notice.

9.3 Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing at least 14 days notification by writing to:

Ventura Funds
Registry Services
GPO Box 1406
Melbourne VIC 3001

or by faxing us on 1300 365 601
or by arranging it through your own financial institution.

9.4 Your obligations

9.4.1 It is your responsibility to ensure that there are sufficient cleared funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

9.4.2

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may also incur fees or charges imposed or incurred by us; and
- (c) you must arrange for the debit payment to be made by another method or arrange for sufficient cleared funds to be in your account by an agreed time so that we can process the debit payment.

9.4.3 You should check your account statement to verify that the amounts debited from your account are correct.

9.4.4 If we are liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to reimburse us.

9.5 Dispute

9.5.1 If you believe that there has been an error in debiting your account, you should notify us directly by faxing us on 1300 365 601 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution directly.

9.5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

9.5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

9.6 Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account, as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

9.7 Confidentiality

9.7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

9.7.2 We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

9.8 Notice

9.8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Ventura Funds
Registry Services
GPO Box 1406
Melbourne VIC 3001

9.8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.

9.8.3 Any notice will be deemed to have been received on the third banking day after posting.

Request and Authority to debit

Surname or Company Name

Given Names or ACN/ARBN

requests and authorises NAB [Direct Debit ID 338845] to arrange, through its own financial institution, a debit to your nominated account any amount NAB, has deemed payable by you. The debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Details of Financial Institution at Which Account is Held

Bank Name & Address (including country)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Details of Account To Be Debited

Account Name	<input type="text"/>
BSB Number	<input type="text"/>
Account Number	<input type="text"/>

Acknowledgement

By signing and/or providing us with a valid instruction for your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and NAB as set out in this Request and your Direct Debit Request Service Agreement.

Applicant 1

Signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Date

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

Applicant 2

Signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Date

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

Section 10 – Foreign Account Tax Compliance Act (FATCA) (All Investors MUST complete)

The US Foreign Tax Compliance Act (FATCA) requires us to collect certain information about each investor's tax residency and tax classifications. In certain circumstances (including if the below section is not completed by you) we may be obliged to share information on your account with the Australian Tax Authorities. If you have any questions about your tax status, please contact your tax adviser.

10.1 Individual and joint investors (Company, Superannuation and other Trusts, Partnership etc please complete section 9.2)

Investor 1

PERMANENT TAX RESIDENCE ADDRESS. If your tax residence address is different from the registered address in Section 2, please complete the following:

For the attention of:

Address (Not PO Box)			Suburb	
State	Post Code	Country		

Are you a U.S. citizen or U.S. resident for tax purposes?

- No (go to section 11)
 Yes Please provide your US Taxpayer Identification Number (TIN): _____
(please note that you may not be eligible to enter in the funds, in which case we will contact you).

Investor 2

PERMANENT TAX RESIDENCE ADDRESS. Should your tax residence address be different from the registered address in Section 2, please complete the following:

For the attention of:

Address (Not PO Box)			Suburb	
State	Post Code	Country		

Are you a U.S. citizen or U.S. resident for tax purposes?

- No (go to section 11)
 Yes Please provide your US Taxpayer Identification Number (TIN): _____
(please note that you may not be eligible to enter in the funds, in which case we will contact you).

10.2 Companies, Superannuation and other Trusts, Partnership (Entities)

Please choose one of the following options:

- A **US Entity** (established under the laws of the US, or, for a trust, administered under the laws of the US)

Please provide the Entity's US Taxpayer Identification Number (TIN): _____

Is the Entity an exempt payee for US tax purposes? Yes No

If the Entity is an exempt payee, provide its exemption code: _____

(please note that you may not be eligible to enter in the funds, in which case we will contact you).

