

TERRACAPITAL

Application Form | New Investors

Existing Investors, please complete the Additional Application Form

Issued by Evolution Trustees Limited
ABN 29 611 839 519, AFS Licence No. 486 217
Dated 26 April 2018

1. Introduction

Existing investors, please complete the Additional Application Form.

1.A) Name of Investor

Account name:

1. B) Terra Capital Funds available for investment

Fund:	APIR Code:	ARSN Code:
Terra Capital Ethical Emerging Companies Fund - PDS 26 April 2018	TCN0001AU	624 740 085
Terra Capital Natural Resources Fund Pty Ltd - PDS 26 April 2018	TER0001AU	624 739 493

1. C) Type of Investor

Please indicate what type of Investor you are. **(ALL APPLICANTS MUST COMPLETE SECTIONS 6 AND 7)**

Type of Investor	Sections to complete
<input type="checkbox"/> Individual(s) Including where investing jointly or as a trustee(s) for another person	2, 6 and 7
<input type="checkbox"/> Company	3, 6 and 7
<input type="checkbox"/> Trust / Superannuation Fund: Individual Trustee Company Trustee	2, 4, 6 and 7 3, 4, 6 and 7
<input type="checkbox"/> Partnership	5, 6 and 7

If the above categories do not apply to you, please contact our Fund Administrator, Mainstream Fund Services on +61 (02) 8259 8550.

2. Individual(s) / Individual Trustee(s)

Complete this section if you are an Individual(s), Individual Trustee(s) or Sole Trader.

The AML/CTF documentation required for processing this application is outlined on pages 3 and 4.

How are you investing?

- In my name only (Section 2.A) Jointly with other individual(s) (Section 2.A & 2.B) As a Sole Trader (Section 2.A & 2.C) As an Individual Trustee(s) for a trust (Section 2.A, 2B & 2.D & Section 4)

If there are additional directors, please provide details as an attachment.

2. A) Individual 1

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (DD/MM/YYYY)		Country of birth		
<input type="text"/>		<input type="text"/>		
Street number & name				
<input type="text"/>				
Suburb / City	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupation	Australian Tax File Number (TFN) or Exemption Reason			
<input type="text"/>	<input type="text"/>			

2.B) Individual 2

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (DD/MM/YYYY)		Country of birth		
<input type="text"/>		<input type="text"/>		
Street number & name				
<input type="text"/>				
Suburb / City	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupation	Australian Tax File Number (TFN) or Exemption Reason			
<input type="text"/>	<input type="text"/>			

2. C) Sole Trader (if applicable)

Business name

ABN

Australian Tax File Number (TFN) or Exemption Reason

2. D) Account designation (if applicable)

If making this investment as an Individual Trustee(s) on behalf of another person(s), please provide that person(s) name as an account designation.

Identification Documentation - Individuals:

The 'Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)' legislation obliges us to collect identification documents and other supporting information from our investors - refer to AML/CTF in Section 9 of the Additional Information Booklet that forms part of the PDS.

The AML/CTF documentation required for processing this Application Form is outlined below and on page 4.

You must attach the following **CERTIFIED** copies of documents to this Application Form:

Please provide documents from Option 1 OR Option 2a and 2b.

Option 1:

Please indicate which **one** you are providing:

- An Australian driver's license containing a photograph of the person
- An Australian passport
- An identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A foreign government issued passport or similar travel document containing a photograph and signature of the person

NB: If you cannot provide a document listed above, please provide a document from Option 2a and 2b on page 4.

Option 2a:

Please indicate which **one** you are providing:

- An Australian birth certificate
- An Australian citizenship certificate
- A pension card issued by Centrelink
- A foreign drivers' licence that contains a photograph of the person

AND

Option 2b:

Please indicate which **one** you are providing:

- A notice issued by the Commonwealth or State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address)
- A National Identity Card issued by a foreign government that contains a photograph signature.

Individual Acting in the Capacity of a Sole Trader

- A business name registration certificate; and
- Documents required for an individual (As in Option 1 or Option 2a, or Option 2b above)

3. Company / Corporate Trustee

Complete this section if you are a Company, or a Company acting as a Trustee for a Trust/Fund.

The AML/CTF documentation required for the processing of this Application Form is outlined on pages 7 and 8.

