

Eclipse Prudent Mortgage Fund Application Form

This Application Form accompanies the Product Disclosure Statement dated 6 October 2017 (**PDS**) issued by Eclipse Prudent Mortgage Corporation Limited (**Eclipse**) as Responsible Entity of the Eclipse Prudent Mortgage Fund ARSN 090 994 326 (**Fund**).

The PDS contains important information about the Fund and an investment in it. It is important that you read the PDS in full and the declarations and acknowledgements contained in Part 8 of this Application Form before applying for membership of the Fund.

A person who gives to another person access to this Application Form must at the same time and by the same means give the other person access to the PDS.

Eclipse (or the financial adviser who has provided this form to you) will send a paper copy of the PDS (together with any supplementary product disclosure statements) to you on request and without charge.

Unless the context requires otherwise, all capitalised words in this Application Form have the meaning given to them in the PDS.

Application for membership of the Fund is only considered on receipt of:

- This Application Form, fully completed;
- Verification of the Applicant's identity and any beneficial owner's identity; and
- Payment in full in cleared funds.

If you are an existing Member and wish to make an additional investment, please complete an Additional Investment Application Form which is available from Eclipse.

To invest in a particular Mortgage Investment, please use the form that accompanies the relevant Syndicate PDS.

If investing via a financial adviser

Please ensure both you and your financial adviser also complete 'Part 9: Financial Adviser Details and Customer Identification Declaration'. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and has agreed to make it available upon request, under Part 9 of this Application Form.

Please mark one box below and complete the relevant parts of the Application Form.

INVESTOR TYPE	COMPLETE
<input type="checkbox"/> Individual/ Joint Investors/ Sole Trader	Parts 1, 2, 5, 6, 7, 8 and 9
<input type="checkbox"/> Company	Parts 1, 3, 5, 6, 7, 8 and 9
<input type="checkbox"/> Trust/ Superannuation Fund with Individual Trustee	Parts 1, 2, 4, 5, 6, 7, 8 and 9
<input type="checkbox"/> Trust/ Superannuation Fund with Corporate Trustee	Parts 1, 3, 4, 5, 6, 7, 8 and 9

Post

Please mail the completed Application Form and all supporting documentation to:

Eclipse Prudent Mortgage Corporation Limited
PO Box R1297
ROYAL EXCHANGE NSW 1225

Questions?

If you have questions relating to this Application Form, please contact Eclipse on +61 2 9954 2211 between the hours of 8:30am to 5:00pm Monday to Friday AEST (excluding public holidays).

1. INVESTMENT DETAILS

I/We apply to invest in the Eclipse Prudent Mortgage Fund.

1.1 Investment preferences

Confirm your investment preferences below to ensure we have the correct information to assist with the allocation of Mortgage Investments.

Maximum allocation per Mortgage Investment (\$) or (%)

Loan to valuation ratio (mark box against one or more categories)

0% to 50% 51% to 60% 61% to 65% Other (specify):

Loan term (months) (mark box against one or more categories)

1 to 12 months 13 to 24 months 25 to 36 months

Location (mark box against one or more categories)

NSW ACT VIC QLD CBD Metropolitan Regional Rural

Other (specify):

Loan type (mark box against one or more categories)

<input type="checkbox"/> Construction loan	<input type="checkbox"/> Investment loan	<input type="checkbox"/> Unimproved Land (site loans)
<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
<input type="checkbox"/> Mixed use	<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
<input type="checkbox"/> Retail	<input type="checkbox"/> Rural	<input type="checkbox"/> Rural
<input type="checkbox"/> Office	<input type="checkbox"/> Vacant land	

1.2 What is the purpose of this investment? (mark box which best describes)

Savings Retirement Growth Business account Income

Other (specify):

1.3 Payment method (mark the box beside your chosen payment method and complete the required details)

Cheque Made payable to: Eclipse Prudent Mortgage Corporation Limited - account [insert name of investor]

Amount: AUD \$

Electronic Funds Transfer or Direct Deposit

Bank: Commonwealth Bank Australia
 Account Name: Eclipse Prudent Mortgage Corporation Limited
 BSB: 062-217
 Account Number: 1028 5206
 Reference: Investor surname/company or trust name (as applicable)

Amount: AUD \$

Date of transfer (dd/mm/yyyy): / / Reference used:

Minimum initial investment is \$10,000. Minimum additional investment is \$5,000.

