Client Services contact details

9am to 5pm (AEST)
Victorian business days

Phone: 1800 442 129 (free call within Australia), or
+61 3 9602 3199
Email: clientservices@copiapartners.com.au

Chester Opportunities Fund
Application | Individual

WHO SHOULD COMPLETE THIS FORM?

Use this Application Form if you are a Wholesale Investor (as defined by the Corporations Act 2001 (Cth))

To qualify as a Wholesale Investor you must satisfy one of the criteria below.

Please indicate (X) which one applies:

☐ I am investing at least $500,000

☐ I am investing under $500,000 and have a Wholesale Client Certificate from an accountant confirming I meet the general wholesale test for assets and/or income

HOW TO COMPLETE THIS FORM

Step 1

Units in a fund will only be issued following acceptance of an application form issued with the relevant IM, with all required documents attached.

Please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.

Note: Please ensure all fields are completed

Step 2

Tell us your foreign tax status

Please complete the **Global Tax Reporting (FATCA/CRS)** information in **section 9**.

Step 3

Sign and send your documents to the below address.

Please ensure you sign **section 11** of the form in accordance with the instructions provided.

You can return the original forms by post, or a scanned copy of the signed document to the details below:

Email: copia_transactions@unitregistry.com.au

Post: GPO Box 804
Melbourne
Vic 3001

Step 4

Make your payment

Please refer to **section 4** of the application form and follow the instructions on how to pay the application amount.

Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Please ensure all relevant fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- If you have any questions as you complete this form, please refer to the FAQs of this form, or contact us on 1800 442 129 (free call within Australia).

Section A: Investor Details

What is the full legal name of the individual or sole trader that will hold title of the units?

Full name of account designation

If you are an existing investor, please provide your account number

- [ ] I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.
- [ ] I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

Section B: Are you investing using funds borrowed under a margin loan?

- [ ] No - go to **section 1**
- [ ] Yes - please complete the details below

Name of margin lender

Name of borrower

Borrower’s TFN

Loan number

If the person who will hold legal title to the units will be the borrower granting Power of Attorney to the margin lender or its nominee, please complete this form as an individual.

1. INVESTOR DETAILS

Complete all details below in respect of the individual(s) or sole trader(s) that will hold legal title to the units.

Investor 1

Title

Given name(s)

Surname

Business name (if sole trader)

ABN (if any, for sole trader)

Date of birth

D D / M M / Y Y Y Y

Occupation

Residential address (or, if you are a sole trader, principal place of business) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Postal address (if different to residential address) - (RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email (default address for all correspondence)

Tax details – Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

Investor 2

Title | Given name(s) | Surname

Business name (if sole trader) | ABN (if any, for sole trader)

Date of birth D D / M M / Y Y Y Y | Occupation

Residential address (or, if you are a sole trader, principal place of business) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Postal address (if different to residential address) - (RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Contact details

Home number (including country and area code) | Mobile number (including country code)

Email

All correspondence will be sent to the email address provided by Investor 1.

Tax details – Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN | Reason for exemption

If there are more than two individuals, please complete a separate application form signed by each additional applicant and submit it together with this form.

If clarification is required please contact us.

2. VERIFICATION PROCEDURE

If you cannot meet the requirements of **option A**, please follow the instructions in **option B**.

OPTION A

Provide a certified copy* of one of the following:

- ☐ **Current Australian Driver's Licence** containing a photo of the person (scan the front and back)
- ☐ **Current Australian Passport** or an Australian Passport that has expired within the preceding 2 years
- ☐ **Current Australian State or Territory Government Identity Card** showing the person's date of birth, photo and signature
- ☐ **Current Foreign Government Identity Card** showing the person's date of birth, photo and signature**
- ☐ **Current Foreign Driver's Licence** showing the person's date of birth, photo and signature**
- ☐ **Current Foreign Passport** showing the person's date of birth, photo and signature**

OPTION B

If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.

GROUP 1

- ☐ **Birth Certificate or Birth Extract** issued by an Australian State or Territory
- ☐ **Australian Government issued Citizenship Certificate**
- ☐ **Current Concession or Health Care Card** issued by Centrelink (scan the front and back)

GROUP 2

- ☐ **Commonwealth, State or Territory Government Notice** within the preceding 12 months and recording the provision of financial benefits
- ☐ **Australian Taxation Office Notice** within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO
- ☐ **Local Government or Utilities Provider Statement** within the preceding 3 months and recording the provision of services

If the investor is below the age of 18, please contact us.