- Public Company (Section 3.A)
- Australian Proprietary Company (licensed & regulated) * (Sections 3.A & 3.D)
- Australian Proprietary Company (unlicensed & unregulated) (Sections 3.A, 3.D, 3.E & 3.F)
- Foreign Public Company (3.A, 3.C & 3.D)
- Foreign Proprietary Company** (Sections 3.A, 3.C, 3.D, 3.E & 3.F)

3. A) Company details

Company name (in full)

Contact name (at Company)

ACN / ABN (if registered in Australia)

Registered address

Suburb / City

State

Postcode

Country

Business activity

* Australian companies licensed and subject to Commonwealth, State or Territory regulatory oversight in relation to its' activities as a company.

** Registered or unregistered by ASIC or registered by a relevant foreign body

Tax Information:

Australia Tax File Number (TFN) or Exemption Reason

3. B) Account designation / reference

Corporate margin lenders / nominees / custodians, should provide an account designation / reference

3. C) Foreign companies

Country in which company is incorporated

Identification number issued by the foreign registration body

Name of foreign registration body (if applicable)

3. D) Director information

All Proprietary companies and foreign private companies to provide full name of each director of the Company

If there are additional directors, please provide details as an attachment.

3. E) Beneficial Ownership Information - Australian (unlicensed & unregulated) and Foreign Proprietary Companies

Australian (unlicensed & unregulated) and foreign proprietary companies, please provide details of each Beneficial Owner having more than 25% of the Company's issued share capital:

Beneficial Owner 1:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 2:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 3:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 4:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Identification Documentation - Companies:

The 'Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)' legislation obliges us to collect identification documents and other supporting information from our investors - refer to AML/CTF in Section 9 of the Additional Information Booklet that forms part of the PDS.

The AML documentation required for the processing for Section 3 of this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form.

Please indicate which **one** you are providing:

Australian Companies:

If a proprietary company:

- An ASIC Company Extract showing the company name, ACN, registered office address, the names and addresses of the directors and shareholders; or
- A certified copy of the company's certificate of registration or incorporation issued by ASIC, and a document setting out the full name and residential address of each director and the full name and residential address of each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.

If a public company:

- An ASIC Company Extract showing the company name, ACN, registered office address, the names and addresses of the directors;

Foreign Companies:

If a private company:

- A Company Extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign registration body, registered office address, the names and addresses of the directors and shareholders; or
- A certified copy of the company's certificate of registration or incorporation issued by the relevant foreign registration body, and a document setting out the full name and residential address of each director and the full name and residential address of each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.

If a public company:

- A Company Extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign registration body, registered office address, the names and addresses of the directors; or
- A certified copy of the company's certificate of registration or incorporation issued by the relevant foreign registration body.

3. F) Beneficial Ownership Identification Documentation - Australian (unlicensed & unregulated) and Foreign Proprietary Companies

The 'Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)' legislation obliges us to collect identification documents and other supporting information from the beneficial owners of Australian (unlicensed & unregulated) and foreign proprietary companies - refer to AML/CTF in Section 9 of the Additional Information Booklet that forms part of the PDS.

The AML documentation required for the processing for Section 3 of this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form.

Please provide documents from Option 1 OR Option 2a and 2b.

Option 1:

Please indicate which **one** you are providing:

- An Australian driver's licence containing a photograph of the person
- An Australian passport
- An identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A foreign government issued passport or similar travel document containing a photograph and signature of the person

NB: If you cannot provide a document listed above, please provide a document from Option 2a and 2b below.

Option 2a:

Please indicate which **one** you are providing:

- An Australian birth certificate
- An Australian citizenship certificate
- A pension card issued by Centrelink
- A foreign drivers' licence that contains a photograph of the person

AND

Option 2b:

Please indicate which **one** you are providing:

- A notice issued by the Commonwealth or State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address)
- A National Identity Card issued by a foreign government that contains a photograph signature.

4. Trust / Superannuation Fund

Complete this section if you are a Trust / Superannuation Fund.

The AML/CTF documentation required for processing this Application Form is outlined on pages 9,10 and 11.

