

Application Form

Multi Strategy Alternative Fund ARSN 627 157 813

This application form relates to the Product Disclosure Statement dated 21 February 2020 (PDS) issued by Specialised Private Capital Limited ABN 87 095 773 390, AFSL 246744. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.

Individuals, companies, trusts & trustees

PART A: INVESTOR & INVESTMENT DETAILS

Is this an application from a new investor or an existing investor?

NEW INVESTOR – Please refer to **page 42 of PDS** for correct naming convention

New Investor Name

Type of Investor (Please tick applicable box)

Superannuation Fund Other Trust Individual /Joint Individuals Company Other

1. Contact Details

Full given name(s)

Surname

Company name / Trustee Name / Account Name (if applicable)

Telephone

Facsimile

Email (Please provide contact email address that is to be used for all correspondence to ensure more effective way of communication.)

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

2. Investment Details

Amount Please minimum

AUD\$

note the minimum initial investment amount is \$5,000.00 and the minimum additional investment amount is \$1,000.00

3. Payment Details

Please tick the box to advise how your payment will be made:

- Cheque – Please make payable to: State Street Australia Limited ACF Multi Strategy Alternative Fund <Application Account>
- Electronic Funds Transfer (EFT) to: Bank: Westpac
BSB: 032 143
Account Number: 432 050
Account Name: State Street Australia Limited ACF Multi Strategy Alternative Fund Application Account
Reference: STAC - Investor name

4. Taxation Details

Where the investment in the fund is held jointly by 2 or more unit holders taxation details for each unit holder need to be provided. If there are more than 2 investors provide details on a separate sheet of paper and attach it to your application form.

Investor 1

Name

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes - please complete the below

No – please provide country of residence:

Tax File Number (TFN) or Australian Business Number (ABN)*:

Please indicate to whom this TFN or ABN belongs (Select one of the following options):

Company Trust or Superannuation Fund Individual

Other – please specify:

Exemption Number (if applicable):

Investor 2

Name

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes - please complete the below

No – please provide country of residence:

Tax File Number (TFN) or Australian Business Number (ABN)*:

Please indicate to whom this TFN or ABN belongs (Select one of the following options):

Company Trust or Superannuation Fund Individual

Other – please specify:

Exemption Number (if applicable):

* Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth). Declining to provide a TFN is not an offence.

5. Bank Account

Important information:

Please provide us your bank account details for the purpose of payment of future withdrawal proceeds. If this section is not completed it may cause a delay in processing of your redemption proceeds. Additional security checks to verify bank account changes will be performed at the time of payment of your redemption proceeds.

Your bank account details

Distributions and withdrawal proceeds can only be paid to an Australian bank account in the name of the unitholder and cannot be paid by cheque or to third party accounts. By completing this section you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank

Branch Name

BSB

Account Number

Account Name

If you would like distributions and/or redemption proceeds to be paid into a bank account outside Australia please provide the following additional details:

Beneficiary Bank Address

National Beneficiary Bank Clearing Code (if applicable)

Beneficiary Bank SWIFT Code

Intermediary Bank details (if applicable)

6. Nominated Bank Account for Distribution Income

Please tick one of the following option. If you do not make an income distribution nomination, it will be taken that you have requested the income to be credited to your nominated bank account.

Reinvest in additional units of the fund

Credit to the Australian bank account specified above

PART B: INVESTOR IDENTIFICATION

SECTION 1 - INVESTOR TYPE : ALL TRUSTS (INCLUDING SUPERANNUATION FUNDS)

1.1 General Information

Full name of trust

Full name of the Trustee(s) of the trust

Country where trust established

1.2 Type of Trust (select only one of the following trust types and provide the information requested)

Regulator name

Provide Australian Registered Scheme Number (ARSN)

Regulated trust (e.g. an Self-Managed Superfund)

Provide name of the regulator (e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration / licensing details

Government superannuation fund

Provide name of the legislation establishing the fund

Other trust type

Trust description (e.g. unregistered, fixed, family, unit)

For other trust type please also provide the following documentation:

Original certified copy¹ or certified extract of the trust deed; or

Notice of assessment or certified copy¹ of assessment issued by the ATO in the last 12 months.

¹ For the definition of certified copy and list of people that can certify documents refer to Section 6 of this application form.

1.3 Company Type (only complete if "Other trust type" is selected in section 1.2 above)

This section only needs to be completed if "Other Trust type" is selected in section 1.2.

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

Yes Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)

No How many beneficiaries are there? provide full name of each director

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more beneficiaries, provide details on a separate sheet of paper and attach it to your application form.

1.4 Trustee Details

How many trustees are there?

Trustee 1

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

Trustee 2

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

If there are more trustees, provide details on a separate sheet of paper and attached it to your application form.

For all trust types please complete the following additional sections:

If you are completing this form as an **Individual Trustee** please complete 'Section 3 – Investor Type: Individual' for at least ONE of the trustees in addition to completing applicable sections 1.3 and 1.4.

If you are completing this form as a **Corporate Trustee** please complete 'Section 2 – Investor Type: Company' in addition to completing applicable sections 1.3 and 1.4.

If you are completing this form both as **Individual** and **Corporate Trustee** please complete 'Section 3 – Investor Type: Individual' and 'Section 2 – Investor Type: Company' in addition to completing applicable sections 1.3 and 1.4.

SECTION 2 - INVESTOR TYPE : ALL TRUSTS (INCLUDING SUPERANNUATION FUNDS)

Please note, if you are an Australian Company acting as trustee of a fund, please also complete Section 1.

2.1 General Information

Full name as registered by ASIC or foreign registration body

Registration number (Select the following categories which apply to the company and provide the information requested)

ACN **ARBN**

Foreign body registration number

Please also provide name of the foreign registration body below:

Country of formation / incorporation / registration

Registered office address (PO Box is NOT acceptable)

Street Suburb

State Postcode Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street Suburb

State Postcode Country

2.2 Regulatory/ Listing Details (Select only one of the following trust types and provide the information requested)

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

Regulator name

Licence Number

Australian listed company or Foreign listed company as defined in the IFSA/FPA Guidelines

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market or exchange

Foreign company

Country of formation / incorporation / registration

2.3 Company Type (Select only ONE of the following categories)

- Public** Section 2 now completed, continue to Section 4
- Proprietary/Private** Go to Section 2.4 and 2.5 below
- Other** Go to Section 2.4 and 2.5 below

2.4 Directors (only needs to be completed for proprietary, private and other companies)

This section does NOT need to be completed for public and listed companies.

How many directors are there? provide full name of each director

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

- If there are more directors, provide details on a separate sheet of paper and attached it to your application form.**
- If the company is a regulated company (as selected in 2.2 above) section 2 is now completed, continue to Section 4.**

2.5 Shareholders (only needs to be completed for proprietary, private or other companies that are not regulated companies as selected in Section 2.2)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Shareholder 1

Street		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Shareholder 2

Street		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Shareholder 3

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

Residential address (PO Box is NOT acceptable)

Street		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

- If there are more shareholders, provide details on a separate sheet of paper and attached it to your application form.**
- If the company is an Australian company or Foreign company **registered with ASIC** the form is now COMPLETE.
- If the company is a **Foreign company not registered with ASIC** please also attach certified copy¹ of the certification of registration issued by the relevant foreign registration body.