- A **Foreign (Non- U.S.) Financial Institution**- you must choose one of the following sub-options
 A Participating Foreign Financial Institution including a Model 1 Reporting Foreign Financial Institution):
Provide the Entity's Global Intermediary Identification Number (GIIN), if applicable:

GIIN

If the Entity is a Financial Institution but does not have a GIIN, provide its FATCA Status:

- Deemed Compliant Financial Institution (includes Registered Deemed Compliant FFI)
 Exempt Beneficial Owner (includes Certified Deemed Compliant FFIs)
 Nonparticipating Financial Institution
 Other (please provide **specific status** as per US FATCA legislation) _____)

- A **Trustee Documented Trust**

Provide the Trustee's Global Intermediary Identification Number (GIIN), if applicable:

GIIN

If you are not a Financial Institution, please confirm your FATCA status below:

Non-Financial Australian Public Listed Company, Corporate Australian Registered Charity, or Australian Government Body (Active Non-Financial entities for FATCA purposes)

Non-Financial Proprietary Company, Private Company, Unlisted Public Company, or other trust (Passive NFFE for FATCA purposes).

If so, do you have any Controlling Person/s (including beneficial owners) who are US citizens or residents of the US for tax purposes?

- No
- Yes

If yes, please provide details of any controlling individuals or entities below:

Full Name	Full Name
Date of Birth	Date of Birth
Full Residence Address	Full Residence Address
Details of controlling person's beneficial ownership (%)	Details of controlling person's beneficial ownership (%)
US TIN	US TIN

Declaration and undertakings

I undertake to advise the recipient promptly for FATCA self-certification where any of the information above changes.

Please note that the Fund Administrator will review your self-certification in the context of the FATCA due diligence, and may have to request additional supporting documentation.

Key definitions for the FATCA section

It is the responsibility of prospective investors to inform themselves as to the tax consequences to them of buying, holding, selling (or otherwise transferring) or redeeming shares under the laws of the country(ies) in which they are or may be taxable. These definitions are provided for your information only and you are encouraged to seek the assistance of an independent financial professional or tax adviser to facilitate the completion of this form.

A **Foreign Financial Institution** is a non-US entity (e.g. company, partnership or trust) that engages in one of the following:

- i) accepts deposits in the ordinary course of a banking or similar business (depository institution);
- ii) holds as a substantial portion of its business (equals or exceeds 20 percent of the entity's gross income) financial assets for the account of others (custodial institution);
- iii) is an investment entity including entities that trade in financial assets or that are investing, administering, managing funds, money, or certain financial assets on behalf of other persons

- iv) is an insurance company; or
- v) is an entity that is a holding company or treasury centre that is a part of a group that includes one of the above.

For further information regarding these definitions refer to <http://www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions>

An **IGA** (Inter-Governmental Agreement) means an agreement between the US or the Treasury Department and a foreign government to implement FATCA through reporting by Financial Institutions to such foreign government (Model 1) or to the IRS (Model 2).

A **controlling person** is any individual who directly or indirectly exercises ultimate effective control over the entity. For a company, this includes beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers, Protectors or Beneficiaries. For a partnership this includes any partners.

Section 11 – DECLARATIONS (All Investors MUST complete)

Applicant 1

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

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Company Seal (if applicable)

Applicant 2

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

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Company Seal (if applicable)

Application Checklist

- Have you completed all sections relevant to you (as set out in the introduction)?
- Have you nominated your financial adviser in section 7 (if applicable)?
- Have you provided certified copies of your identification documents or has your financial adviser completed this for you?
- Have you completed all other relevant details and SIGNED the Application Form?

If you can tick all of the boxes above, send the following:

- Completed Application Form;
- Certified copies of identification documents and;
- Cheque made payable to: Ventura Australian Opportunities Fund – a/c (name of applicant) drawn on an Australian bank account
or
- Direct Debit Request

by post to

Ventura Funds Registry Services
GPO Box 1406
Melborne, VIC 3001
Australia

For additional applications the duly completed Application Form (including details regarding your direct credit payment) may be mailed to the postal address above or faxed to 1300 365 601.