4. A) Trust / Superannuation Fund details

Trust / Superannuation Fund name (in full)

Business name (if applicable, in full)

ABN (if applicable)

Australian Tax File Number (TFN) or Exemption Reason

4. B) Type of Trust

Please select the type of Trust and provide the relevant information:

- Registered Managed Investment Scheme Unregistered Managed Investment Scheme Foreign Trust/Fund
- Australian Regulated Trust/Fund (e.g. self-managed superannuation fund, trusts regulated by APRA, ASIC or the ATO)
- Australian Unregulated Trusts (e.g. family trusts, charitable trusts, testamentary trust, other trust not regulated by Commonwealth, state or territory regulator)
- Other – please specify:

Please provide the relevant information below:

Country in which trust was established

ARSN / or applicable foreign registration number

Name of regulator (e.g ASIC, ATO) or foreign regulator

Provide name of legislation establishing the trust (Government Superannuation Fund Only)

4. C) Beneficiary details

Do not complete if Registered Managed Investment Scheme, Government Superannuation Fund or Regulated Trust/Fund (SMSF)

Does the Trust Deed name the Beneficiaries?

- Yes No - if no, please complete either Section 4.C (i) or 4.C (ii) below.

4.C (i) Provide the full name of each Beneficiary:

If there are additional beneficiaries, please provide details as an attachment.

4.C (ii) Describe the class of beneficiary (e.g. Unit holders, charitable purposes)

4. D) Beneficial Ownership Information - Australian Unregulated Trusts, Foreign Trusts/Funds and unregistered managed investment schemes (with retail investors)

Australian unregulated trusts, foreign trusts / funds, and unregistered managed investment schemes with retail investors please provide details of each individual who owns (directly or indirectly) 25% or more of the trust, or controls* the trust.

Beneficial Owner 1:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 2:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 3:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner 4:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. E) Beneficial Ownership Identification Documentation - Australian Unregulated Trusts, Foreign Trusts/Funds and unregistered managed investment schemes with retail investors

The 'Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)' legislation obliges us to collect identification documents and other supporting information from the beneficial owners of Australian unregulated trusts, foreign trusts/funds and unregistered managed investment schemes with retail investors - refer to AML/CTF in Section 9 of the Additional Information Booklet that forms part of the PDS.

The AML documentation required for the processing for Section 4 of this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form.

Please provide documents from Option 1 OR Option 2a and 2b.

Option 1:

Please indicate which **one** you are providing:

- An Australian driver's licence containing a photograph of the person
- An Australian passport
- An identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A foreign government issued passport or similar travel document containing a photograph and signature of the person

NB: If you cannot provide a document listed above, please provide a document from Option 2a and 2b below.

Option 2a:

Please indicate which **one** you are providing:

- An Australian birth certificate
- An Australian citizenship certificate
- A pension card issued by Centrelink
- A foreign drivers' licence that contains a photograph of the person

AND

Option 2b:

Please indicate which **one** you are providing:

- A notice issued by the Commonwealth or State or Territory within the proceeding 12 months that records the provision of financial benefits and contains the individual's name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address)
- A National Identity Card issued by a foreign government that contains a photograph signature.

4. F) Settlor of Trust

The settlor is the person who made the initial contribution to the trust.

Please select one of the following:

- The settlor is deceased.
- The initial contribution was less than \$10,000.
- If the same as 'Individual 1' in Section 2.A.
- If the same as 'Individual 2' in Section 2.B.
- None of the above: Please provide the name of the settlor below and the identification documentation as per Section 4.E.

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. G) Trustee details – Individuals

Details must be provided for **AT LEAST ONE** of the individuals appointed as Trustee for the Trust/Superannuation Fund. Please complete **Section 2** of the Application Form.

4.H) Trustee details—Company

Please complete **Section 3** of the form to provide details of the Corporate Trustee for the Trust.

Identification Documentation - Trusts/Superannuation Funds:

The AML/CTF legislation obliges us to collect identification documents and other supporting information from our investors - refer to 'Anti-Money Laundering and Counter Terrorism Financialing (AML/CTF)' in Section 9 of the Additional Information Booklet that forms part of the PDS. The AML documentation required for the processing for **Section 4** of this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form

For Registered Managed Investment Schemes or Regulated Trust (SMSF)

- A copy of search results from ASIC or Relevant Regulator Website (e.g Superfund lookup at www.abn.business.gov.au)

For Government Superannuation Fund

- A copy of relevant extract of the Legislation establishing the Government Superannuation Fund

For Other Trusts

- A letter from a solicitor or qualified accountant that confirms the name of the trust, OR
- An original or certified copy of the trust or deed or extract or equivalent , OR
- A notice issued by the ATO within the last 12 months

Please also provide the following trustee information:

- If the trustee is an individual, please provide the identification documentation required for individuals (Section 2)
- If the trustee is a company, please provide the identification documentation required for companies (Section 3)

5. Partnership

Complete this section if you are a Partnership.