SECTION 3 - INVESTOR TYPE : INDIVIDUAL

Please note, if you are an individual(s) acting as trustee(s) of a fund, please also complete Section 1.

Investor 1

Investor's name must match investor's ID exactly.

Full given name(s)

Surname

Date of Birth

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full business name

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Investor 2

Investor's name must match investor's ID exactly.

Full given name(s)

Surname

Date of Birth

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Complete this part if individual is a sole trader

Full business name

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

If there are more than 2 joint individual investors, provide details on a separate sheet of paper and attached it to your application form.

IDENTIFICATION DOCUMENTS FOR INDIVIDUAL INVESTOR(S):

For all Individual investors please provide the following information in addition to completing this section:

- Original Certified copy¹ of a Primary Photographic Identification Document (see below for definition); or
- **Original Certified copy¹ of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).**

What are the Identification Documents?

Primary Photographic Identification Documents;

- 1) Licence or permit issued by State or Territory of Australia or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued.
- 2) Passport issued by Commonwealth of Australia.
- 3) Passport issued for purpose of international travel that is issued by a foreign government and contains a photograph and the signature of a person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).
- 4) Card issued by a State or Territory of Australia for the purpose of proving a person's age that contains a photograph of the person in whose name the document is issued.
- 5) National Identity Card issued by a foreign government, for the purpose of identification that contains a photograph of the person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).

Primary Non-Photographic Identification Documents;

- 1) Birth Certificate or Birth Extract issued by a State or Territory of Australia.
- 2) Citizenship Certificate issued by Commonwealth of Australia.
- 3) Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by accredited translator where required).
- 4) Birth certificate issued by a foreign government (accompanied by a written translation prepared by accredited translator where required).
- 5) Pension card issued by Centre Link that entitles financial benefits to the person in whose name the card is issued.

Secondary Identification Documents;

- 1) A notice that was issued to an individual by the Commonwealth, a State or Territory of Australia within the preceding 12 months that contains the name of the individual and his or her residential address and records the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory.
- 2) A notice that was issued to an individual by a local government or utilities provider in Australia within the preceding 3 months that contains the name of the individual and his or her residential address and records the provision of services by that local government body or utilities provider to that address or to that person.

¹ For the definition of certified copy and list of people that can certify documents refer to Section 6 of this application form.

SECTION 4: Foreign Account Tax Compliance Act (FATCA) – Self-certification Declaration

This section must be completed By All Investors to declare their US status except for regulated super funds (i.e. Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts).

A – FATCA Self-certification for individual investor

Full name (investor 1)

Are you a U.S citizen or US resident for tax purposes? (Select one of the following options)

Yes - please provide your Taxpayer Identification Number (TIN) the below

No

Taxpayer Identification Number (TIN)

Full name (investor 2)

Are you a U.S citizen or US resident for tax purposes? (Select one of the following options)

Yes - please provide your Taxpayer Identification Number (TIN) the below

No

Taxpayer Identification Number (TIN)

B – FATCA Self-certification for non-individual investor (company, trust and trustee, partnership)

Full name of the investing entity

Please select one of the following options that applies to you:

- 1) A trust that is established under the laws of a US or a US taxpayer or a trust that has its trustee, beneficiaries or settlor as a US citizen or taxpayer;
- 2) A trust with a trustee that is a financial institution with a Global Intermediary Identification Number (GIIN) or has FATCA status (your tax status, as nominated by you, under the US Foreign Account Tax Compliance Act. E.g. are you a deemed compliant FFI, excepted FFI, non-participating FFI, no reporting IGA FFI, exempted beneficial owner or GIIN applied but not yet issued);
- 3) A trust with a trustee that is a financial institution with a Global Intermediary Identification Number (GIIN) or has FATCA status (your tax status, as nominated by you, under the US Foreign Account Tax Compliance Act. E.g. are you a deemed compliant FFI, excepted FFI, non-participating FFI, no reporting IGA FFI, exempted beneficial owner or GIIN applied but not yet issued);
- 4) A company established under the laws of the US or a US taxpayer or a company whose beneficial owners through one or more shareholdings own more than 25% of the company's issued capital;
- 5) A proprietary company where any of the beneficial owners are US citizens or residents for tax purposes;
- 6) A financial institution (e.g. custodial or depository institution, investment entity or insurance company) that has a GIIN or has FATCA status; or
- 7) A non-financial foreign entity or a passive non-financial foreign entity for FATCA purposes
- 8) None of the above – please provide your FATCA status:

If you have answered "yes" to options 1 to 6, please provide the name(s) and US Taxpayer Identification Number (TIN), GIIN or FATCA status of each owner, trustee, beneficial owner, partner or settlor who is a US citizen or US resident for tax purposes:

Full name

Indicate which of the following are you:
(Company, trust, trustee, settlor, / beneficial
owner, partner, etc.)

Provide TIN, GIIN or FATCA status:

If there are more than 3 US citizens or US taxpayers please provide details on a separate sheet of paper and attached it to your application form.

SECTION 5: DECLARATION AND SIGNATURE

I acknowledge, declare and agree that by signing this application form:

- I have received and read the PDS to which this Application Form applies and have received and accepted the offer to invest in Australia.
- If I have received the PDS from the internet or other electronic means that I received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me in this Application Form are true and correct.
- I agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund, as amended from time to time.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, unless I notify the Responsible Entity otherwise.
- None of Investment Manager, Responsible Entity or any other person guarantees the repayment of capital invested in, the Fund, neither the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I acknowledge that the Responsible Entity may be required to obtain and pass on information about me or my investment to the relevant regulatory authority in compliance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ("AML Act"). I will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that this application may not be accepted or processed until account establishment, anti-money laundering, know your client, and any similar processes have been satisfactorily completed.
- I acknowledge that the Trustee/Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the US Foreign Account Tax Compliance Act ("FATCA") and the Common Reporting Standard set out in Part II.B of the Standard for Automatic Exchange of Financial Account Information in Tax Matters approved by the Council of the Organisation for Economic Co-Operation and Development on 15 July 2014 ("CRS"). I undertake to provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under FATCA and CRS and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that I have provided a separate self-certification form in respect of my CRS status to the Trustee/Responsible Entity as part of this application.
- The monies used to fund my investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund will not be used to finance any illegal activities.
- I am not a 'politically exposed' person or organisation for the purpose of any anti-money laundering law.
- I acknowledge that any personal information I provide to State Street Australia Limited ("SSAL") will be collected and handled in accordance with SSAL's privacy policy, a copy of which can be found at www.statestreet.com/au or posted to me if I contact SSAL on +61 2 9240 7600. By submitting this form or any other documents relating to my investment I consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.
- I confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me by facsimile. If instructions are given by facsimile, the onus is on me to ensure that such instructions are received in legible form and I undertake to confirm them in writing. I indemnify the Responsible Entity and Administrator against any loss arising as a result of any of them acting on facsimile instructions. The Responsible Entity and Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

Any individual to sign
 Any two individuals to sign
 All individuals to sign

Other (please specify – e.g. per attached Power of Attorney):

	Signature	Name and title (block letters please)	Date
1	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

SECTION 6: CERTIFIED COPY OF AN ORIGINAL DOCUMENT

Certified copy means a document that has been certified as a true copy of an original document.