* Please see the FAQs at the end of this form for the meaning of certified copy.

**If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

3. INVESTMENT AND DISTRIBUTION INSTRUCTIONS

Please specify the amount you wish to invest.

Fund name	APIR	Fund minimum AUD$	Investment amount AUD$	Distribution option (indicate (X) one option per fund)	
				Pay to my bank a/c	Reinvest
Chester Opportunities Fund	OPS2344AU	$500,000		☐	☐

Note: If no distribution selection is made, distributions will be automatically re-invested.

Please indicate the source and origin of funds being invested.

- [ ] Savings
- [ ] Superannuation contributions
- [ ] Income from employment - regular and/or bonus
- [ ] Normal course of business
- [ ] Investment
- [ ] Donation/gift
- [ ] Inheritance
- [ ] Sale of assets (e.g. shares, property)
- [ ] Other

4. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

- [ ] **EFT**
- [ ] **BPAY®**

EFT	**Electronic Funds Transfer**
Account name:	Copia Applications Account
BSB	082 036
Account number:	879 704 278
Your reference:	Please use the name of the investor or investor number

BPAY® – Telephone & internet banking

You can make your payment using telephone or internet banking.

You will need to quote the biller code and your account number (for reference) when making this payment.

If this is a new investment, we will notify you of your account number once this is available. Please make your payment within 14 days of this notification.

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account.
More info **www.bpay.com.au**
®Registered to BPAY Pty Ltd ABN 69 079 137 518

Fund name	**BPAY® details**
Chester Opportunities Fund	Biller code: 483719 Reference number: Investor number

5. FINANCIAL INSTITUTION ACCOUNT DETAILS

Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Financial institution name

Branch name

Name of account holder(s)

BSB number

–

Account number

Foreign bank account details

Financial institution name

Financial institution address

Account number

Account name

SWIFT/BIC

ABA/FED (US)

IBAN (Europe)

6. COMMUNICATION

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

7. FINANCIAL ADVISER DETAILS

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way.
If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

Operating your account

Do you want your financial adviser to be able to operate your account?

☐ No

☐ Yes - Please complete **section 8** (Authorised representative of investor).

In general, an appointed financial adviser can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial adviser to operate your account, or if your financial adviser changes – SS&C will keep accepting their instructions until you or your adviser inform us in writing that the appointment has terminated.

We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

You indemnify us from any loss you or we suffer as a result of the actions of your appointed financial adviser, and agree to ratify their actions if we ask.

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Details

AFSL holder name

AFSL number

Adviser name

Advisor code or Authorised representative number

ABN

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone number

Mobile number

Performance of investor identification and verification procedures

Please indicate below whether client identification and verification procedures have been performed.

☐ No - I have not performed the applicable customer identification procedure on this investor.

☐ Yes - I have completed the applicable customer identification procedure on this investor.

Financial adviser declaration

Notice to financial adviser: Please note that reliance on the KYC performed by the financial advisor is only acceptable if all the criteria below is met.

☐ I hold an AFSL in my own name or have been appointed as an authorised representative by the licensee.

☐ I am a reporting entity for AML/CTF purposes.

☐ The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken.

☐ I have attached the KYC documents to this form.

AFSL full legal entity name

AFSL number

Please print full name

Signature

8. AUTHORISED REPRESENTATIVE OF INVESTOR

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the fund.

If you have appointed an entity as your authorised representative, please contact us to obtain the relevant KYC form.

8.1 Authorised representative details

Authorised representative 1

Title | Given name(s) | Surname

Authorised representative's phone number | Email

Authorised representative's signature

Authorised representative 2

Title | Given name(s) | Surname

Authorised representative's phone number | Email

Authorised representative's signature

If you wish to appoint more than two authorised representatives, please complete the details on a separate sheet and attach to this application form.