The AML/CTF documentation required for processing this Application Form is outlined on page 14.

5. A) Partnership Details

Partnership name (in full)

Business name (if applicable, in full)

ABN (if applicable)

Country in which Partnership was established

Street number & name

Suburb / City

State

Postcode

Country

Australian Tax File Number (TFN) or Exemption Reason

5. B) Partner Details

AML/CTF legislation requires details of one Partner to be provided and the details of any partner who is a beneficial owner who owns or controls (directly or indirectly) 25% or more of the partnership.

The Partner detailed in this section is required to provide the 'Partner Identification Documents' stated on page 15 and will be verified for AML/CTF purposes.

Title

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Street number & name

Suburb / City

State

Postcode

Country

Country of birth

5. C) Regulation information

Is the Partnership regulated by a Professional Association?

Yes No

Association's name (in full)

Association's website address (if any)

Partnership's membership number / reference

If no, you are required (under AML/CTF legislation) to provide the full name and residential address of every other Partner in the Partnership.

Partner 2:

Title

Given name(s)

Surname

Street number & name

Suburb / City

State

Postcode

Country

Country of birth

Partner 3:

Title

Given name(s)

Surname

Street number & name

Suburb / City

State

Postcode

Country

Country of birth

Partner 4:

Title

Given name(s)

Surname

Street number & name

Suburb / City

State

Postcode

Country

Country of birth

If there are additional Partners, please provide details as an attachment.

Identification documentation - Partnership:

The AML documentation required for the processing for Section 5 of this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form.

For the partnership details in 5.A, please provide the following:

- A certified copy or extract of the current partnership agreement

The Partner detailed in Section 5.B must provide **one** of the following documents:

Please indicate which one you are providing:

- An Australian driver's licence containing a photograph of the person
- An Australian passport
- An identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A foreign government issued passport or similar travel document containing a photograph and signature of the person

5. D) Beneficial Ownership Identification Documentation - Partnerships

The 'Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)' legislation obliges us to collect identification documents and other supporting information from the beneficial owners of the partnership - refer to AML/CTF in Section 9 of the Additional Information Booklet that forms part of the PDS. The beneficial owners of the partnership are all individuals who own or control (directly or indirect) 25% or more of the partnership.

The AML documentation required for the processing for Section 5 of this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form.

Please provide documents from Option 1 OR Option 2a and 2b.

Option 1:

Please indicate which **one** you are providing:

- An Australian driver's licence containing a photograph of the person
- An Australian passport
- An identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A foreign government issued passport or similar travel document containing a photograph and signature of the person

NB: If you cannot provide a document listed above, please provide a document from Option 2a and 2b below.

Option 2a:

Please indicate which **one** you are providing:

- An Australian birth certificate
- An Australian citizenship certificate
- A pension card issued by Centrelink
- A foreign drivers' licence that contains a photograph of the person

AND

Option 2b:

Please indicate which **one** you are providing:

- A notice issued by the Commonwealth or State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address)
- A National Identity Card issued by a foreign government that contains a photograph signature.

6. All Applicants / Investors

ALL INVESTORS MUST COMPLETE THIS SECTION - ADVISER CONTACT DETAILS CANNOT BE ACCEPTED.

6. A) Contact details

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number & name or PO Box		
<input type="text"/>		
Suburb / City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Email address	
<input type="text"/>	<input type="text"/>	
Mobile	Phone number (home)	
<input type="text"/>	<input type="text"/>	

The Corporations Act requires that we provide certain information (for example, periodic statements) directly to you (the "investor").

6. B) Investment details

A minimum initial investment of **\$25,000** and minimum subsequent investment of **\$10,000** applies to each of the Terra Capital Funds.

Please indicate the fund you would like to invest in and the amount you wish to invest.

Fund	Initial Investment Amount
<input type="checkbox"/> Terra Capital Ethical Emerging Companies Fund	\$
<input type="checkbox"/> Terra Capital Natural Resources Fund	\$

What is the purpose of investment? (select all applicable options)

- Savings Growth Income Retirement Business Account

Other (specify)

Detail the source of your investment amount (select all applicable options)

- Savings Growth Income Retirement Business Account

Other (specify)

Please indicate how your investment amount will be made:

- Cheque Transfer of Units
 EFT / Direct Deposit (please refer to table on page 16)

The bank account details for the direct deposit option for each of the funds are as follows:

Fund:	Bank:	Branch:	Account Name:	BSB:	Account Number:
Terra Capital Ethical Emerging Companies Fund	National Australia Bank	225 George St, Sydney, NSW 2000	Evolution Trustees Ltd ATF Terra Capital Ethical Emerging Companies Fund Application Account	082401	718354764
Terra Capital Natural Resource Fund			Evolution Trustees Ltd ATF Terra Capital Natural Resources Fund Application Account		718238181

Please note: Units will only be issued following acceptance of valid a Application Form, Investor Identification documents and cleared funds.

6. C) Politically Exposed Persons

A "politically exposed person" (PEP) is an individual who holds a prominent public position or function in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members or close associates.

Please provide the name of anyone that is named in this Application Form as a PEP or is an immediate family member or close associate of a PEP.

6. D) Distribution Re-Investment

Please indicate how you would like to receive your distribution

- Reinvest in additional units in the applicable Terra Capital fund(s)
- Paid in cash to my/our account (Please provide your financial institution account details in Part 6.E).

If no election is made distributions will be re-invested. Your distribution election will apply to your entire unitholding in each Terra Capital Fund and cannot apply to only part of your holding. Terra Capital may suspend or discontinue distribution re-investment in its discretion.

6. E) Financial Institution Account details

Investor must provide account details for the credit of withdrawals, credit of distributions (if nominated in Part 6.D).

Account Details

Name of Financial Institution

Branch

- Australian
- New Zealand

BSB number / SWIFT

Account Number

Account name

*Account Names provided must be in the name of the investor. Payments will not be made to third party accounts.

6. F) Investor communications

Investor correspondence

We will periodically send you your transaction confirmations, statements and other material. Please indicate (by ticking one box) your preference for receiving these communications, noting that some communications may only be able to be distributed by mail. Please ensure you have supplied your email address and postal address in Section 6.A.

Email

Online access

Please indicate below if you would like to be provided with access to view details of your investments online (including periodic and tax statements).

Provide online access (please ensure you have supplied your email address and mobile number in Section 6.A)

Your login details to the Mainstream Fund Services web portal will be sent via email and SMS.

Annual Financial Report

The Annual Financial Report for the Funds will be made available at our website: www.terracapital.com.au. Please indicate whether you would like to receive a printed copy of the Annual Financial Report.

Yes **No**

If no elections are made in Section 6F, all communications will be emailed and Annual Financial Reports will be available on our website.

6. G) Adviser & Dealer Group details

Adviser name

Dealer Group name

AFSL number

Adviser address – Street number & name (or PO Box)

Suburb / City

State

Postcode

Email address

Phone

The Corporations Act requires that we provide certain information (for example, periodic statements) directly to you (the "investor"). This will be issued based on your correspondence preference, however a copy will also be issued to your adviser nominated above via email.

My client's investor identification documentation is:

Not Attached

I declare that I have completed the AML/CTF identification and verification for this applicant as required by the AML/CTF Act and AML/CTF Rules and I am satisfied that the identity of the applicant is as stated on this Application Form. I have retained a copy of the identification documents obtained and a record of the procedure undertaken to verify the identity of the applicant and I agree to provide a copy of this information upon request to support this declaration.

Attached

Please provide with this Application Form **CERTIFIED COPIES** of the identification documentation specified in the AML section under your relevant investor type.

Adviser stamp

Adviser signature

6. H) Declaration and signatures

I/we declare and agree that:

- All details in this Application Form are true and correct;
- I/we have received, read and understood the current PDS (dated as per section 1. B) for the Fund to which my/our application relates and agree to be bound by the terms of the current PDS (dated as per section 1. B) and by the constitution of the Fund;
- I/we understand that this Application Form does not form part of the PDS;
- I/we am/are an individual over 18 years of age, or I am a duly incorporated body;
- If this Application Form is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form);
- If signing on behalf of a company as a sole signatory, that I am signing as a sole director and sole secretary of the company; and
- If investing as trustee, on behalf of a superannuation fund or trust, that I/we am/are acting in accordance with my/our designated powers and authority under the applicable trust deed. In the case of a superannuation fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Superannuation) Act 1993.

I/we acknowledge that:

- Neither Evolution Trustees Limited, its related bodies corporate or associates nor any other person, including Terra Capital Holding Pty Ltd guarantees the repayment of capital or the performance of the Funds or any particular rate of return from the Funds;
- Unit holdings are subject to investment risks, including loss of income and principal invested and possible delays in repayment;
- Evolution Trustees Limited is authorised to apply the TFN or ABN provided and it will be applied to all future applications for Units, including reinvestments, unless I/we advise Evolution Trustees Limited otherwise;
- Evolution Trustees Limited reserves the right to not accept any Application Form in its absolute discretion;
- If my/our Application Form is incomplete or monies are dishonoured, Evolution Trustees Limited will not process my/our Application Form and will notify me/ us. I acknowledge that a completed Application Form comprises a valid Application Form, Investor Identification Documentation and cleared Funds in Evolution Trustees Limited's Bank Account;
- I/we have read the information on privacy and personal information contained in the PDS and consent to my/our personal information being collected, used and disclosed in accordance with the PDS and Evolution Trustees Limited Privacy Policy;
- Application monies will be held in a bank account until invested in the Fund or returned to me/us. Any interest paid on that account will be paid to Evolution Trustees Limited and not to applicants regardless of whether their Application Form is not successful;
- Investments in the Funds are subject to investment risk, including possible delays in repayment and loss of income and capital invested. None of Evolution Trustees Limited or related bodies corporate, affiliates, associates or officers of any of the above entities guarantees any particular rate of return or the performance of the Funds, nor do they guarantee repayment of capital from the Funds; and
- Investments in the Funds are not deposits with or other liabilities of Evolution Trustees Limited or related bodies corporate, affiliates, associates or officers of any of the above entities or of Terra Capital Holdings Pty Ltd.

I/we warrant that:

- I/we will comply and will continue to comply with applicable anti-money laundering and counter-terrorism financing laws and regulations, including but not limited to the law and regulations of Australia in force from time to time (AML/CTF Law);
- I/we am/are not aware and have no reason to suspect that the moneys used to fund my/our investment have been or will be derived from or related to any money laundering, terrorism financing or similar activities illegal under applicable laws or regulations ('illegal activity'); or that the proceeds of my/our investment in a Fund will be used to finance any illegal activities;

6. J) Declaration and signatures (continued)

- I/we will provide Evolution Trustees Limited with all additional information and assistance Evolution Trustees Limited may request in order for it to comply with any AML/CTF Law;
- I/we am/are not a 'politically exposed' person or organisation for the purposes of any AML/CTF Law;
- I/we will advise Evolution Trustees Limited of any change in my/our tax residency and will provide a suitably updated CRS Self Certification to reflect this change;

• **I/we will hold units on behalf of US taxpayer** Yes No (please tick appropriate box). **If the 'Yes' box is ticked, then I/we understand the US tax consequences of such an investment. I/we agree to provide Evolution Trustees Limited with such additional tax information as it may from time to time request.**

Name of Investor 1:

Signature of Investor 1

Title of Signatory: eg Director, Trustee, Power of Attorney

Date

Name of Investor 2 (If Joint Investors, both MUST sign)

Signature of Investor 2

Title of Signatory: eg Director, Trustee, Power of Attorney

Date

If there are more than 2 signatories please include an attached list of names and signatures.

Number of signatories required to instruct on this investment:

1 2 Other please specify:

Where do I send my Application Form?

Completed Application Forms, cheques (where applicable) and identification documentation (where applicable) should be submitted via email (PDF format) admin@mainstreamgroup.com and info@terracapital.com.au. After application documentation is deemed to be in good order, please mail the original to:



Mainstream Fund Services – Unit Registry
GPO Box 4968
Sydney, NSW 2001
AUSTRALIA

Application checklist

Use the below checklist to ensure you have provided us with a complete Application Form:

Use the below checklist to ensure you have provided us with a complete Application Form:

- Completed ALL relevant sections of the Application Form (according to your Investor Type – outlined on page 1)
- Completed Section 6 of the Application Form
- Read the Product Disclosure Statement
- Enclosed the certified identification documentation (depending on your Investor Type)

Further Assistance or Information

If you require assistance with completing the Application Form, please call our fund administrator, Mainstream Fund Services on:



+61 (02) 8259 8550

Further information regarding our funds can be accessed on our website: www.terracapital.com.au

7. Foreign Accounting Compliance Act (FATCA) & Common Reporting Standard (CRS) Self-Certification Form – Australia

Note: All Investors must complete

Section 1 - Individuals

Please fill this Section I only if you are an individual. If you are an entity, please fill Section II.

1. Are you a US citizen or resident of the US for tax purposes?

- Yes: Provide your Taxpayer Identification Number (TIN) below. Continue to question 2

	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided (see below for reason)
Investor 1		
Investor 2		

- No: Continue to question 2

2. Are you a tax resident of any other country outside of Australia?

- Yes: Provide the details below and skip to question 12. If resident in more than one jurisdiction please include details for all jurisdictions

		Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
Investor 1	1			
	2			
	3			
Investor 2	1			
	2			
	3			

If TIN or equivalent is not provided, please provide reason from the following options:

- Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
- Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C:** No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are not required to obtain a TIN

Investor 1	
Investor 2	

- No: Skip to question 12

Section 2 - Entities

Please fill this Section II only if you are an entity. If you are an individual, please fill Section I.

3. Are you an Australian complying superannuation Fund?

- Yes: Skip to question 12
- No: Continue to question 4

A. FATCA

4. Are you a US Person?

- Yes: Skip to question 12
- No: Continue to question 5

5. Are you a Specified US Person?

Yes: Provide your Taxpayer Identification Number (TIN) below and skip to question 7

TIN	
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No: Please indicate exemption type and skip to question 6

Type: _____

6. Are you a Financial Institution for the purposes of FATCA?

Yes: Provide your GIIN below and continue to question 7

GIIN	
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If you do not have a GIIN, please provide your FATCA status below and continue to question 7

Exempt Beneficial Owner

Type: _____

Deemed-Compliant FFI (other than a Sponsored FI or a Trustee Documented Trust) Type: _

Non-Participating FFI

Type: _____

Sponsored Financial Institution. Please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name: _____ Sponsoring Entity's GIIN: _____

Trustee Documented Trust. Please provide your Trustee's name and GIIN.

Trustee's Name: _____ Trustee's GIIN: _____

Other Details

No: continue to question 7

B. CRS

7. Are you a tax resident of any country outside of Australia and the US?

- Yes: Provide the details below and continue to question 8. If resident in more than one jurisdiction please include details for all jurisdictions

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
1			
2			
3			

If TIN or equivalent is not provided, please provide reason from the following options:

- Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
- Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C:** No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are not required to obtain a TIN

- No: Continue to question 8

8. Are you a Financial Institution for the purposes of CRS?

- Yes: Specify the type of Financial Institution below and continue to question 9
 - Reporting Financial Institution
 - Non-Reporting Financial Institution: Specify the type of Non-Reporting Financial Institution below
 - Trustee Documented Trust
 - Other: Please Specify _____
- No: Skip to question 10

9. Are you an Investment Entity resident in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

- Yes: Skip to question 11
- No: Skip to question 12

C. NON-FINANCIAL ENTITIES

10. Are you an Active Non-Financial Entity (Active NFE)?

- Yes: Specify the type of Active NFE below and skip to question 12
 - Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income (e.g. dividends, distribution, interests, royalties and rental income) and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income
 - Corporation that is regularly traded or a related entity of a regularly traded corporation Governmental Entity, International Organisation or Central Bank
 - Other: Please Specify _____
- No: You are a Passive Non-Financial Entity (Passive NFE). Continue to question 11

D. CONTROLLING PERSONS

11. Does one or more of the following apply to you:

- Is any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?
- If you are a trust, is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

Yes: Complete details below and continue to question 12

	Name	Date of Birth	Residential Address	Country of Tax Residence	TIN or equivalent	Reason Code if no TIN provided
1						
2						
3						

If there are more than 3 controlling persons, please list them on a separate piece of paper.

If TIN or equivalent is not provided, please provide reason from the following options:

1. **Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
2. **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
3. **Reason C:** No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If **Reason B** has been selected above, explain why you are not required to obtain a TIN

No: Continue to question 12

E. DECLARATION

12. Signature

I undertake to provide a suitably updated self-certification within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

I declare the information above to be true and correct.

Investor 1

Signature

Date

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Name of authorised representative

Name of entity/individual

Investor 2

Signature

Date

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Name of authorised representative

Name of entity/individual