

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

Investment Accounts are able to be opened by the following:

- 1. Online:** To register and open an online account, please go to www.latrobedirect.com
- 2. Calling our team:** Our Investor Team are available to help you open an account. Phone 1800 818 818. Individuals can open an account over the phone
- 3. Completing this form**

Please note that by completing this application, investors must supply either information to complete electronic identification or certified copy of identification will need to be provided for all individuals identified in Section A and B and attached to this application.

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

SECTION A – INDIVIDUAL INVESTOR DETAILS (All Investors)

Please note details of Company directors, Trustees and Partners required below if completing on behalf of corporation/organisation as per Section B.

Applicant 1

Existing Investor Number

Investor type: Individual Joint Company Director
 Agent Trustee Partner Parent/Guardian

Title _____

Surname _____

Given name(s) _____

Other names known by _____

Date of birth _____

Country of citizenship/s _____

Tax File Number or Exemption Reason _____

Tax Residence Country*

- Tax Resident in Australia Only
 Tax Resident of another country outside of Australia (or a US Citizen)
If you check this box, please also complete the FATCA and CRS Details form available at www.latrobedfinancial.com.au and submit with your Application Form.

**Do not complete when filling out this Section A for company directors, trustees and partners if completing on behalf of a corporation/organisation.*

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

Applicant 2

Existing Investor Number

Investor type: Individual Joint Company Director
 Agent Trustee Partner Parent/Guardian

Title _____

Surname _____

Given name(s) _____

Other names known by _____

Date of birth _____

Country of citizenship/s _____

Tax File Number or Exemption Reason _____

Tax Residence Country*

- Tax Resident in Australia Only
 Tax Resident of another country outside of Australia (or a US Citizen)
If you check this box, please also complete the FATCA and CRS Details form available at www.latrobedfinancial.com.au and submit with your Application Form.

**Do not complete when filling out this Section A for company directors, trustees and partners if completing on behalf of a corporation/organisation.*

ADDRESS & CONTACT DETAILS

Residential street address _____

City, State, Province & Postcode _____

Country (if not Australia) _____

PO Box or postal address (if different to residential address) _____

Phone (business) _____

Mobile _____

Email _____

Residential street address _____

Same as Applicant 1

City, State, Province & Postcode _____

Country (if not Australia) _____

PO Box or postal address (if different to residential address) _____

Phone (business) _____

Mobile _____

Email _____

SECTION B – ORGANISATION/TRUST DETAILS/SMSF/ASSOCIATIONS

Note: Section A is required to be completed for Individual Trustees.

If you are investing in the name of a company, trust, partnership or other entity, please complete the following:

Entity type: Company Trust SMSF Partnership
 Sole Trader Association Custodian Other

Full name of Entity

Trustee Name (if applicable)

Type of Trust (if applicable)

Settlor of Trust (if applicable)

ACN/ARBN

ABN

Tax File Number or Exemption Reason

Tax Residence Country

Please select the most appropriate box from the below:

- Australian superannuation fund (i.e. a superannuation entity or public sector superannuation scheme (including an exempt public sector superannuation scheme or self-managed superannuation fund); or
- Australian "Financial Institution" for FATCA and CRS purposes; or
- Listed public company the stock of which is regularly traded on an established securities market; or
- Tax Resident in Australia only, Non Financial Institution whose:
- earnings from 'Investment income (including property)' was < 50% of the Entity's revenues in the preceding reporting period; and
 - assets that generate such income were < 50% of the Entity's assets in that period, (i.e Active NFFE/NFE for FATCA/CRS purposes); or
- None of the above*

*Please complete the FATCA and CRS Details form available at www.latrobefinancial.com.au and submit with your Application Form.

Country of incorporation, formation or registration and name of relevant registered body (if applicable)

Registration or Identification Number

Type of Government body, level of Government and Jurisdiction (Government bodies only)

OWNERSHIP/DIRECTORS (Please Note: Section A is required to be completed for all individuals below)

Directors, any individuals/beneficiaries that have 25% or more ownership of the company, trust or partnership, and any individual who purports to act on behalf of the customer (Agent).