1.4 Source of investment funds

Please identify the source of your investable assets or wealth: (mark box which best describes)

- Gainful employment
 Superannuation savings
 Inheritance / gift
 Financial investments
 Business activities
 Other (specify):

2. INDIVIDUAL / JOINT INVESTORS / SOLE TRADER / INDIVIDUAL TRUSTEE

Complete this Part if you are investing in your own name, as joint investors, as a sole trader or as an individual trustee.

2.1 Investor details

Investor 1

Title:	Date of birth (dd/mm/yyyy):		
Given names:	Surname:		
Tax File Number or Exemption Code:	Country of residence for tax purposes (if not Australia):		
Residential address (not a PO Box):	Suburb:	Postcode:	Country:
Mobile number:	Telephone number:		

Email: (You are required to provide an email address to enable Eclipse to implement the communications policy in section 7.12 of the PDS. If you do not have one, please contact Eclipse on +61 2 9954 2211 before submitting your application.)

Investor 2

Title:	Date of birth (dd/mm/yyyy):		
Given names:	Surname:		
Tax File Number or Exemption Code:	Country of residence for tax purposes (if not Australia):		
Residential address (not a PO Box):	Suburb:	Postcode:	Country:
Mobile number:	Telephone number:		

Email: (You are required to provide an email address to enable Eclipse to implement the communications policy in section 7.12 of the PDS. If you do not have one, please contact Eclipse on +61 2 9954 2211 before submitting your application.)

If there are more than two individuals please provide details and attach to this Application Form.

Politically Exposed Person (PEP)

Is any investor a PEP? Please refer to section 7.16 of the PDS if you are unsure who is a PEP.

- Yes. Please provide description of PEP position:
 No

Additional information for sole traders (only applicable if applying as a sole trader)

Full business name (if any):		Australian Business Number (if obtained):			
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Address of principal place of business (not a PO Box):		Suburb:	Postcode:	Country:	
If same as residential address given above, mark 'as above'					

2.2 Identification documents

To comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (**AML/CTF**), Eclipse must collect certain information from prospective individual investors supported by **ORIGINAL CERTIFIED COPIES** of relevant identification documents for all investors.

Please refer to section 12.7 of the PDS for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

For each investor, enclose an ORIGINAL CERTIFIED COPY of one of the following current documents:

Drivers Licence that contains a photograph of the licence/ permit holder;

OR

Passport that contains a photograph and signature of the passport holder.

3. COMPANY / CORPORATE TRUSTEE

Complete this Part if you are investing for, or on behalf of, a company or a corporate trustee.

3.1 Company details

Full name of company:			
Country of formation, incorporation or registration:		Country of residence for tax purposes (if not Australia):	
ACN/ ABN (if registered in Australia):		ARBN (if registered with ASIC):	
Tax File Number or Exemption Code (Australian residents):		AFS Licence Number (if applicable):	
Name of regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator):			
Names of two directors and dates of birth:			
Director 1 full name:		Date of birth (dd/mm/yyyy): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Director 2 full name:		Date of birth (dd/mm/yyyy): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Registered business address in Australia or in country of formation:			
Street number and name:		Suburb:	Postcode: Country:
Principal place of business (not a PO Box address):			
Street number and name:		Suburb:	Postcode: Country:

If an Australian company, registration status with ASIC:

Proprietary company Public company

If a foreign company, registration status with the relevant foreign registration body:

Private/proprietary company Public company Other (*specify*):

Name of relevant foreign registration body:

Foreign Company Identification Number:

Is the company listed?

No Yes. Name of market / stock exchange:

Is the company a majority-owned subsidiary of an Australian listed company?

No Yes. Name of Australian listed company:

Name of market / stock exchange:

If the company is **registered as a proprietary company by ASIC or a foreign private company which is regulated by a Government entity in the relevant country**, please list the name of each director of the company.

Director 1 full name:

Director 4 full name:

Director 2 full name:

Director 5 full name:

Director 3 full name:

Director 6 full name:

If there are more than six directors please provide their full names on a separate page and attach to this Application Form.

If the company is an **Australian proprietary company or a foreign private company which is NOT regulated by a Government entity in the relevant country**, please provide details below for each beneficial owner. ‘Beneficial owner’ means an individual who ultimately owns or controls, directly or indirectly, the Applicant. ‘Control’ includes control as a result of, or by means of, a trust, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies. ‘Owns’ means ownership, either directly or indirectly, of 25% or more of the company’s issued share capital.

Beneficial Owner 1

Full name:

Date of birth (dd/mm/yyyy): / /

Residential address (not a PO Box):

Suburb:

Postcode:

Country:

Beneficial Owner 2

Full name:

Date of birth (dd/mm/yyyy): / /

Residential address (not a PO Box):

Suburb:

Postcode:

Country:

Beneficial Owner 3

Full name:

Date of birth (dd/mm/yyyy): / /

Residential address (not a PO Box):

Suburb:

Postcode:

Country:

Politically Exposed Person (PEP)

Is any investor a PEP? Please refer to section 7.16 of the PDS if you are unsure who is a 'PEP'.

Yes. Please provide description of PEP position:

No

3.2 Contact person details

Given names:

Surname:

Postal address:

Suburb:

Postcode:

Country:

Mobile number:

Telephone number:

Email: (You are required to provide an email address to enable Eclipse to implement the communications policy in section 7.12 of the PDS. If you do not have one, please contact Eclipse on +61 2 9954 2211 before submitting your application.)

3.3 Identification documents

To comply with **AML/CTF** legislation, we must collect certain identification documents from prospective investors and their beneficial owners supported by **ORIGINAL CERTIFIED COPIES** of relevant identification documents for all investors and their beneficial owners.

Please refer to section 12.7 of the PDS for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Provide an ORIGINAL CERTIFIED COPY of one of the following documents

A certificate of registration or incorporation issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public);

OR

The most recent Company Statement issued by ASIC;

AND

Provide an ORIGINAL CERTIFIED COPY of a photographic identification document for each Officeholder who has signed the Application Form and beneficial owners identified in Part 3.1

Drivers Licence that contains a photograph of the licence/ permit holder;

OR

Passport that contains a photograph and signature of the passport holder.

4. TRUST / SUPERANNUATION FUND

Complete this Part if you are investing for, or on behalf of, a trust or a superannuation fund.

4.1 Trust fund details

Full name of trust/superannuation fund:

Country of establishment: Country of residence for tax purposes:

Tax File Number or Exemption Code: Australian Business Number (if any):

Type of Trust

Mark one box from the list below to indicate the type of trust and provide the required information:

Type A:

Regulated trust (e.g. self-managed superannuation fund)
 Name of regulator (e.g. ASIC, APRA, ATO): Registration/ licencing details:

Type B:

Government superannuation fund
 Name of legislation establishing the fund:

Type C:

Foreign superannuation fund
 Name of regulator: Registration/ licencing details:

Type D:

Other type of trust/unregulated trust
 Trust description (e.g. family, unit, charitable):
 The material assets contribution to the trust by the settlor at the time the trust was established was less than \$10,000.
 The settlor of the trust is deceased.
 If neither of the above is correct:
 Provide the full names of the settlor of the trust:

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

Yes. Describe the class of beneficiaries (e.g. unit holders, family members of named person, charitable purpose):
 No. Provide the full names of all company and individual beneficiaries below:

Beneficiary 1

Full name: _____ Date of birth (dd/mm/yyyy): / /

Residential address (not a PO Box): _____ Suburb: _____ Postcode: _____ Country: _____

Beneficiary 2

Full name: _____ Date of birth (dd/mm/yyyy): / /

Residential address (not a PO Box): _____ Suburb: _____ Postcode: _____ Country: _____

Beneficiary 3

Full name: _____ Date of birth (dd/mm/yyyy): / /

Residential address (not a PO Box): _____ Suburb: _____ Postcode: _____ Country: _____

If there are more than three beneficiaries please provide their details on a separate page and attach to this Application Form.

Politically Exposed Person (PEP)

Is any investor a PEP? Please refer to section 7.16 of the PDS if you are unsure who is a PEP.

- Yes. Please provide description of PEP position: _____
- No _____

4.2 Trustee details

If a trustee is an individual, please complete Part 2. If a trustee is a company, please complete Part 3.

4.3 Identification documents

To comply with **AML/CTF** legislation, we must collect certain information from prospective investors and their beneficiaries supported by **ORIGINAL CERTIFIED COPIES** of relevant identification documents for all investors and their beneficiaries.

Please refer to section 12.7 of the PDS for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Superannuation Funds/ Trusts

Provide an **ORIGINAL CERTIFIED COPY** of one of the following documents:

- Certified copy or certified extract of the Trust Deed containing the cover page, recitals and signature page
- OR
- Reliable and independent documents relating to the Trust.

AND relevant identification documents for the trustee as specified in Part 2 or 3 (as applicable).

5. AUTOMATIC EXCHANGE OF INFORMATION COMPLIANCE

Please refer to section 7.17 of the PDS Automatic Exchange of Information Compliance for further information to complete this Part.

5.1 Individuals – FATCA

Are you a United States (US) citizen or resident for tax purposes?

- Yes. If yes, provide your US Taxpayer Identification Number (TIN) and continue to Part 5.2:
- No. **Go to Part 5.2**

5.2 Individuals – CRS

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

- Yes. Please complete the table(s) below.

Person 1

Country of tax residence:	Tax Identification Number (TIN) or equivalent:	Reason Code if no TIN provided:
1.		
2.		

Person 2

Country of tax residence:	Tax Identification Number (TIN) or equivalent:	Reason Code if no TIN provided:
1.		
2.		

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

- Reason A: The country/jurisdiction where the entity is resident does not issue TINs.
- Reason B: The entity is not able to obtain a TIN or equivalent. If this reason is selected, please also explain why.
- Reason C: No TIN is required.

- No. **Go to Part 6**

5.3 US entities – FATCA

Is the entity (a trust, company or partnership) a US person as defined under FATCA and the U.S. Internal Revenue Code?

Provide U.S. Federal Tax classification:

Provide the US Taxpayer Identification Number (TIN):

Confirm whether the entity is an exempt payee for US tax purposes? Yes No

Go to Part 5.6

5.4 Non-US entities – FATCA

- Regulated superannuation fund** (self-managed superannuation fund, APRA regulated superannuation fund, government superannuation fund or pooled superannuation trust) – **Go to Part 5.6**
- Government entity – Go to Part 5.6**
- Financial institution or trust with a trustee that is a financial institution**

Provide the Global Intermediary Identification Number (**GIIN**), if applicable:

If no GIIN is available, provide FATCA status:

Go to Part 5.6

Passive Non-Financial Entity – Go to Part 5.5

Active Non-Financial Entity – Go to Part 5.6

5.5 Controlling US persons – FATCA

Are any of the partners, trust beneficiaries, trustees, beneficial owners of corporate trustees, settlors or beneficial owners US citizens or residents of the US for tax purposes? See Part 3.1 for the meaning of 'beneficial owner'.

Yes. Please complete the table(s) below.

US Person 1

Given names: _____ Surname: _____

US TIN: _____

Residential address (not a PO Box): _____ Suburb: _____ Postcode: _____ Country: _____

US Person 2

Given names: _____ Surname: _____

US TIN: _____

Residential address (not a PO Box): _____ Suburb: _____ Postcode: _____ Country: _____

If there are more than two individuals please provide their details on a separate page and attach to this Application Form.

No. **Go to Part 5.6**

5.6 Entities – CRS

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

Yes. Please complete the table(s) below and continue to Part 5.7.

Person 1

Country of tax residence: _____ Tax Identification Number (TIN) or equivalent: _____ Reason Code if no TIN provided: _____

1. _____

2. _____

Person 2

Country of tax residence: _____ Tax Identification Number (TIN) or equivalent: _____ Reason Code if no TIN provided: _____

1. _____

2. _____

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

- Reason A: The country/jurisdiction where the entity is resident does not issue TINs
- Reason B: The entity is not able to obtain a TIN or equivalent. If this reason is selected, please also explain why
- Reason C: No TIN is required

If there are more than two individuals please provide details and attach to this Application Form.

No. **Go to Part 6**

5.7 Entity status – CRS

- Investment Entity** (located in a CRS non-participating jurisdiction and managed by another Financial Institution) – **Go to Part 5.8**
- Financial Institution** (other than an Investment Entity) – **Go to Part 6**
- Government entity or International Organisation** – **Go to Part 6**
- Active Non-Financial Entity** – **Go to Part 6**
- Passive Non-Financial Entity** – **Go to Part 5.8**

5.8 Controlling persons – CRS

Is there any person(s) who controls the entity (for corporations, this include directors or beneficial owners who ultimately own 25% or more of the share capital), trustee, protector, beneficiary or settlor that is a tax resident of any country outside of Australia?

Yes. Please complete the table(s) below.

Name:	Date of birth:	Residential address:	Country of tax residence:	Tax Identification Number (TIN) or Equivalent:	Reason Code if no TIN provided:
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1.

2.

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

- Reason A: The country/jurisdiction where the entity is resident does not issue TIN
- Reason B: The entity is not able to obtain a TIN or equivalent. If this reason is selected, please also explain why
- Reason C: No TIN is required

If there are more than two individuals please provide details and attach to this Application Form.

No. **Go to Part 6**

6. INSTRUCTIONS – PAYMENT AND OPERATING AUTHORITY DETAILS**6.1 Payment instructions – distribution and repayments**

Please provide account details with an Australian financial institution for the credit of distributions and repayments. By providing your nominated account details in this Part you authorise Eclipse to use these details for all future transaction requests that you make until written notice is provided otherwise.

 Bank/institution:

 Branch:

 Account name:

BSB:

 Account number:

The name of your nominated bank account must be the same as the Applicant's name. There may be periods in which no distribution is payable or we may make interim distributions.

We do not guarantee any particular level of distribution.

6.2 Operating authority

When giving instructions to us about your investment please indicate who has authority to operate your account:

Individual/joint accounts (if no box is marked we will assume all to sign)

Any to sign Both to sign Other

Company, trust or superannuation fund accounts (if no box is marked all future written instructions must be signed by two directors/trustees, director and secretary, or the sole director)

Any to sign Any two to sign All to sign Other

7. PRIVACY

Please mark the box if you wish to receive information from Eclipse as to future investment products or services that may be of interest to you.

I/we wish to receive information regarding future investment products or services.

You may change your election at any time by contacting Eclipse.

8. INVESTOR DECLARATION AND SIGNATURES

When you complete this Application Form you make the following declarations:

- I/we have read and understood the PDS to which this Application Form applies, including any supplemental information;
- I/we have received the PDS personally, from the internet or other electronic means or a print out of it, accompanied by the Application Form before signing the form;
- I/we have received and accepted the offer to invest in Australia;
- The information provided in, or in support of, my/our Application Form is true, correct and complete in all respects;
- I/we agree to be bound by the provisions of the Constitution governing the Fund and the terms and conditions of the PDS, each as amended from time to time;
- I/we acknowledge that none of Eclipse, its related entities, directors or officers has guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to investment risk, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of Eclipse or any of its related bodies corporate or associates;
- I/we acknowledge Eclipse reserves the right to reject any application or scale back an application in its absolute discretion;
- If applicable, after assessing any of my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund;
- If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form);
- I am/we are over 18 years of age and I/we are eligible to hold an investment in the Fund and in any Mortgage Investment;
- I/we have all requisite power and authority to execute and perform the obligations under the PDS and this Application Form;
- If investing as a trustee on behalf of a superannuation fund or trust I/we are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that the funds are complying funds under the *Superannuation Industry (Supervision) Act*;
- The method of the payment to me/us of any return on my/our investment in a Mortgage Investment will be in accordance with my/our instructions given in the Application Form accompanying the PDS and the relevant Syndicate PDS and that unless I/we otherwise direct, no separate written confirmation of the transactions comprised of those payments need be made;
- I/we acknowledge that Application Monies will be held in a Application Monies Account until invested in the Fund or returned to me/us;
- I/we have read the information on privacy and personal information contained in the PDS and consent to my/our personal information being used and disclosed as set out in the PDS;
- I/we agree that the collection, use and disclosure of my/our personal information provided in the Application Form as set out in Eclipse's privacy policy when I/we make an investment or additional investment in the Fund;
- I/we understand that the *Privacy Act 1998* (Cth) allows me/us to access and/or correct information held by Eclipse or its service providers;
- I/we understand that some of the recipients to whom my/our personal information may be disclosed may be based overseas. Such overseas recipients may not be bound by the *Privacy Act 1988* (Cth) or similar privacy obligations. I/We acknowledge that by consenting to the disclosure of my/our personal information to overseas recipients, Australian Privacy Principle 8.1 will not apply to the disclosure. This means that Eclipse will not be required to take reasonable steps in the circumstances to ensure that the overseas recipient does not breach the Australian Privacy Principles in relation that personal information and as a result Eclipse will not be liable under the *Privacy Act 1988* (Cth) if the recipient does not act consistently with the Australian Privacy Principles. The overseas recipient may be subject to a foreign law that could compel the disclosure of my/our personal information to a third party, such as an overseas authority. By signing this Application Form, I/we consent to disclosures to overseas recipients;
- I/we acknowledge that Eclipse may deliver and make reports, statements and other communications available in electronic form, such as email or by posting on a website;
- I/we agree that if I/we have provided an email address, I/we consent to receive ongoing communications, including PDS, Syndicate PDS, confirmations of transactions and requests and additional information addressed to me/us via email;
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States for taxation purposes (**US Person**);

- I/we will promptly notify Eclipse of any change to the information I/we have previously provided to Eclipse, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us who is a US Person;
- I/we consent to Eclipse disclosing any information it has in compliance with its obligations under the U.S. *Foreign Account Tax Compliance Act (FATCA)* and the *OECD Common Reporting Standard for Automatic Exchange of Financial Account Information in Tax Matters (CRS)* and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, which may in turn report that information to the relevant tax authorities as required;
- I/we acknowledge that the collection of my/our personal information may be required by the *Financial Transaction Reports Act 1988*, the *Corporations Act 2001 (Cth)*, the *Income Tax Assessment Act 1936 (Cth)*, the *Income Tax Assessment Act 1997 (Cth)*, the *Taxation Administration Act 1953 (Cth)*, the FATCA and CRS (which for these purposes includes any related Australian law and guidance) and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, Eclipse may not allow me/us to invest in the Fund;
- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (**AML/CTF**);
- I/we will provide Eclipse with all additional information and assistance that Eclipse may request in order for Eclipse to comply with any AML/CTF, FATCA and CRS;
- I/we acknowledge that Eclipse may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if Eclipse is concerned that the request or transaction may breach any obligation of, or cause Eclipse to commit or participate in an offence, including under any AML/CTF, FATCA and CRS; and
- I/we acknowledge that Eclipse may disclose to any other service provider to the Fund, to any regulatory body in any applicable jurisdiction to which Eclipse is or may be subject, copies of the Application Form and identity documents and any information concerning the Applicant in their respective possession.

Signature 1*:

Signature 2*:

Full name:

Full name:

Date:

Date:

Capacity (mandatory if a company) (mark box):

Capacity (mandatory if a company) (mark box):

- Sole Director/ Secretary
- Director
- Secretary

- Sole Director/ Secretary
- Director
- Secretary

Company seal (if applicable):

* Joint applicants must both sign; company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Part 3.1; or for trust/superannuation fund applications each individual trustee must sign.

9. FINANCIAL ADVISER DETAILS AND CUSTOMER IDENTIFICATION DECLARATION

Customer Identification Declaration (financial adviser to complete)

I confirm that I have completed an appropriate Customer Identification Procedure (**CIP**) on this investor and/or the beneficial owners which meets the requirements of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (**AML/CTF**).

Please select the relevant option below:

- I have attached the verification documents that were used to perform the CIP for this investor and/or the beneficial owners;
-
- OR
-
- I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide Eclipse or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to Eclipse.

I agree to provide Eclipse or its agents with any other information that they may require to support this application.

Financial adviser name (if a new adviser, please attach a copy of your employment/ representative authority):

Business name:	Adviser number (if applicable):		
Street address:	Suburb:	Postcode:	Country:
Postal address:	Suburb:	Postcode:	Country:
Office phone number:	Mobile phone number:		
Fax number:	Email:		

Dealer details

Dealer name:	Dealer number (if applicable):		
Contact person:			
AFSL Number:	Australian Business Number:		
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Postal address:	Suburb:	Postcode:	Country:
Office phone number:	Mobile phone number:		
Email:			
Dealer stamp:	Signature of Financial adviser:		

Date: _____

Financial adviser to access investor information (Applicant to complete)

Please mark the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

Please provide access to information and send copies of all transaction confirmations to my/our financial adviser.

You may change your election at any time by contacting Eclipse.