

La Trobe Australian Credit Fund Application - Account Opening Form



La Trobe Australian Credit Fund ARSN 088 178 321. Product Disclosure Statement dated 8 November 2017 covering LTC0001AU La Trobe Australian Credit Fund – Classic 48 hour Account and LTC0002AU La Trobe Australian Credit Fund – 12 Month Term Account. La Trobe Financial Asset Management Limited ABN 27 007 332 363 AFSL 222213 is the issuer of this PDS.

Application Checklist

Ensure that you:

- Complete all relevant sections of the Application Form;
- Sign all relevant sections in the Application Form;
- Complete the Direct Debit Request Authorisation (if applicable);
- Enclose certified copies of identification for each applicant; and
- Enclose copy of Trust deed for superfund (if applicable).

Please refer to section 14 of the PDS for guidance with completing the Application Form.

If you are an existing Investor please insert your Investor number:

SECTION A – Individual Investor details

| | Applicant 1 | Applicant 2 |
|---|---|---|
| Investor Type (circle) | Individual Joint Company Director Trustee Partner | Individual Joint Company Director Trustee Partner |
| Title | | |
| Surname | | |
| Given Names | | |
| Any other names known by | | |
| Date of Birth | | |
| Occupation | | |
| Country of citizenship/s | | |
| Tax File Number or Exemption Reason | | |
| Tax Residence Country (non Australian residents) | | |
| US citizen or resident of the US for tax purposes | US Taxpayer Identification Number (TIN) | US Taxpayer Identification Number (TIN) |

If TIN provided, please complete the FATCA Details form available on latrobefinancial.com and submit with your Application Form.

If there are more than two (2) applicants, including trustees or company directors, please provide their full details on a separate page.

| Address & Contact Details | <input type="checkbox"/> Tick if address is same as Applicant 1 | |
|--|---|--|
| Residential Street Address | | |
| City, State, Province & Postcode | | |
| Country (if not Australia) | | |
| PO Box or Postal Address (if different to residential address) | | |
| Contact person | | |
| Phone (home) | Phone (work) | |
| Mobile | Fax | |
| Email | | |
| Communication Preference | <input type="checkbox"/> Email <input type="checkbox"/> Post | |

SECTION B – Organisation/Trust details (Only if investing in Company or Trust name)

If you are investing in the name of a company, trust, partnership or other entity, you must complete both sections A & B

| | | | |
|--|---|--|--|
| Entity Type (circle) | Company Trust Superannuation Fund Partnership Sole Trader Association Other | | |
| Full Name of Entity | | | |
| Nature of business/type of trust | | | |
| Corporate Trustee Name | | | |
| ACN/ARBN | | ABN | |
| Tax File Number or Exemption Reason | | Tax Residence Country (non Australian residents) | |
| A company, partnership, trust or association established under the laws of the US or a US taxpayer | Entity's US Taxpayer Identification Number (TIN) | If TIN provided, please complete the FATCA Details form available on latrobefinancial.com and submit with your Application Form. | |
| Associations/Other Governing legislation/ jurisdiction | | Registration Number | |
| Individuals who hold 25% or more of the company, trust or partnership. | Individual 1 | Individual 2 | |
| | Individual 3 | Individual 4 | |
| | | | |
| Address details | Registered Office | Principal Place of Business <input type="checkbox"/> Same as Reg. Office | |
| Street Address | | | |
| City, State, Province & Postcode | | | |
| Country (if not Australia) | | | |

SECTION C – Account Authorities

| | | | |
|--|--|--|---|
| Authorisation for account changes and redemptions (tick) | One signatory <input type="checkbox"/> | All signatories <input type="checkbox"/> | Other (please specify) <input type="text"/> |
|--|--|--|---|

SECTION D – Investment details

| Account | Investment Amount | 12 Month Regular Access Cycle | How will I make the Investment |
|---------------------------|-------------------|-------------------------------------|--|
| C 48 hour Account | \$ | Monthly Quarterly Half Yearly | Cheque |
| 12 Month Term Account | \$ | | BPAY |
| Select Investment Account | \$ | | EFT |
| 4 Year Term Account | \$ | | Direct Debit <small>(Please complete Section K)</small> |
| TOTAL INVESTMENT | \$ | | Other (please specify) |

SECTION E – Income Distribution details

| | | | |
|----------------------------|-------------------------------------|-----------------------------------|------------------------|
| Income Distribution (tick) | Reinvest to Classic 48 hour Account | Reinvest to 12 Month Term Account | Credit to bank account |
|----------------------------|-------------------------------------|-----------------------------------|------------------------|

Bank Account details – must be provided in all cases

| | | | |
|--------------|--|----------------|--|
| Account Name | | | |
| BSB | | Account Number | |
| Bank/Branch | | | |

SECTION F – Online Access (We will help you gain online access)

| | |
|-------------------------------|--|
| Online Access to your account | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------|--|

SECTION G – Financial Adviser details (Optional; Advisers only)

Information relating to your investment is provided to your Financial Adviser. You may wish to provide further authority for your Financial Adviser to transact on your account. See Section I below.

International Advisers please contact La Trobe Financial

| | |
|-----------------------------------|-------------------|
| La Trobe Financial Adviser Number | |
| Name | |
| Company | |
| Dealer Group | |
| Contact Name | Contact Telephone |
| Email | |

Identity verification declaration

In accordance with the Financial Services Council/Financial Planning Association Industry Guidance Note 24, I confirm that customer identification has taken place under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ('Act') and that I will provide La Trobe Financial with access to the records as required, or that the industry agreed 'Customer Identification Form' confirming compliance is attached. I also agree to forward these documents to La Trobe Financial if I ever become unable to retain the documents. I understand and agree that La Trobe Financial is authorised to conduct random audits of these records in accordance with its obligations under the Act.

| | |
|--------------------------------|------|
| Signature of Financial Adviser | Date |
|--------------------------------|------|

SECTION H – PAYMENTS TO YOUR INVESTMENT REFERRER (Optional; if you have an Adviser)

You may instruct us to make certain payments to your Investor Referrer as follows:

| | |
|---|--|
| <input type="checkbox"/> Upfront payment: % (Paid upon initial investment from your investment capital) | <input type="checkbox"/> Repeat payment for subsequent investments |
|---|--|

| |
|--|
| <input type="checkbox"/> Ongoing payments: % p.a. Please refer to page 46 for further explanation. |
|--|

I instruct La Trobe Financial to deduct the Upfront payment amount from my account following my investment/s and/or deduct the Ongoing payment on a regular basis.

| | |
|-----------------------|-----------------------|
| Signature of Investor | Signature of Investor |
| Date | Date |

SECTION I – INVESTOR REPRESENTATIVE (Optional; Appointing someone else to operate your Account)

To be completed by the Investor

You may wish to further provide authority for your Investor Representative to transact on your account. Please select your preferred option for access.

| | |
|--------------------------------------|--------------------------------------|
| Full name of Investor Representative | Signature of Investor Representative |
|--------------------------------------|--------------------------------------|

- I/We authorise you as my/our Investor Representative to transact on my/our account as if you were the legal and beneficial owner of the account including making further investments in, transfers within or withdrawals from my/our account.
- I/We authorise account enquiry access to my/our investment account for the person named below. NB - Your authorisation allows this person to receive information from us in relation to your investment and discuss your investments in the Fund. Your authorisation does not give this person the power to make new investments or change existing investments or to withdraw funds from or transact with your account.

Declaration

I/We have read the section on Third Party Access to my/our account in the PDS and agree to its terms and conditions. I/We wish to appoint our Investor Representative as noted on this Application Form to represent and deal with my account(s). I/We hereby release, discharge and agree to indemnify La Trobe Financial and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon the instructions of my/our Investor Representative.

| | |
|-----------------------|-----------------------|
| Signature of Investor | Signature of Investor |
| Date | Date |

SECTION K - Direct Debit Request Authorisation (Optional)

I/We hereby authorise and request La Trobe Financial (User IDs 404708 (Classic 48 hour Account) or 405155 (12 Month Term Account)) to debit the nominated financial institution account registered with you through the Bulk Electronic Clearing System (BECS) and credit the payment amount to my/our account with the La Trobe Australian Credit Fund in either the Classic 48 hour Account or 12 Month Term Account, as instructed.

Payment Details (you want us to debit your bank)

Pay now OR date / /

Classic 48 hour Account \$

12 Month Term Account \$

Total \$

All bank account signatories must sign and date below.



Nominated financial account details as noted in the Application Form

| | | | |
|--------------|--|----------------|--|
| Account Name | | | |
| BSB | | Account Number | |
| Bank/Branch | | | |

Direct Debit Request Service Agreement

This authority covers La Trobe Financial Asset Management Limited ABN 27 007 332 363 (La Trobe Financial) using APCA User IDs 404708 (Classic 48 hour Account) or 405155 (12 Month Term Account) as the Responsible Entity for the La Trobe Australian Credit Fund ARSN 088 178 321 (the Fund) in which I/we are an investor. I/We acknowledge that:

1. This request is for a once only direct debit. The direct debit must be made from the nominated financial institution account registered with La Trobe Financial. The details of the nominated financial institution account must be re-confirmed on this Direct Debit Request to comply with Australian Payment Clearing Association requirements.
2. When the payment date is not a business day in Victoria, the direct debit may be processed on the next business day in Victoria. If I/we are unsure as to when the debit will be processed, I/we can confirm with my/our financial institution.
3. I/We can cancel, defer or amend the Direct Debit Request up to and including the day prior to the payment date by contacting La Trobe Financial's Investor team on 1800 818 818. Alternatively, I/we can cancel the Direct Debit Request by contacting my/our financial institution. La Trobe Financial cannot amend the Direct Debit Request without authorisation from me/us, although it may decline to process the Direct Debit Request.
4. Direct debit, through BECS, is not available for all financial institution accounts. I/We am/are responsible for checking that my/our nominated financial institution account is available through BECS and checking that the account details match a recent bank statement.
5. It is my/our responsibility to ensure that there are sufficient cleared funds in the nominated financial institution account, by the payment date, to allow for the debit of the payment amount. Where there are insufficient funds and the debit request is returned unpaid (ie dishonoured), we acknowledge that a dishonour fee will be charged to our account with the Fund in accordance with the current Product Disclosure Statement (PDS). I/We understand my/our financial institution may also charge a dishonour fee.
6. I/We may contact either our financial institution or La Trobe Financial to dispute a debit. Initial queries should be made by contacting La Trobe Financial's Investor team on 1800 818 818. La Trobe Financial's process for dispute resolution is outlined in the Fund's PDS.
7. My/Our account details will be maintained in accordance with the privacy requirements outlined in the Fund's PDS, subject to the provision of any information required by a financial institution in relation to a claim of alleged incorrect or wrongful debit.
8. I/We can notify you in writing electronically or by ordinary post about anything in this agreement and you may respond either electronically or by ordinary post to the email or postal addresses registered with La Trobe Financial. Any notice is deemed to have been received on the third business day in Victoria after emailing or posting.

Acknowledgement

By signing this Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and La Trobe Financial as set out in the above Direct Debit Request Service Agreement.

| | |
|-----------------------------|-----------------------------|
| Signature of account holder | Signature of account holder |
| Date | Date |