Certified extract means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in the sub-paragraphs below.

People who can certify documents or extracts are:

- a **lawyer** – a person who is enrolled on the roll of the Supreme Court of a State or Territory, or 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 Peace**;
- a **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
- a **police officer**;
- a **postal agent** – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- the **post office** – 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 1993);
- 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 1993);
- 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; and
- an **accountant** – a member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

The eligible certifier must include the following information:

- Their full name
- Address
- Telephone number
- The date of certifying
- Capacity in which they are eligible to certify, and
- An official stamp/seal if applicable

The certified copy must include the statement, “**I certify this is a true copy of the original document**”.

For photographic documents, the certified copy must include the statement, “**I certify this is a true copy of the original document and the photograph is a true likeness**”.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

POST OR FAX THIS FORM

Please return the completed form via:

- **Fax** to (02) 9323 6411, or
- **Post** to Post to Multi Strategy Alternative Fund, State Street Australia Limited, Unit Registry, Level 14, 420 George Street, Sydney NSW 2000

Note: If you are funding the application via cheque you'll need to post the documents to us. No investment will be allocated to an investor until both funds, and a valid application form and identification documents (where applicable), have been received by the Administrator.

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Additional Application Form

Multi Strategy Alternative Fund

This form should be used by existing unit holders provided your details have not changed.

Investor Number

Investor Name

AMOUNT OF ADDITIONAL INVESTMENT

Please indicate how much you wish to invest AUD\$

Please note the minimum initial investment amount is \$5,000.00 and the minimum additional investment amount is \$1,000.00. Please make payment net of all bank charges. Only net amount received will be invested in the Fund.

PAYMENT DETAILS

Please tick the box to advise how your payment will be made:

Cheque – Please make payable to: State Street Australia Limited ACF Multi Strategy Alternative Fund <Application Account>

Electronic Funds Transfer (EFT) to : Bank: Westpac
BSB: 032 143
Account Number: 432 050
Account Name: State Street Australia Limited ACF Multi Strategy Alternative Fund Application Account

PAYMENT DETAILS

Contact Name

Contact Number

DECLARATION AND AUTHORISATION

Please make sure you have completed the section above.

- In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Responsible Entity will affect it according to the terms and conditions of the current PDS.

Signature

Name and title of Signatory (block letters please)

Date

Signature

Name and title of Signatory (block letters please)

Date

Please note it's up to the investor to ensure State Street Australia Limited have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there may be delays in processing of this request.

POST OR FAX THIS FORM

Please return the completed form via:

- Fax to (02) 9323 6411, or
- Post to Multi Strategy Alternative Fund, State Street Australia Limited, Unit Registry, Level 14, 420 George Street, Sydney NSW 2000

Note: If you are funding the application via cheque you'll need to post the documents to us. No investment will be allocated to an investor until both funds, and a valid application form and identification documents (where applicable), have been received by the Administrator.

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Redemption Request Form

Multi Strategy Alternative Fund

Investor Number

Investor Name

REDEMPTION AMOUNT

Please indicate if you would like to withdraw the total amount of your investment or a partial amount.

Class or Series (if applicable)

Full Withdrawal

Partial withdrawal, please state amount or units to be withdrawn:

AUD\$

or

UNITS

CONTACT DETAILS

Contact Name

Contact Number

PAYMENT OF PROCEEDS

Pay into the account previously advised

or

Pay withdrawal proceeds into following account:

IMPORTANT INFORMATION: Additional security checks to verify bank account changes will be performed before the payment of your redemption proceeds if the bank account provided does not match bank account that is currently recorded in our records under your investment or if you have changed your bank account details.

Account Name

Bank

BSB

Account
Number

PAYMENT OF PROCEEDS

Please make sure you have completed the 'Full or Partial Withdrawal' section above.

- In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Responsible Entity will affect it accordingly to the terms and conditions of the applicable current PDS.

Signature

Name and title of Signatory (block letters please)

Date

Signature

Name and title of Signatory (block letters please)

Date

Please note it's up to the investor to ensure State Street Australia Limited have been notified of authorised signatories on this account. Where the signature cannot be matched to the initial application form or signatory list provided there may be delays in processing of this request.

POST OR FAX THIS FORM

Please return the completed form via:

- Fax to (02) 9323 6411, or
- Post to Multi Strategy Alternative Fund, State Street Australia Limited, Unit Registry, Level 14, 420 George Street, Sydney NSW 2000

Contact us

Contact your adviser today to find out more about this opportunity.

www.specialisedprivatecapital.com.au

Sydney

Level 15
1 O'Connell Street
Sydney NSW 2000

Tel 02 9250 6500
Fax 02 9252 2702

Melbourne

Level 17
181 William Street
Melbourne VIC 3000

Tel 03 9292 0101
Fax 03 9292 0102

Brisbane

Level 16
120 Edward Street
Brisbane QLD 4000

Tel 07 3230 6555
Fax 07 3221 2145

Canberra

Level 1
55 Wentworth Avenue
Kingston ACT 2604

Tel 02 6281 1477
Fax 02 6281 1476

Application Form

Multi Strategy Alternative Fund ARSN 627 157 813

This application form relates to the Product Disclosure Statement dated 21 February 2020 (PDS) issued by Specialised Private Capital Limited ABN 87 095 773 390, AFSL 246744. Please read the PDS in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS have the same meaning in this Application Form.

Individuals, companies, trusts & trustees

PART A: INVESTOR & INVESTMENT DETAILS

Is this an application from a new investor or an existing investor?

NEW INVESTOR – Please refer to **page 42 of PDS** for correct naming convention

New Investor Name

Type of Investor (Please tick applicable box)

Superannuation Fund Other Trust Individual /Joint Individuals Company Other

1. Contact Details

Full given name(s)

Surname

Company name / Trustee Name / Account Name (if applicable)

Telephone

Facsimile

Email (Please provide contact email address that is to be used for all correspondence to ensure more effective way of communication.)

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

2. Investment Details

Amount Please minimum

AUD\$

note the minimum initial investment amount is \$5,000.00 and the minimum additional investment amount is \$1,000.00

3. Payment Details

Please tick the box to advise how your payment will be made:

- Cheque – Please make payable to: State Street Australia Limited ACF Multi Strategy Alternative Fund <Application Account>
- Electronic Funds Transfer (EFT) to: Bank: Westpac
BSB: 032 143
Account Number: 432 050
Account Name: State Street Australia Limited ACF Multi Strategy Alternative Fund Application Account
Reference: STAC - Investor name

4. Taxation Details

Where the investment in the fund is held jointly by 2 or more unit holders taxation details for each unit holder need to be provided. If there are more than 2 investors provide details on a separate sheet of paper and attach it to your application form.

Investor 1

Name

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes - please complete the below

No – please provide country of residence:

Tax File Number (TFN) or Australian Business Number (ABN)*:

Please indicate to whom this TFN or ABN belongs (Select one of the following options):

Company Trust or Superannuation Fund Individual

Other – please specify:

Exemption Number (if applicable):

Investor 2

Name

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes - please complete the below

No – please provide country of residence:

Tax File Number (TFN) or Australian Business Number (ABN)*:

Please indicate to whom this TFN or ABN belongs (Select one of the following options):

Company Trust or Superannuation Fund Individual

Other – please specify:

Exemption Number (if applicable):

* Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth). Declining to provide a TFN is not an offence.

5. Bank Account

Important information:

Please provide us your bank account details for the purpose of payment of future withdrawal proceeds. If this section is not completed it may cause a delay in processing of your redemption proceeds. Additional security checks to verify bank account changes will be performed at the time of payment of your redemption proceeds.

Your bank account details

Distributions and withdrawal proceeds can only be paid to an Australian bank account in the name of the unitholder and cannot be paid by cheque or to third party accounts. By completing this section you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank

Branch Name

BSB

Account Number

Account Name

If you would like distributions and/or redemption proceeds to be paid into a bank account outside Australia please provide the following additional details:

Beneficiary Bank Address

National Beneficiary Bank Clearing Code (if applicable)

Beneficiary Bank SWIFT Code

Intermediary Bank details (if applicable)

6. Nominated Bank Account for Distribution Income

Please tick one of the following option. If you do not make an income distribution nomination, it will be taken that you have requested the income to be credited to your nominated bank account.

Reinvest in additional units of the fund

Credit to the Australian bank account specified above

PART B: INVESTOR IDENTIFICATION

SECTION 1 - INVESTOR TYPE : ALL TRUSTS (INCLUDING SUPERANNUATION FUNDS)

1.1 General Information

Full name of trust

Full name of the Trustee(s) of the trust

Country where trust established

1.2 Type of Trust (select only one of the following trust types and provide the information requested)

Regulator name

Provide Australian Registered Scheme Number (ARSN)

Regulated trust (e.g. an Self-Managed Superfund)

Provide name of the regulator (e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration / licensing details

Government superannuation fund

Provide name of the legislation establishing the fund

Other trust type

Trust description (e.g. unregistered, fixed, family, unit)

For other trust type please also provide the following documentation:

Original certified copy¹ or certified extract of the trust deed; or

Notice of assessment or certified copy¹ of assessment issued by the ATO in the last 12 months.

¹ For the definition of certified copy and list of people that can certify documents refer to Section 6 of this application form.

1.3 Company Type (only complete if "Other trust type" is selected in section 1.2 above)

This section only needs to be completed if "Other Trust type" is selected in section 1.2.

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

Yes Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)

No How many beneficiaries are there? provide full name of each director

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more beneficiaries, provide details on a separate sheet of paper and attach it to your application form.

1.4 Trustee Details

How many trustees are there?

Trustee 1

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

Trustee 2

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

If there are more trustees, provide details on a separate sheet of paper and attached it to your application form.

For all trust types please complete the following additional sections:

If you are completing this form as an **Individual Trustee** please complete 'Section 3 – Investor Type: Individual' for at least ONE of the trustees in addition to completing applicable sections 1.3 and 1.4.

If you are completing this form as a **Corporate Trustee** please complete 'Section 2 – Investor Type: Company' in addition to completing applicable sections 1.3 and 1.4.

If you are completing this form both as **Individual** and **Corporate Trustee** please complete 'Section 3 – Investor Type: Individual' and 'Section 2 – Investor Type: Company' in addition to completing applicable sections 1.3 and 1.4.

SECTION 2 - INVESTOR TYPE : ALL TRUSTS (INCLUDING SUPERANNUATION FUNDS)

Please note, if you are an Australian Company acting as trustee of a fund, please also complete Section 1.

2.1 General Information

Full name as registered by ASIC or foreign registration body

Registration number (Select the following categories which apply to the company and provide the information requested)

ACN **ARBN**

Foreign body registration number

Please also provide name of the foreign registration body below:

Country of formation / incorporation / registration

Registered office address (PO Box is NOT acceptable)

Street Suburb

State Postcode Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street Suburb

State Postcode Country

2.2 Regulatory/ Listing Details (Select only one of the following trust types and provide the information requested)

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

Regulator name

Licence Number

Australian listed company or Foreign listed company as defined in the IFSA/FPA Guidelines

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market or exchange

Foreign company

Country of formation / incorporation / registration

2.3 Company Type (Select only ONE of the following categories)

- Public** Section 2 now completed, continue to Section 4
- Proprietary/Private** Go to Section 2.4 and 2.5 below
- Other** Go to Section 2.4 and 2.5 below

2.4 Directors (only needs to be completed for proprietary, private and other companies)

This section does NOT need to be completed for public and listed companies.

How many directors are there? provide full name of each director

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

- If there are more directors, provide details on a separate sheet of paper and attached it to your application form.**
- If the company is a regulated company (as selected in 2.2 above) section 2 is now completed, continue to Section 4.**

2.5 Shareholders (only needs to be completed for proprietary, private or other companies that are not regulated companies as selected in Section 2.2)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Shareholder 1

Street		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Shareholder 2

Street		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Shareholder 3

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

Residential address (PO Box is NOT acceptable)

Street		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

- If there are more shareholders, provide details on a separate sheet of paper and attached it to your application form.**
- If the company is an Australian company or Foreign company **registered with ASIC** the form is now COMPLETE.
- If the company is a **Foreign company not registered with ASIC** please also attach certified copy¹ of the certification of registration issued by the relevant foreign registration body.

SECTION 3 - INVESTOR TYPE : INDIVIDUAL

Please note, if you are an individual(s) acting as trustee(s) of a fund, please also complete Section 1.

Investor 1

Investor's name must match investor's ID exactly.

Full given name(s)

Surname

Date of Birth

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full business name

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Investor 2

Investor's name must match investor's ID exactly.

Full given name(s)

Surname

Date of Birth

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Complete this part if individual is a sole trader

Full business name

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

If there are more than 2 joint individual investors, provide details on a separate sheet of paper and attached it to your application form.

IDENTIFICATION DOCUMENTS FOR INDIVIDUAL INVESTOR(S):

For all Individual investors please provide the following information in addition to completing this section:

- Original Certified copy¹ of a Primary Photographic Identification Document (see below for definition); or
- **Original Certified copy¹ of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).**

What are the Identification Documents?

Primary Photographic Identification Documents;

- 1) Licence or permit issued by State or Territory of Australia or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued.
- 2) Passport issued by Commonwealth of Australia.
- 3) Passport issued for purpose of international travel that is issued by a foreign government and contains a photograph and the signature of a person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).
- 4) Card issued by a State or Territory of Australia for the purpose of proving a person's age that contains a photograph of the person in whose name the document is issued.
- 5) National Identity Card issued by a foreign government, for the purpose of identification that contains a photograph of the person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).

Primary Non-Photographic Identification Documents;

- 1) Birth Certificate or Birth Extract issued by a State or Territory of Australia.
- 2) Citizenship Certificate issued by Commonwealth of Australia.
- 3) Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by accredited translator where required).
- 4) Birth certificate issued by a foreign government (accompanied by a written translation prepared by accredited translator where required).
- 5) Pension card issued by Centre Link that entitles financial benefits to the person in whose name the card is issued.

Secondary Identification Documents;

- 1) A notice that was issued to an individual by the Commonwealth, a State or Territory of Australia within the preceding 12 months that contains the name of the individual and his or her residential address and records the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory.
- 2) A notice that was issued to an individual by a local government or utilities provider in Australia within the preceding 3 months that contains the name of the individual and his or her residential address and records the provision of services by that local government body or utilities provider to that address or to that person.

¹ For the definition of certified copy and list of people that can certify documents refer to Section 6 of this application form.

SECTION 4: Foreign Account Tax Compliance Act (FATCA) – Self-certification Declaration

This section must be completed By All Investors to declare their US status except for regulated super funds (i.e. Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts).

A – FATCA Self-certification for individual investor

Full name (investor 1)

Are you a U.S citizen or US resident for tax purposes? (Select one of the following options)

Yes - please provide your Taxpayer Identification Number (TIN) the below

No

Taxpayer Identification Number (TIN)

Full name (investor 2)

Are you a U.S citizen or US resident for tax purposes? (Select one of the following options)

Yes - please provide your Taxpayer Identification Number (TIN) the below

No

Taxpayer Identification Number (TIN)

B – FATCA Self-certification for non-individual investor (company, trust and trustee, partnership)

Full name of the investing entity

Please select one of the following options that applies to you:

- 1) A trust that is established under the laws of a US or a US taxpayer or a trust that has its trustee, beneficiaries or settlor as a US citizen or taxpayer;
- 2) A trust with a trustee that is a financial institution with a Global Intermediary Identification Number (GIIN) or has FATCA status (your tax status, as nominated by you, under the US Foreign Account Tax Compliance Act. E.g. are you a deemed compliant FFI, excepted FFI, non-participating FFI, no reporting IGA FFI, exempted beneficial owner or GIIN applied but not yet issued);
- 3) A trust with a trustee that is a financial institution with a Global Intermediary Identification Number (GIIN) or has FATCA status (your tax status, as nominated by you, under the US Foreign Account Tax Compliance Act. E.g. are you a deemed compliant FFI, excepted FFI, non-participating FFI, no reporting IGA FFI, exempted beneficial owner or GIIN applied but not yet issued);
- 4) A company established under the laws of the US or a US taxpayer or a company whose beneficial owners through one or more shareholdings own more than 25% of the company's issued capital;
- 5) A proprietary company where any of the beneficial owners are US citizens or residents for tax purposes;
- 6) A financial institution (e.g. custodial or depository institution, investment entity or insurance company) that has a GIIN or has FATCA status; or
- 7) A non-financial foreign entity or a passive non-financial foreign entity for FATCA purposes
- 8) None of the above – please provide your FATCA status:

If you have answered "yes" to options 1 to 6, please provide the name(s) and US Taxpayer Identification Number (TIN), GIIN or FATCA status of each owner, trustee, beneficial owner, partner or settlor who is a US citizen or US resident for tax purposes:

Full name

Indicate which of the following are you:
(Company, trust, trustee, settlor, / beneficial
owner, partner, etc.)

Provide TIN, GIIN or FATCA status:

If there are more than 3 US citizens or US taxpayers please provide details on a separate sheet of paper and attached it to your application form.

SECTION 5: DECLARATION AND SIGNATURE

I acknowledge, declare and agree that by signing this application form:

- I have received and read the PDS to which this Application Form applies and have received and accepted the offer to invest in Australia.
- If I have received the PDS from the internet or other electronic means that I received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me in this Application Form are true and correct.
- I agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund, as amended from time to time.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, unless I notify the Responsible Entity otherwise.
- None of Investment Manager, Responsible Entity or any other person guarantees the repayment of capital invested in, the Fund, neither the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I acknowledge that the Responsible Entity may be required to obtain and pass on information about me or my investment to the relevant regulatory authority in compliance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ("AML Act"). I will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that this application may not be accepted or processed until account establishment, anti-money laundering, know your client, and any similar processes have been satisfactorily completed.
- I acknowledge that the Trustee/Responsible Entity may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the US Foreign Account Tax Compliance Act ("FATCA") and the Common Reporting Standard set out in Part II.B of the Standard for Automatic Exchange of Financial Account Information in Tax Matters approved by the Council of the Organisation for Economic Co-Operation and Development on 15 July 2014 ("CRS"). I undertake to provide such information and assistance that may be requested by the Trustee/Responsible Entity to comply with its obligations under FATCA and CRS and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I acknowledge that I have provided a separate self-certification form in respect of my CRS status to the Trustee/Responsible Entity as part of this application.
- The monies used to fund my investment in the Fund are not derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund will not be used to finance any illegal activities.
- I am not a 'politically exposed' person or organisation for the purpose of any anti-money laundering law.
- I acknowledge that any personal information I provide to State Street Australia Limited ("SSAL") will be collected and handled in accordance with SSAL's privacy policy, a copy of which can be found at www.statestreet.com/au or posted to me if I contact SSAL on +61 2 9240 7600. By submitting this form or any other documents relating to my investment I consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.
- I confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me by facsimile. If instructions are given by facsimile, the onus is on me to ensure that such instructions are received in legible form and I undertake to confirm them in writing. I indemnify the Responsible Entity and Administrator against any loss arising as a result of any of them acting on facsimile instructions. The Responsible Entity and Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

Any individual to sign
 Any two individuals to sign
 All individuals to sign

Other (please specify – e.g. per attached Power of Attorney):

	Signature	Name and title (block letters please)	Date
1	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

SECTION 6: CERTIFIED COPY OF AN ORIGINAL DOCUMENT

Certified copy means a document that has been certified as a true copy of an original document.

Certified extract means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in the sub-paragraphs below.

People who can certify documents or extracts are:

- a **lawyer** – a person who is enrolled on the roll of the Supreme Court of a State or Territory, or 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 Peace**;
- a **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
- a **police officer**;
- a **postal agent** – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- the **post office** – 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 1993);
- 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 1993);
- 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; and
- an **accountant** – a member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

The eligible certifier must include the following information:

- Their full name
- Address
- Telephone number
- The date of certifying
- Capacity in which they are eligible to certify, and
- An official stamp/seal if applicable

The certified copy must include the statement, “**I certify this is a true copy of the original document**”.

For photographic documents, the certified copy must include the statement, “**I certify this is a true copy of the original document and the photograph is a true likeness**”.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

POST OR FAX THIS FORM

Please return the completed form via:

- **Fax** to (02) 9323 6411, or
- **Post** to Post to Multi Strategy Alternative Fund, State Street Australia Limited, Unit Registry, Level 14, 420 George Street, Sydney NSW 2000

Note: If you are funding the application via cheque you'll need to post the documents to us. No investment will be allocated to an investor until both funds, and a valid application form and identification documents (where applicable), have been received by the Administrator.

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Additional Application Form

Multi Strategy Alternative Fund

This form should be used by existing unit holders provided your details have not changed.

Investor Number

Investor Name

AMOUNT OF ADDITIONAL INVESTMENT

Please indicate how much you wish to invest AUD\$

Please note the minimum initial investment amount is \$5,000.00 and the minimum additional investment amount is \$1,000.00. Please make payment net of all bank charges. Only net amount received will be invested in the Fund.

PAYMENT DETAILS

Please tick the box to advise how your payment will be made:

Cheque – Please make payable to: State Street Australia Limited ACF Multi Strategy Alternative Fund <Application Account>

Electronic Funds Transfer (EFT) to : Bank: Westpac
BSB: 032 143
Account Number: 432 050
Account Name: State Street Australia Limited ACF Multi Strategy Alternative Fund Application Account

PAYMENT DETAILS

Contact Name

Contact Number

DECLARATION AND AUTHORISATION

Please make sure you have completed the section above.

- In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Responsible Entity will affect it according to the terms and conditions of the current PDS.

Signature

Name and title of Signatory (block letters please)

Date

Signature

Name and title of Signatory (block letters please)

Date

Please note it's up to the investor to ensure State Street Australia Limited have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there may be delays in processing of this request.

POST OR FAX THIS FORM

Please return the completed form via:

- Fax to (02) 9323 6411, or
- Post to Multi Strategy Alternative Fund, State Street Australia Limited, Unit Registry, Level 14, 420 George Street, Sydney NSW 2000

Note: If you are funding the application via cheque you'll need to post the documents to us. No investment will be allocated to an investor until both funds, and a valid application form and identification documents (where applicable), have been received by the Administrator.

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Redemption Request Form

Multi Strategy Alternative Fund

Investor Number

Investor Name

REDEMPTION AMOUNT

Please indicate if you would like to withdraw the total amount of your investment or a partial amount.

Class or Series (if applicable)

Full Withdrawal

Partial withdrawal, please state amount or units to be withdrawn:

AUD\$

or

UNITS

CONTACT DETAILS

Contact Name

Contact Number

PAYMENT OF PROCEEDS

Pay into the account previously advised

or

Pay withdrawal proceeds into following account:

IMPORTANT INFORMATION: Additional security checks to verify bank account changes will be performed before the payment of your redemption proceeds if the bank account provided does not match bank account that is currently recorded in our records under your investment or if you have changed your bank account details.

Account Name

Bank

BSB

Account Number

PAYMENT OF PROCEEDS

Please make sure you have completed the 'Full or Partial Withdrawal' section above.

- In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Responsible Entity will affect it accordingly to the terms and conditions of the applicable current PDS.

Signature

Name and title of Signatory (block letters please)

Date

Signature

Name and title of Signatory (block letters please)

Date

Please note it's up to the investor to ensure State Street Australia Limited have been notified of authorised signatories on this account. Where the signature cannot be matched to the initial application form or signatory list provided there may be delays in processing of this request.

POST OR FAX THIS FORM

Please return the completed form via:

- Fax to (02) 9323 6411, or
- Post to Multi Strategy Alternative Fund, State Street Australia Limited, Unit Registry, Level 14, 420 George Street, Sydney NSW 2000

Contact us

Contact your adviser today to find out more about this opportunity.

www.specialisedprivatecapital.com.au

Sydney

Level 15

1 O'Connell Street

Sydney NSW 2000

Tel 02 9250 6500

Fax 02 9252 2702



**Individual Tax Residency Self-Certification Form
AU/NZ**

Individual Tax Residency Self-Certification Form INSTRUCTIONS

Please read these instructions before completing the form.

Regulations based on the OECD Common Reporting Standard (“CRS”) require “Financial Institutions” such as Centric Capital to collect and report certain information about an account holder’s tax residency.

If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside the jurisdiction where the Financial Institution maintaining the account is located, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the tax authorities in the jurisdiction where the Financial Institution is located and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find definitions of who is classified as an account holder, and other terms, in the Appendix. **If you are completing this form as (or on behalf of) a Controlling Person, you should complete it as if you are / the Controlling Person is the Account Holder referenced in this form.**

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder’s tax status or other mandatory field information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

This form is intended to request information consistent with local law requirements.

Please complete this form where you need to self-certify an individual account holder, sole trader or sole proprietor. For joint or multiple account holders, use a separate form for each individual person.

Where you are an Entity, Partnership or Trust account holder do not complete this form. Instead please complete an “Entity tax residency self-certification form.”

If the Account Holder is a U.S. tax resident under US Internal Revenue Service (“IRS”) under U.S. law regulations, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax adviser or the information at the following link: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>.

Please note that this self-certification form is for CRS purposes only. Its completion is not a substitute for the completion of any IRS Form W-9, Form W-8 or self-certification that may otherwise be required for FATCA or other U.S. tax purposes.

If you are completing the form on the Account Holder’s behalf, then you should indicate the capacity in which you have signed in Part 3. For example, you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a signatory authority or power of attorney.

As a financial institution, we are not allowed to give tax advice.

If you have any questions about this form, these instructions, or defining your tax residency status, please speak to your tax adviser or local tax authority.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the <http://www.oecd.org/tax/automatic-exchange> portal.

Individual Tax Residency Self-Certification Form

(please complete parts 1-2 in BLOCK CAPITALS)

PART 1 – IDENTIFICATION OF ACCOUNT HOLDER

A. Legal Name of Account Holder

B. Date of Birth

C. Place of Birth (to be completed for Controlling Persons only)

D. Current Residence Address

Line 1 (e.g. House/Apt/Suite Name, Number,

Line 2 (e.g. Town/City/Province/County/State)*

Postal Code/ZIP Code (if any)

E. Mailing Address (please only complete if different to the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

Line 2 (e.g. Town/City/Province/County/State)

Country

PART 2 – JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER

Identification Number or functional equivalent (“TIN”) (see Appendix)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each jurisdiction of residence.

If the Account Holder is tax resident in more than three jurisdictions, please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

Reason A - The jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are 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)

Jurisdiction of Tax Residency	Tax Identification Number	If no TIN available enter Reason

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

PART 3 – DECLARATION AND SIGNATURE

If you are completing this form as a Controlling Person, use Option B. All other persons should use Option A.

Option A

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Centric Capital and any general disclosures provided by Centric Capital (including in this form) which describe how Centric Capital may use and share the information supplied and agree to such use and sharing.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Account(s) may be reported to the tax authorities of the jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another jurisdiction or jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the jurisdiction/s in which this account(s) is/are maintained.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Centric Capital within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide Centric Capital with a suitably updated self- certification and declaration reflecting such change in circumstances.

Signature

Print Name

Date: (dd/mm/yyyy)

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form (for example 'Authorised Officer').

If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Capacity:

PART 3 – DECLARATION AND SIGNATURE

Option B

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Centric Capital and any general disclosures provided by Centric Capital (including in this form) which describe how Centric Capital may use and share the information supplied and agree to such use and sharing.

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Account(s) may be reported to the tax authorities of the jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another jurisdiction or jurisdictions in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the jurisdiction/s in which this account(s) is/are maintained.

I certify that I am the Controlling Person (or am authorised to sign for the Controlling Person) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Centric Capital within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide Centric Capital with a suitably updated self- certification and declaration reflecting such change in circumstances.

Signature

Print Name

Date: (dd/mm/yyyy)

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form (for example 'Authorised Officer').

If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Capacity:

APPENDIX – SUMMARY DESCRIPTIONS OF SELECT DEFINED TERMS

Note: These are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD “Common Reporting Standard for Automatic Exchange of Financial Account Information” (the “CRS”), the associated “Commentary” to the CRS, and domestic guidance. This can be found at the following link: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

If you have any questions, then please contact your tax adviser or domestic tax authority.

“Account Holder”

The “Account Holder” is the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account. With respect to a jointly held account, each joint holder is treated as an Account Holder.

“Controlling Person(s)”

“Controlling Persons” are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity (“Passive NFE”) then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust.

Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust.

In the case of a legal arrangement other than a trust, “Controlling Person(s) means persons in equivalent or similar positions.

“Entity”

The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation. This term covers any person other than an individual (i.e. a natural person).

“Financial Account”

“Financial Account” means an account maintained by a Financial Institution and includes Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

“TIN” (including “functional equivalent”)

The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers>.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a “functional equivalent”)



**Entity Tax Residency Self-Certification Form
AU/NZ**

Entity Tax Residency Self-Certification Form INSTRUCTIONS

Please read these instructions before completing the form.

Regulations based on the OECD Common Reporting Standard (“CRS”) require “Financial Institutions” such as Centric Capital to collect and report certain information about an account holder’s tax residency.

If the account holder’s tax residence is located outside the jurisdiction where the Financial Institution maintaining the account is located, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the tax authorities in the jurisdiction where the Financial Institution is located and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find definitions of who is classified as an account holder, and other terms, in the Appendix.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder’s tax status or other mandatory field information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification. This form is intended to request information consistent with local law requirements.

Please complete this form where you need to self-certify on behalf of an entity account holder.

If you are an individual account holder or sole trader or sole proprietor do not complete this form. Instead please complete an “Individual tax residency self-certification form.” For joint or multiple account holders please complete a separate form for each account holder.

If the Account Holder is a U.S. tax resident under U.S. law, you should indicate that as such on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax adviser or the information at the following link: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>.

Please note that this self-certification form is for CRS purposes only. Its completion is not a substitute for the completion of any IRS Form W-9, Form W-8 or self-certification that may otherwise be required for FATCA or other U.S. tax purposes.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution.

Please provide information on the natural person(s) who exercise control over the Account Holder (individuals referred to as “Controlling Person(s)”) by completing Part 2(2) and a separate Individual tax residency self-certification form for each Controlling Person. This information should be provided by all Investment Entities located in a Non-Participating Jurisdiction and managed by another Financial Institution.

You should indicate the capacity in which you have signed in Part 4. For example, you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a signatory authority or power of attorney.

As a financial institution, we are not allowed to give tax advice.

If you have any questions about this form, these instructions, or defining your tax residency status, please speak to your tax adviser or local tax authority. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the <http://www.oecd.org/tax/automatic-exchange-portal>.

Entity Tax Residency Self-Certification Form

(please complete parts 1-2 in BLOCK CAPITALS)

PART 1 – IDENTIFICATION OF ACCOUNT HOLDER

A. Legal Name of Entity/Branch

B. Country of incorporation or organisation

C. Current Registered Address

Line 1 (e.g. House/Apt/Suite Name, Number,

Line 2 (e.g. Town/City/Province/County/State)*

Postal Code/ZIP Code (if any)

D. Mailing Address (please only complete if different to the address shown in Section C above)

Line 1 (e.g. House/Apt/Suite Name, Number, Street)

Line 2 (e.g. Town/City/Province/County/State)

Country

Postal Code/ZIP Code

PART 2 - ENTITY'S CRS CLASSIFICATION

Please provide the Account Holder's Status by ticking one of the following boxes.

1. (a) Financial Institution – Investment Entity

i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

(Note: if ticking this box please also complete Part 2(2) below)

ii. Other Investment Entity

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes:

(c) Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of:

(d) Active NFE – a Government Entity or Central Bank

(e) Active NFE – an International Organisation

(f) Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)

(g) Passive NFE (Note: if ticking this box please also complete Part 2(2) below)

2. If you have ticked 1(a)(i) or 1(g) above:

Does the entity have any Controlling Persons who are tax residents of countries other than Australia?

Yes No

If Yes, please provide the details of these individuals below and complete a separate Individual tax residency self-certification form for each Controlling Person.

Jurisdiction of Tax Residency	Tax Identification Number	If no TIN available enter Reason

If there are more Controlling Persons, provide details on a separate sheet and tick this box.

Note: Please see the definition of Controlling Person in the Appendix.

PART 3 – JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR FUNCTIONAL EQUIVALENT (“TIN”) (SEE APPENDIX)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each jurisdiction of residence.

If the Account Holder is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or jurisdiction in which its principal office is located.

If the Account Holder is tax resident in more than three jurisdictions, please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason **A, B or C where appropriate:**

Reason A - The jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are 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)

Jurisdiction of Tax Residency	Tax Identification Number	If no TIN available enter Reason

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

PART 4 – DECLARATION AND SIGNATURE

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with Centric Capital and any general disclosures provided by Centric Capital (including in this form) which describe how Centric Capital may use and share the information supplied and agree to such use and sharing.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Account(s) may be reported to the tax authorities of the jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another jurisdiction or jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the jurisdiction/s in which this account(s) is/are maintained.

I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Centric Capital within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide Centric Capital with a suitably updated self- certification and Declaration reflecting such change in circumstances.

Signature

Print Name

Date: (dd/mm/yyyy)

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form (for example 'Authorised Officer').

If signing under a power of attorney, please also attach a certified copy of the power of attorney.

Capacity:

APPENDIX – SUMMARY DESCRIPTIONS OF SELECT DEFINED TERMS

Note: These are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD “Common Reporting Standard for Automatic Exchange of Financial Account Information” (the “CRS”), the associated “Commentary” to the CRS, and domestic guidance. This can be found at the following link: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

If you have any questions, then please contact your tax adviser or domestic tax authority.

“Account Holder”

The “Account Holder” is the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. This is regardless of whether such person is a flow-through Entity. Thus, for example, if a trust or an estate is listed as the holder or owner of a Financial Account, the trust or estate is the Account Holder, rather than the trustee or the trust’s owners or beneficiaries. Similarly, if a partnership is listed as the holder or owner of a Financial Account, the partnership is the Account Holder, rather than the partners in the partnership. A person, other than a Financial Institution, holding a Financial Account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account.

“Active NFE”

An NFE is an Active NFE if it meets any of the criteria listed below. In summary, those criteria refer to:

- a) active NFEs by reason of income and assets;
- b) publicly traded NFEs;
- c) Governmental Entities, International Organisations, Central Banks, or their wholly owned Entities;
- d) holding NFEs that are members of a nonfinancial group;
- e) start-up NFEs;
- f) NFEs that are liquidating or emerging from bankruptcy;
- g) treasury centres that are members of a nonfinancial group; or
- h) non-profit NFEs.

An entity will be classified as Active NFE if it meets any of the following criteria:

- a) less than 50% of the NFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
- b) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
- c) the NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
- d) substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
- e) the NFE is not yet operating a business and has no prior operating history, (a “start-up NFE”) but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that
the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE;
- f) the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- g) the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not
- h) Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or
- i) the NFE meets all of the following requirements (a “non-profit NFE”):
 - i) it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
 - ii) it is exempt from income tax in its jurisdiction of residence;
 - iii) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;

iv) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and

v) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision.

Note: Certain entities (such as U.S. Territory NFFEs) may qualify for Active NFFE status under FATCA but not Active NFE status under the CRS.

“Control”

“Control” over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who hold the position of senior managing official.

“Controlling Person(s)”

“Controlling Persons” are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity (“Passive NFE”) then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust. Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust.

In the case of a legal arrangement other than a trust, “Controlling Person(s) means persons in equivalent or similar positions.

“Custodial Institution”

The term “Custodial Institution” means any Entity that holds, as a substantial portion of its business, Financial Assets for the account of others. This is where the Entity's gross income attributable to the holding of Financial Assets and related financial services equals or exceeds 20% of the Entity's gross income during the shorter of: (i) the three-year period that ends on 31 December (or the final day of a non-calendar year accounting period) prior to the year in which the determination is being made; or (ii) the period during which the Entity has been in existence.

“Depository Institution”

The term “Depository Institution” means any Entity that accepts deposits in the ordinary course of a banking or similar business.

“FATCA”

FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance Act, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.

“Entity”

The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation. This term covers any person other than an individual (i.e. a natural person).

“Financial Institution”

The term “Financial Institution” means a “Custodial Institution”, a “Depository Institution”, an “Investment Entity”, or a “Specified Insurance Company”. Please see the relevant domestic guidance and the CRS for further classification definitions that apply to Financial Institutions.

“Investment Entity”

The term “Investment Entity” includes two types of Entities:

- a) an Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:
 - i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
 - ii) Individual and collective portfolio management; or
 - iii) Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons.

Such activities or operations do not include rendering non-binding investment advice to a customer.

b) The second type of “Investment Entity” (“Investment Entity managed by another Financial Institution”) is any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets where the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity.

“Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution”

The term “Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution” means any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets if the Entity is (i) managed by a Financial Institution and (ii) not a Participating Jurisdiction Financial Institution.

“Investment Entity managed by another Financial Institution”

An Entity is “managed by” another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the activities or operations described in clause (i) above in the definition of ‘Investment Entity’.

An Entity only manages another Entity if it has discretionary authority to manage the other Entity’s assets (either in whole or part). Where an Entity is managed by a mix of Financial Institutions, NFEs or individuals, the Entity is considered to be managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity, if any of the managing Entities is such another Entity.

“NFE”

An “NFE” is any Entity that is not a Financial Institution.

“Non-Reporting Financial Institution”

A Non-Reporting Financial Institution” means any Financial Institution that is:

- a Governmental Entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or Depository Institution;
 - a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; a Pension Fund of a Governmental Entity, International Organisation or Central Bank; or a Qualified Credit Card Issuer;
 - an Exempt Collective Investment Vehicle; or
 - a Trustee-Documented Trust: a trust where the trustee of the trust is a Reporting Financial Institution and reports all information required to be reported with respect to all Reportable Accounts of the trust;
- a) • any other defined in a countries domestic law as a Non-Reporting Financial Institution.

“Participating Jurisdiction”

A “Participating Jurisdiction” means a jurisdiction with which an agreement is in place pursuant to which it will provide the information set out in the CRS and that is identified in a published list.

“Participating Jurisdiction Financial Institution”

The term “Participating Jurisdiction Financial Institution means (i) any Financial Institution that is tax resident in a Participating Jurisdiction but excludes any branch of that Financial Institution that is located outside of that jurisdiction, and (ii) any branch of a Financial Institution that is not tax resident in a Participating Jurisdiction, if that branch is located in such Participating Jurisdiction.

“Passive NFE”

Under the CRS a “Passive NFE” means any: (i) NFE that is not an Active NFE; and (ii) Investment Entity located in a Non- Participating Jurisdiction and managed by another Financial Institution.

“Related Entity”

An Entity is a “Related Entity” of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

“Reportable Account”

The term “Reportable Account” means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

“Reportable Jurisdiction”

A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

“Reportable Jurisdiction Person”

A Reportable Jurisdiction Person is an Entity that is tax resident in a Reportable Jurisdiction(s) under the tax laws of such jurisdiction(s) - by reference to local laws in the country where the Entity is established, incorporated or managed. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. As such if an Entity certifies that it has no residence for tax purposes it should complete the form stating the address of its principal office.

Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to determine their residence for tax purposes.

“Reportable Person”

A “Reportable Person” is defined as a “Reportable Jurisdiction Person”, other than:

- a) a corporation the stock of which is regularly traded on one or more established securities markets;
- b) any corporation that is a Related Entity of a corporation described in clause (i);
- c) a Governmental Entity;
- d) an International Organisation;
- e) a Central Bank; or
- f) a Financial Institution (except for an Investment Entity described in Sub Paragraph A (6) b) of the CRS that are not Participating Jurisdiction Financial Institutions. Instead, such Investment Entities are treated as Passive NFE’s.)

“Resident for tax purposes”

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine whether an entity is tax resident in the jurisdiction on the following website:

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>.

Generally, an Entity will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. For additional information on tax residence, please talk to your tax adviser or see the following link: <http://www.oecd.org/tax/automatic-exchange>.

“Specified Insurance Company”

The term “Specified Insurance Company” means any Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

“TIN” (including “functional equivalent”)

The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers>.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for Entities, a Business/company registration code/number.

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