8.2 How authorised representatives may act in relation to the account?

Tick applicable

☐ Each authorised representative listed above may provide instructions in relation to the investment individually without the consent of the other

☐ All authorised representatives must act jointly to provide instructions in relation to the investment

☐ Other arrangement – please provide details

8.3 Verification procedure for authorised representatives who are individuals

For each authorised representative, please provide verification documents in accordance with the verification procedure in **section 2**.

In addition, please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) you have provided.

Verification documents - mandatory

☐ A certified copy of ID as per **section 2**

Authorised representative's authority - one of the following (not required for a Financial Adviser listed in **Section** 7)

☐ Certified copy of the authorising document (e.g. POA); or

☐ A certified copy of a guardianship order; or

☐ Other arrangement – please provide details

☐ I confirm that the document authorising each authorised representative is still valid and has not been revoked.

9. GLOBAL TAX REPORTING REQUIREMENTS (FATCA/CRS)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading that is material. We may decide not to open an account without first receiving the required information. For more information, visit **www.ato.gov.au**.

If you are unsure of any of the answers, please contact a legal or accounting professional.

9.1 Tax Residence – Individual/Sole Trader

HELP

Tell me about tax residence

You can be a resident of more than one country for tax purposes. Whether you are tax resident of a particular country for tax purposes is often based on the amount of time you spend in a country and the location of your residence and/or place of work. If you pay tax or have a tax liability somewhere, you are probably a tax resident there. Dual citizenship often brings dual tax residency. It depends on the country. For the US, tax residency can be as a result of citizenship or residency for tax purposes.

If you're unsure, ask someone who knows, usually your accountant.

9.1.1 Individual - Investor 1

Are you a US resident for tax purposes?

☐ No

☐ Yes - please tell us your TIN

HELP

What is a TIN?

This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name.

Are you a resident of any other country for tax purposes?

Other than the US or Australia

☐ No

☐ Yes - please tell us which ones, using the following table.

HELP

No TIN? Reasons we accept are:

Reason A: The country of tax residency does not issue TINs to its tax residents

Reason B: The entity/individual has not been issued with a TIN

Reason C: The country of tax residency does not require the TIN to be disclosed

	Country or jurisdiction of tax residency	TIN	**No TIN? Which reason?** If **Reason B** has been selected please provide an explanation. See above **HELP** box.
1			
2			
3			
4			

9.1.2 Individual - Investor 2

Are you a US resident for tax purposes?

☐ No

☐ Yes - please tell us your TIN

HELP

What is a TIN?

This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name.

Are you a resident of any other country for tax purposes?

Other than the US or Australia

☐ No

☐ Yes - please tell us which ones, using the following table.

HELP

No TIN? Reasons we accept are:

Reason A: The country of tax residency does not issue TINs to its tax residents

Reason B: The entity/individual has not been issued with a TIN

Reason C: The country of tax residency does not require the TIN to be disclosed

	Country or jurisdiction of tax residency	**TIN**	**No TIN? Which reason?** If **Reason B** has been selected please provide an explanation. See above **HELP** box.
1			
2			
3			
4			

10. DECLARATIONS & ACKNOWLEDGMENTS

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form.

I/We declare that:

- I/we have received and accepted this offer in Australia;
- all details in this application (including all related documents provided) are true and correct and I/we indemnify the responsible entity of the fund(s) I/we am/are investing in against any liabilities arising from acting on any of the details or any future details provided by me/us in connection with this application which are deliberately false or misleading;
- I/we have received a copy of the current IM and all information incorporated into the IM to which this application applies and have read them and agree to the terms contained in them and to be bound by the provisions of the current IM (including the incorporated information) and current constitution (each as amended from time to time);
- If I/we have received this IM from the internet or other electronic means, that I/we have received it personally or a print out of it, accompanied by or linked to this application form;
- I/we have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- unless alternative authority is notified to and accepted by Copia, the person/persons that has/have completed the application is/are authorised to operate the account on behalf of the investor and bind the investor for future transactions, including in respect of additional applications and withdrawals;
- the details of my/our investment can be provided to the adviser group or adviser named in this application;
- if investing as trustee, on behalf of a superannuation fund or trust I/we confirm that I/we am/are acting in accordance with my/ our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993;
- in the case of superannuation funds with two or more trustees, the trustees agree that unless otherwise expressly indicated on this application form, either investor is able to operate the account and bind the other investor/s for future transactions, including additional deposits and withdrawals (including withdrawals by fax);
- if the application is made 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 the application unless we have already sighted it);
- I/we have read and understood SS&C's Terms of Use for the use of the online service and release and indemnify Copia from and against any liabilities whatsoever arising out of it acting on any communications received by SS&C under those terms or in connection with the use of the online service;
- By providing my email and/or mobile number, I agree to be notified of and receive important disclosure documents and communications electronically (which include via email, SMS, a link to a website, an application or other online channels);
- I/We agree that any notice, document or other information required to be given to me/us under law (or the agreement with you), including but not limited to Product Disclosure Statements, Financial Services Guides, periodic statements, confirmations of transactions and ongoing disclosures, may be given in one of the following ways (where permitted by law): (i) by sending it to an email address I/we have provided for me/us or my/our adviser; (ii) by sending me/us or my/our adviser an email or other electronic communication providing a website reference or hypertext link to the notice, document or information; or (iii) by making the notice, document or information available on the website or an application or other online facilities as notified to me/us or my/our adviser from time to time.
- I/we acknowledge that none of Copia or any custodian, registry or investment manager, guarantees the performance of the Fund(s) or the repayment of capital or any particular rate of return or any distribution;
- Copia is not an authorised deposit-taking institution (ADI) for the purpose of the Banking Act 1959 (Cth), and its obligations do not represent deposits or liabilities of an ADI and it does not provide a guarantee, or otherwise provide assurance in respect of the obligations of Copia. Investments in the Fund(s) are subject to investment risk, including possible delays in repayment and loss of income or principal invested. Accordingly, the performance, the repayment of capital or any particular rate of return on your investments are not guaranteed by any member of Copia;
- The Responsible Entity accepts no responsibility for any failure to receive application amounts or payments before or after the transaction date arising as a result of, among other things, processing of payments by financial institutions.
- In relation to my/our personal information:
- I/we acknowledge that I/we have read and understood the information relating to privacy and personal information contained in the relevant IM and Additional Information Booklet (AIB);
- I am/We are aware that until I/we inform Copia otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) as described in the IM and AIB and I/we have consented to my/our financial adviser providing such further personal information to Copia as is required or reasonably deemed necessary by Copia under applicable law. Any personal information provided about a third party (if any) in connection with this application has been provided with their knowledge and informed consent;
- I/we understand that if I/we fail to provide any information requested in this application form or do not agree to any of the possible uses or disclosures of my/our information as detailed in the IM and AIB (except in relation to direct marketing), my/our application may not be accepted by Copia and I/we agree to release and indemnify Copia in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided.

11. SIGNATURE(S)

All applicants must sign.

Signature 1

Signature

Date signed

D D / M M / Y Y Y Y

Full name

Capacity	
Investor 1	☐
Authorised Representative	☐

Signature 2

Signature

Date signed

D D / M M / Y Y Y Y

Full name

Capacity	
Investor 2	☐
Authorised Representative	☐

Signature 3

Signature

Date signed

D D / M M / Y Y Y Y

Full name

Capacity	
Investor 3	☐
Authorised Representative	☐

Signature 4

Signature

Date signed

D D / M M / Y Y Y Y

Full name

Capacity	
Investor 4	☐
Authorised Representative	☐

FAQS

Translating documents by an accredited translator	In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level. • NAATI (https://www.naati.com.au/) In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML Compliance Officer for assistance.
Getting your copies certified	Any document(s) requiring to be certified for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.
Example of certification	I certify that this is a true and correct copy of the original document Signature of Certifier Name of Certifier Capacity of certifier – e.g. Justice of the Peace Date of certification (DD/MM/YYYY)
List of occupations that can certify (from the Statutory Declaration Regulations 2018)	• Architect • Chiropractor • Dentist • Financial adviser or financial planner • Legal practitioner • Medical practitioner • Midwife • Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958 • Nurse • Occupational therapist • Optometrist • Patent attorney • Pharmacist • Physiotherapist • Psychologist • Trade marks attorney • Veterinary surgeon.
List of persons who can certify	• 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 Justice of the Peace • a notary public (for the purposes of the Statutory Declaration Regulations 2018) • a police officer • an authorised representative of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public • an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) • an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018) • a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018) • an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees • a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants.