

# i Capital International Value Fund

ARSN 134 578 180

## Application Form

Issued by Capital Dynamics (Australia) Ltd ABN 53 129 846 260 AFSL 326283 (CDAL)



This form is for new investments. If you have an existing investment in a fund managed by CDAL and wish to top-up that investment, please download the 'Additional Investment Form' from our website ([www.capitaldynamics.com.au](http://www.capitaldynamics.com.au)). If you have any questions, please contact us on 1300 798 655 (Australia) or +61 2 80 162 894 (International), or via email at [info@capitaldynamics.com.au](mailto:info@capitaldynamics.com.au).

This Application Form is part of a Product Disclosure Statement (which incorporates the Additional Information Booklet) dated 29 January 2016 ("PDS") which contains important information about investing in the Fund. You should read the entire PDS prior to investing in the Fund.

This Application Form is issued with the Product Disclosure Statement. Please do not use this application form unless it accompanies the relevant Product Disclosure Statement. If you received the Product Disclosure Statement and application form electronically and would like to receive a paper copy of these documents, we can send you a copy free of charge on request.

### How to apply

#### Application process

In order to apply for units in the Fund, you must:

1. Read the Product Disclosure Statement (which incorporates the Additional Information Booklet).
2. Obtain, read and complete this Application Form together with any additional information provided herein.

3. Invest a minimum of \$20,000 in the Fund. See Section 8 below on payment methods.
4. Please send the completed Application Form together with a cheque or having sent funds using electronic funds transfer (EFT) to:

**i Capital International Value Fund**  
**C/- Boardroom Pty Limited**  
**GPO Box 3993**  
**Sydney NSW 2001**  
**Australia**

5. Please note that as part of the application process we are required by law to verify your identity before accepting your application. Please refer to the Anti-Money Laundering and Counter Terrorism Financing Act information provided in Section 9 of the Additional Information Booklet.

#### Providing Identification Details

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 requires investors in the i Capital International Value Fund, to provide identification details and certified copies of the identity documents specified in the application form. Where any required document provided is in a language that is not English, it must be accompanied by an English translation prepared by an accredited translator.

We do not return identity documents to investors, so please do not send original documents to us.

If you are investing as	Documents required to accompany the application form	Your investment must be in the name of	Requirements
Individual	<p>One "A" document; or                      One "B" and one "C" document.</p> <p>"A" documents :                      Current driver's licence; or                      Passport (current within the preceding 2 years);                      Foreign passport or similar document issued for the purpose of international travel, that contains a photograph and the signature of the person in whose name the document is issued;                      National Identity Card issued by a foreign government containing a photograph and signature of the person in whose name the card is issued; or                      Foreign driver's licence that contains a photograph of the person in whose name it was issued.</p> <p>"B" documents:                      Birth certificate;                      Citizenship certificate; or                      Pension or health card from Centrelink.</p> <p>"C" documents (containing name and residential address*):                      Notice from Commonwealth or State or Territory as evidence of entitlement to a financial benefit;                      Notice from Australian Tax Office recording a debt payable by or to ATO;                      Utilities or local government body notice (within preceding 3 months) e.g. rates notice, phone, gas or electricity bill; or                      Statement from bank or building society (within last 3 months).</p> <p>*Please note that residential address does not include a post office box.</p>	The individual(s)	

Individual trading under a business name	Certificate of business registration listing the proprietor(s).  Identification documents for Individual, please refer to Documents required for Individual	The proprietor trading as the business name	
Australian company	Certificate of business registration issued by ASIC  Identification documents for two directors(or sole director) – please refer to Documents required for Individual  Identification documents for all beneficiaries – please refer to Documents required for Individual	The name of the company	All companies (except Listed public companies) must supply the names of all directors and all names and addresses (or date of birth) beneficiaries.
Foreign company registered by ASIC	Certificate of business registration issued by ASIC  Identification documents for two directors(or sole director) – please refer to Documents required for Individual  Identification documents for beneficiaries – please refer to Documents required for Individual	The name of the company	All companies (except Listed public companies) must supply the names of all directors and all names and addresses (or date of birth) beneficiaries.
Foreign company not registered by ASIC	Certificate or registration (or equivalent) issued by the relevant foreign registration body.  Identification documents for directors(or sole director) – please refer to Documents required for Individual	The name of the company	All companies (except Listed public companies) must supply the names of all directors and all names and addresses (or date of birth) beneficiaries.
A trust	Certified copy of the extract of the trust deed identifying the name of the trust and the parties to the trust.	The trustee(s) as trustee for the name of the trust. The Name of the Settlor of the trust. Unless:- - Asset contribution by the settlor is <10,000 at the time the trust was established. - The settler is deceased -the trust is verified using the simplified trustee verification procedure.	Trustee(s) who are individuals must provide the documents as above for individuals. Trustee(s) which are companies must provide the additional information as noted above for companies.  The names and addresses of all major beneficiaries.
A superannuation fund (including a self managed superannuation fund)	Copy of an extract of Trust Deed identifying the name of the fund and the Trustee.	The trustee(s) as trustee for the name of the trust. The Name of the Settlor of the trust. Unless:- - Asset contribution by the settlor is <10,000 at the time the trust was established. - The settler is deceased -the trust is verified using the simplified trustee verification procedure.	Trustee(s) who are individuals must provide the documents as above for individuals. Trustee(s) which are companies must provide the additional information as noted above for companies.  The names and addresses of all major beneficiaries.
A partnership	Partnership agreement or extract of partnership minutes.	The principals	Partners who are individuals must provide the documents as above for individuals.

Please contact us if you fall outside one of the above categories for details of our requirements.

#### Foreign Account Tax Compliance Act ('FATCA')

As a result of the signing of the Inter-Governmental Agreement ('IGA') between the Australian and United States ('US') governments in relation to compliance with FATCA, Capital Dynamics (Australia) Limited is required to provide the Australian Taxation Office ('ATO') with certain information about the following Investors:

- Investors identified as US citizens or tax residents (information about corporations and trusts with US substantial owners or controlling persons will also be reported);
- Investors who do not confirm their FATCA status; and
- Certain financial institutions that do not meet their FATCA obligations (non-participating foreign financial institutions).

This application form contains specific questions about Investors' status for FATCA/IGA purposes.

Capital Dynamics (Australia) Limited is not able to provide advice to individual Investors and cannot determine the impact or compliance obligations of FATCA or the IGA for the Investor's business activities. Capital Dynamics (Australia) Limited strongly encourages Investors to seek the advice of an accountant or tax specialist to determine what actions Investors may need to take.

#### Tax Residency Self-Certification (Common Reporting Standard "CRS")

New regulations based on the OECD Common Reporting Standard require us to collect and report certain information about a unit holder's tax residence.

Please note that we are legally obligated to pass on unitholder information with respect to your investment in the fund to the ATO(Australian Tax Office) and they may exchange this information with participating tax authorities of other jurisdiction(s) pursuant to intergovernmental agreements to exchange financial account information.

Country of Tax Residence	TIN	If no TIN enter a reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the TIN is unavailable please provide the appropriate reason A,B or C where indicated above.

**Reason A** – The country/jurisdiction where the Investor is a resident does not issue TINs to its residents.

**Reason B** –The Investor is otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the above table.

**Reason C** – No TIN is required. (Only select this reason if the relevant jurisdiction does not require the collection of the TIN)

#### Who Can Certify Identity Documents?

The copies of the identity documents you provide with your Application Form must be certified as being a true and accurate copy of the original by someone who appears in the list which you can obtain from <https://www.capitaldynamics.com.au/who-can-certify-identity-documents/>

#### Signing the Application Form

For individual applications, the application form must be signed by the individual(s) in whose name(s) the investment is made. Joint applicants will be deemed joint tenants and both (or all) applicants must sign the application form.

Corporate applications must be signed by two directors or a director and the company secretary on behalf of the company by authority of the directors. If the company's constitution specifies otherwise, please attach a certified copy of the constitution (this does not apply to sole directors).

When signing under a power of attorney please attach a certified copy of the power of attorney and specimen signatures of the attorney(s).

#### Tax File number, Australian Business Number and Exemption Details

On your application form you may choose to quote your Tax File Number (TFN) or Australian Business Number (ABN) or provide exemption details. It is not compulsory to provide your TFN or ABN and it is not an offence if you decline to provide them. However, without your TFN, ABN or appropriate exemption information, we are required to deduct tax from any income distribution payable to you at the highest marginal personal income tax rate plus the Medicare Levy.

By quoting their TFN or ABN investors authorise the Responsible Entity to apply it in respect of all of an investor's investments with the Responsible Entity. If an investor does not wish to quote their TFN or ABN for some investments the Responsible Entity should be advised to this effect.

#### Incomplete or Invalid Applications

Where applications are incomplete we will:

- Retain the application money in an interest bearing account until we receive the required information; or

- Return the funds to you.

We can refuse to accept any application without providing a reason.

Investment can only be made in the name of:

- Individuals who are 18 years of age or more; or
- Companies and other bodies.

Please tick the box that describes the type of investor you are, or the entity on behalf of which you are investing:

- Individual please complete sections 1, 6, 7, 8, 9, 10, 11 (if required) and 13.
- Joint holding please complete sections 1, 6, 7, 8, 9, 10, 11 (if required) and 13.
- Company (including an incorporated association) please complete sections 2, 5, 6, 7, 8, 9, 10, 11 (if required) and 13.
- Self-managed Superannuation Fund please complete sections 3, then 1 or 2 (as applicable), 5, 6, 7, 8, 9, 10, 11 (if required) and 13.
- Other Superannuation Fund please complete sections 3, then 1 or 2 (as applicable), 5, 6, 7, 8, 9, 10, 11 (if required) and 13.
- Trustees of a Trust e.g. family trust, unit trust 4, then 1 or 2 (as applicable), 5, 6, 7, 8, 9, 10, 11 (if required) and 13.
- Partners in a Partnership please complete sections 4, then 1 or 2 (as applicable), 5, 6, 7, 8, 9, 10, 11 (if required) and 13.
- Business Name please complete sections 4, then 1 or 2 (as applicable), 5, 6, 7, 8, 9, 10, 11, (if required) and 13.
- Other If you are investing on behalf of any other type of entity please contact us for further instructions

## 1 Applicant Details: Individual or Joint Investors

The details in this section are provided on behalf of:

- Individual or Joint Investors    Trustee(s)    Shareholder    Partner(s)    Business Owner(s)

#### INVESTOR 1

Title: Mr/Mrs/Miss/Ms/Other (please specify)

Family Name/Surname

<input type="text"/>	<input type="text"/>
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First Name(s)/Given Name(s) (please provide full name)

Please list any other names by which you are known

Date of birth (ddmmyyyy)

Country of birth

<input type="text"/>	<input type="text"/>
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Country of citizenship

Country of residency

<input type="text"/>	<input type="text"/>
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TFN/ABN or exemption category or Country of tax residence, if not Australian tax resident

Occupation e.g. teacher, lawyer, self-employed, retired etc. Driver's Licence number

**Residential address** (Please do not use a post office box or an address care of someone else)  
Number and Street

Suburb/Town/City

State/Territory/County/Region Post/Zip code Country (if not Australia)

Email address

**Telephone numbers** (Please include country code and area code)  
Home telephone Work telephone Mobile telephone

**INVESTOR 2**

Title: Mr/Mrs/Miss/Ms/Other (please specify) Family Name/Surname

First Name(s)/Given Name(s) (please provide full name)

Please list any other names by which you are known

Date of birth (ddmmyyyy) Country of birth

Country of citizenship Country of residency

TFN/ABN or exemption category or Country of tax residence, if not Australian tax resident

Occupation e.g. teacher, lawyer, self-employed, retired etc. Driver's Licence number

**Residential address** (Please do not use a post office box or an address care of someone else)  
Number and Street

Suburb/Town/City

State/Territory/County/Region Post/Zip code Country (if not Australia)

Email address

**Telephone numbers** (Please include country code and area code)  
Home telephone Work telephone Mobile telephone

If there are more applicants please provide details on an additional sheet

**FATCA Information**

If you are a United States (US) citizen or resident of the US for tax purposes, please provide your US Taxpayer Identification Number (TIN).

(TIN) \_\_\_\_\_

## 2 Applicant Details: Company or other incorporated entity

### COMPANY DETAILS

Full name of the company as registered with ASIC or an overseas regulator

TFN/ABN or exemption category

or

Country of tax residence, if not Australian tax resident

Country where company was incorporated

Business Activity e.g. Export/Import, Property Management etc.

**Street address of the registered office of the company in Australia as registered with ASIC or the overseas regulator** (Please provide a street address. Do not use a post office box or an address care of someone else)

Building Name/Number/Street

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

**Street address of the company's principal place of business. For companies registered in Australia provide Australian address or address of local agent.**(Please provide a street address. Do not use a post office box or an address care of someone else)

Building Name/Number/Street

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

**Regulatory / Listing details.** Please select the categories which apply to the company and provide the information requested.

Registered with ASIC

ACN or ARBN

Regulated company (licensed by an Australian Commonwealth, State, or Territory statutory regulator)

Name of Regulator

Licence Details e.g. AFSL

Australian Listed Company

Name of market or exchange

Majority owned subsidiary of an Australian Listed Company

Australian listed company name (parent company)

Name of market or exchange

Foreign company

Identification number issued by foreign registration body (if not registered write not registered)

Name of foreign registration body (If applicable)

Type of company

Public or

Proprietary (Proprietary companies must provide additional information below.)

### Information about directors of proprietary companies

How many directors are there? \_\_\_\_\_

Please provide the full names of each director below

First Name(s)/Given Name(s)

Family Name/ Surname


If there are more directors please provide information on an additional sheet

Information about shareholders of proprietary companies that are not regulated companies

Please provide details of all shareholders which are owners through one or more shareholdings of more than 25% of the company's issued capital on an additional sheet.

**FATCA Information - US Company**

If the company is a United States (US) company for tax purposes, please provide the company's US Taxpayer Identification Number (TIN) or exemption code if the company is an exempt payee.

(TIN) \_\_\_\_\_

**Non-US Company**

If the company is not a US company, is the company (select one):

(a) Financial institution?

If yes, provide the company's Global Intermediary Identification Number ('GIIN'). \_\_\_\_\_

If no, advise the FATCA status of the company as (select one):

-Deemed compliant FFI

-Excepted FFI

-Exempt beneficial owner

-Non-participating FFI

-Other (please specify) \_\_\_\_\_

(b) A non-financial public company?

If yes, no further information required.

(c) A Non-financial proprietary company?

If yes, for each beneficial owner that is a US citizen or a US citizen, please provide their name, residential address (PO Box is not acceptable) and US TIN.

Name

Residential Address (PO Box not acceptable)

US TIN

If there is more than one beneficial owner, please provide these details on a separate page and attach to this Application Form.

**3 Applicant Details: Superannuation Fund**

Investments made on behalf of superannuation funds (including self-managed superannuation funds) must be held in the name of an individual or a company as trustee for the superannuation fund. In addition to completing this section, please provide information about each trustee in the following sections (as applicable)

**Section 1 Applicant Details - Individual or Joint Applicants**

**Section 2 Applicant Details - Company or Other Incorporated Entity**

Full name of the Superannuation Fund

\_\_\_\_\_

TFN/ABN or exemption category

or

Country of tax residence, if not Australian tax resident

\_\_\_\_\_

\_\_\_\_\_

Superannuation fund number (if applicable)

ARSN (if applicable)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Country where superannuation fund was established

If foreign superannuation fund, please provide details of beneficiary or class of beneficiaries in Section 4 Applicant Details: Trusts or Other Unincorporated Entities Details

## 4 Applicant Details: Trusts or Other Unincorporated Entities

Investments made on behalf of trusts or other unincorporated entities must be held in the name of an individual or a company as trustee for the trust or on behalf of the unincorporated entity. In addition to completing this section, please provide information about each trustee (or those holding on behalf of the unincorporated entity) in the following sections (as applicable):

**Section 1 Applicant Details** - Individual or Joint Applicants

**Section 2 Applicant Details** – Company or Other Incorporated Entity

Where an investment is made by a partnership please ensure that at least one partner provides the details in Section 1. Where an investment is made using a registered business name please ensure that the person or entity which has the registered business name provides the detail in Section 1 or 2 (as applicable).

Full name of the Trust (if applicable)

Full Business Name/Partnership name/Name of Unincorporated Entity (if applicable)

TFN/ABN or exemption category

or

Country of tax residence, if not Australian tax resident

**For Trusts only**

Country where Trust was established

Type of Trust e.g. Family, Unit, Charitable etc.

**Beneficiary Details**

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes

If yes, please provide details of the membership class(es) e.g. unit holders, family members of a named person, charitable purpose

No

If no, please provide information about the beneficiaries below

How many beneficiaries are there? -----

Please provide the full name of each beneficiary below

First Name(s)/Given Name(s)

Family Name/ Surname

If there are more beneficiaries please provide information on an additional sheet.

For Partnerships only

If the partnership is regulated by a professional association please provide the name of the association and membership details.

**FATCA Information**

**Regulated trusts** (Registered MIS, Regulated trust, Government Superannuation Fund)

Is the trust (select one):

An Australian Regulated Superannuation Fund (e.g. A SMSF, APRA regulated super fund, government super fund or pooled superannuation trust)

If yes, the fund is not required to provide further information

A financial institution or a trust/fund with a trustee/responsible entity that is a financial institution?

If yes, please provide the Global Intermediary Identification Number ('GIIN') of the trust/fund or trustee/responsible entity.

\_\_\_\_\_

If neither the trust nor the trustee has a GIIN, provide the Trust's FATCA status as (select one):

-deemed compliant FFI

-excepted FFI

-exempt beneficial owner

-non-participating FFI

-other (please specify) \_\_\_\_\_

A United States (US) trust for US tax purpose?

If so, please provide the trust's US Taxpayer Identification Number ('TIN') or exemption code if the trust is an exempt payee.

\_\_\_\_\_

**Unregulated trusts (Foreign Superannuation Fund/Other trust type)**

Is the trust (select one)?

(a) A family trust/unit trust or other trust which has trust beneficiaries, trustees or settlors that are US citizens or residents of the US for US tax purposes?

If yes, please provide the following details of each beneficiary, trustee, settlor or beneficial owner who is a US citizen or resident of the US for US tax purpose.

Name

\_\_\_\_\_ Residential Address (PO Box not acceptable)

\_\_\_\_\_ US TIN

If there is more than one beneficiary, trustee, settlor or beneficial owner, please provide these details on a separate page and attach to this Application Form

Addresses are only required if they have not already been provided in this form. Full address must be provided; a PO Box is not acceptable.

(b) A financial institution or a trust or fund with a trustee or responsible entity that is a financial institution?

If yes, please provide the trust/fund or trustee's/ responsible entities' Global Intermediary Identification Number ('GIIN').

\_\_\_\_\_ If neither the trust nor the trustee has a GIIN, provide the trust's FATCA status (select one):

--deemed compliant FFI

-excepted FFI

-exempt beneficial owner

-non-participating FFI

-other (please specify) \_\_\_\_\_

A United States (US) trust for US tax purposes?

If so, please provide the trust's US Taxpayer Identification Number ('TIN') or exemption code if the trust is an exempt payee.

**5 Contact Person for investments in the name of a company, partnership, Superannuation Fund or Trust**

Who is authorised to speak to us about this investment and what are their contact details?

**Contact Name**

Mr/Mrs/Miss/ Ms/Other (please specify)

Family Name/Surname

\_\_\_\_\_

First Name(s)/Given Name(s)

\_\_\_\_\_

Occupation :

\_\_\_\_\_

Email address

\_\_\_\_\_

**Telephone numbers** (Please include country code and area code)

Home telephone

Work telephone

Mobile telephone

\_\_\_\_\_

**FATCA Information**

Is the partnership (select one)?

(a) A US partnership?

If yes, please provide the partnership's Taxpayer Identification Number ('TIN') or exemption code if the partnership is an exempt payee

\_\_\_\_\_



(b) A financial institution partnership?

If yes, please provide the company's Global Intermediary Identification Number ('GIIN').

If no, advise the FATCA status of the company (select one):

-deemed compliant FFI

-excepted FFI

-exempt beneficial owner

-non-participating FFI

-other (please specify) \_\_\_\_\_

(c) A partnership that is not a US partnership and is not a financial institution?

If yes, please provide the name, address and TIN of each partner who is a US citizen or resident of the US for tax purposes.

Name

Residential address (PO Box not acceptable)

US TIN

If there is more than one partner, please provide these details on a separate page and attach to this application form. Addresses are only required if they have not already been provided in this form. Full addresses must be provided; a PO Box is not acceptable.

## 6 Where do you want us to send correspondence about this investment?

What mailing address should we use?

Post Office Box/Building Name/Number/Street

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

What email address should we use?

Please indicate your preference for correspondence by ticking the appropriate box.

Mail  Email

If you choose email, please ensure an email address has been provided above.

## 7 Annual Reports

Please indicate below how you could like to receive the annual reports for the Fund:

Email or  Paper copy in the mail

## 8 Investment amount

How much are you investing in the Fund?

Please note that the minimum initial investment amount is \$20,000 and the minimum additional investment amount is \$2,000.

Please make your cheque payable to: "BNP Paribas Nominees Pty Limited ATF i Capital International Value Fund– Applications Trust Account". Your payment cheque must be in Australian dollars, drawn on an Australian branch of a bank in the name of the investor and crossed not negotiable. Please note that we do not accept third party cheques.

**EFT:**

Account Name: BNP Paribas Nominees Pty Limited ATF i Capital International Value Fund Applications Trust Account

Short name: BNP PARIBAS NOMINEES PTY LTD

Bank: Westpac

BSB: 032 002

Account Number: 672106

Payment Description/ Reference Field: Please ensure that you include the family name of the investor or the name of the company or trust in this field.

Where you use EFT, as you may incur fees, please ensure that the amount we receive is net of fees and matches the investment amount on the Application Form. Please attach a copy of the EFT receipt to the Application Form.

## 9 Distribution payment instructions

- Please reinvest all distributions in the Fund
- Please pay all distributions to the following account (the account you nominate must be held with a financial institution in Australia)
- Please pay distribution by cheque (foreign investors only):

Name of financial institution

Branch name and address

Account name

BSB

Account number

Please note that if no box is ticked all distributions will be reinvested in the Fund. Cheques will not be issued for distribution payments to Australian investors.

To make a withdrawal, please contact us for a withdrawal form.

## 10 Account operating instructions

Joint accounts/Partnerships

- Either to sign
- Both to sign
- Other (please specify)

If no box is ticked Both to sign will be assumed.

Company accounts

- One Director to sign
- Two Directors to sign
- Other (please specify)

If a box is not ticked or instructions are not provided in a separate authorising document, all future written instructions must be executed on behalf of the company:

Under common seal;

By two directors (or a sole director); or

By a director and the company secretary.

## 11 Appointment of authorised agent

Please complete this section if you could like to authorise a third party to act on your behalf for this investment. See section 3 of the Additional Information Booklet.

Persons appointed as an Authorised Agent will be required to provide identification details and certified copies of the identity documents specified in page 1 and 2 of this application form.

I/We appoint the person/s described below to act on my/our behalf for this investment.

### FIRST AUTHORISED AGENT

Title: Mr/Mrs/Miss/ Ms/Other (please specify)

Family Name/Surname

First Name(s)/Given Name(s) (please provide full name)

Please list any other names by which the authorised representative is known

Date of birth (ddmmyyyy)

Country of birth

Country of citizenship

Country of residency

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

**Residential address** (Please do not use a post office box or an address care of someone else)

Number and Street

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

Email address

**Telephone numbers** (Please include country code and area code)

Home telephone

Work telephone

Mobile telephone

Signature of Authorised Agent

Date:

## SECOND AUTHORISED AGENT

Title: Mr/Mrs/Miss/ Ms/Other (please specify)

Family Name/Surname

First Name(s)/Given Name(s) (please provide full name)

Please list any other names by which the authorised representative is known

Date of birth (ddmmyyyy)

Country of birth

Country of citizenship

Country of residency

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

**Residential address** (Please do not use a post office box or an address care of someone else)

Number and Street

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

Email address

**Telephone numbers** (Please include country code and area code)

Home telephone

Work telephone

Mobile telephone

Signature of Authorised Agent

Date: ddmmyyyy

## 12 Acknowledgements

- I/We the above named applicant/s declare that the details given in this application are true and correct.
- I/We are 18 years old or more.
- I/We have received and accepted this offer in Australia.
- By completing this application I/we acknowledge that I/we were given access to a complete copy of the PDS and the Additional Information Booklet at the same time (and by the same means) as accessing this application.
- I/We represent and acknowledge that I/we have read and understood the PDS and agree to be bound by the terms of the PDS and the Fund Constitution as amended from time to time.
- I/We understand the risks associated with an investment in the Fund, including those outlined in the PDS and the Additional Information Booklet.
- I/We understand that the value of interest in the Fund may rise and fall from time to time, and no guarantees are provided as to the success or profitability of this investment or the return of your capital.
- I/We acknowledge that none of the Responsible Entity nor any of its related entities guarantees the performance of the Fund or the repayment of capital or any particular rate of return or any distribution.
- I/We warrant that I/we will not knowingly do anything to put CDAL in breach of anti-money laundering and counter-terrorism financing laws, and confirm that the money used to fund my investment has not been derived from, nor relate to, any money laundering or terrorism financing activities.
- I/We agree that by signing this form I/We agree to the terms and conditions of appointment of an authorised representative.
- I am/we are aware that until I/we inform the Responsible Entity otherwise I/we will be taken to have consented to the use and disclosure of my/our personal information for the purpose of telling me/us about products and services offered by the Responsible Entity.
- 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 exchanges or uses detailed above, my/our application may not be accepted by the Responsible Entity.
- If the applicant is a trustee the applicant represents and warrants that it is authorised to make the application and do all things necessary as a result of becoming an investor in the Fund pursuant to the terms of the relevant trust deed.

You must read the Product Disclosure Statement (PDS) and Target Market Determination (TMD) before signing the Application Form.

### FATCA Information

I/We will provide Capital Dynamics (Australia) Limited any information that Capital Dynamics (Australia) Limited reasonably requires in order to enable Capital Dynamics (Australia) Limited to meet all of its compliance, reporting and other obligations under the United States of America Foreign Account Tax Compliance Act ('FATCA') and all associated rules and regulations from time to time (including, without limitation, the Inter-Governmental Agreement ('IGA') entered into between the governments of the US and Australia).

I/We understand that where I/we have provided Capital Dynamics (Australia) Limited with information about my status or designation under or for the purposes of FATCA (including, but without limitation, US residency or citizenship status and FATCA status as a particular entity type) and all associated rules and regulations, Capital Dynamics (Australia) Limited will treat that information as true and correct without any additional validation or confirmation being undertaken by Capital Dynamics (Australia) Limited except where it is under a legal obligation to do so.

## 13 Investor Signatures

By signing the following, we acknowledge that we have read this form, the PDS and the Additional Information Booklet, understood it and agree to be legally bound by its terms. Executed by the Applicant(s) (Note that if this is a company application, this form must be executed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is also the sole secretary (if any), that person.)

### Applicant 1 / Director 1 / Sole Director / Trustee 1 (delete whichever is not applicable)

Name:	
Signature:	
Title (if applicable):	
Witness Name:	
Witness Signature:	
Date:	

### Applicant 2 / Director 2 // Trustee 2 (delete whichever is not applicable)

Name:	
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Signature:	
Title (if applicable):	
Witness Name:	
Witness Signature:	
Date:	

**Privacy Act**

We advise that once you become an Investor, Chapter 2C of the Corporations Act 2001 requires information about you (including your name, address and details of the securities you hold) to be included in the Fund's public register. This information must continue to be included in the Fund's public register if you cease to hold units in the *i* Capital International Value Fund. These statutory obligations are not altered by the Privacy Act 1988 or any amendments thereto. Information is collected to administer your security holding and if some or all of the information is not collected then it might not be possible to administer your unit holding. Information you supply on this Application Form will be used by us in connection with the issue and subsequent administration of *i* Capital International Value Fund, and may be disclosed by us on a confidential basis to our professional advisers in connection with these purposes. Your personal information may be used for related purposes, such as to inform you about the Responsible Entity and its business in newsletters and other communications that may be sent to you from time to time.