Individual 1 name

Individual 2 name

Individual 3 name

Individual 4 name

Certified copies of Trust Deeds (and any variations thereto) MUST be supplied with the Application.

Certified copy of authority for Agent to act on behalf of the entity MUST be supplied.

ADDRESS DETAILS

Registered Office

Street address

City, State, Province & Postcode

Country (if not Australia)

Principal Place of Business

Same as Registered Office

Street address

City, State, Province & Postcode

Country (if not Australia)

ASSOCIATIONS

Full name and address of the chairman, secretary and treasurer (or equivalent of these positions)

Chairman

Address

Secretary

Address

Treasurer

Address

Other

Address

SECTION C – ACCOUNT AUTHORITIES (Optional)

Authorisation for account changes and redemptions

One signatory All signatories Other (please specify)

SECTION D – INVESTMENT DETAILS (Required)

Investment Account	Investment Amount	Investment Method	Regular Access Cycle
Classic Notice Account	\$ _____	<input type="checkbox"/> Direct Debit (Please complete Section L)	<input type="checkbox"/> Monthly*
90 Day Notice Account	\$ _____		<input type="checkbox"/> Quarterly*
6 Month Notice Account	\$ _____	<input type="checkbox"/> BPAY	<input type="checkbox"/> ^Half Yearly
12 Month Term Account**^	\$ _____	<input type="checkbox"/> EFT	<input type="checkbox"/> ^Yearly
2 Year Account^	\$ _____	<input type="checkbox"/> Cheque	Note: Regular Access Cycle only available post investment maturity on Investment Accounts noted with a ^ or *
4 Year Account^	\$ _____	<input type="checkbox"/> Other (Please specify)	
Total Investment	\$ _____		

SECTION E – NOMINATED BANK ACCOUNT (Required)**Bank Account details – must be in the name of the Investor Account**

Account name _____

BSB _____ Account number _____

Bank/Branch _____

SECTION F – INCOME PAYMENT DETAILS (Required)

Reinvest to Classic Notice Account Reinvest to 90 Day Notice Account Reinvest to 6 Month Notice Account

Reinvest to 12 Month Term Account Reinvest to 2 Year Account Credit to nominated bank account (Default if not specified)

SECTION G – FINANCIAL ADVISER RELATIONSHIPS (Advisers only)**Adviser details**

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

La Trobe Financial Adviser Number _____ Name _____

Company _____ Dealer group _____

Contact name _____ Contact phone _____

Email _____

Identity verification declaration

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

Signature of Financial Adviser _____ Date _____

SECTION H – PAYMENTS TO YOUR INVESTMENT ADVISER/REFERRER (Optional)

This section is optional and you may revoke our appointment as your agent at any time by giving us notice in writing.

Upfront payment: \$ _____ (Paid upon initial investment from your investment amount).

Ongoing payments: _____ % p.a. Please refer to page 66 for further explanation.

I/We appoint La Trobe Financial as my/our agent for the sole purpose of paying certain amounts to my/our financial adviser or referrer (as identified below) on my/our behalf. I/We direct La Trobe Financial to pay the amounts as calculated above to my financial adviser or referrer.

Signature of Investor _____ Signature of Investor _____

Date _____ Date _____

I confirm that I have clearly disclosed and explained the amount of the payments described above and that the client has understood the payment arrangements.

Name of financial adviser or referrer _____

Signature of financial adviser or referrer _____ Date _____

SECTION I – APPOINTING SOMEONE TO BE YOUR INVESTOR REPRESENTATIVE (Optional)**TO BE COMPLETED BY INVESTOR(S)**

You may appoint someone to represent you in dealing with your investments with La Trobe Financial. If you would like to do this, please complete the following steps:

A. Name and Signature of Investor Representative

Full name _____ Signature _____

B. Level of authority

There are three types of authority that you can provide to your Investor Representative. Please select your preferred level of authority.

- Enquiry Only:** I/we authorise you as our Investor Representative to make enquiries and receive information from La Trobe Financial in relation to but not to transact on this account.
- Full Transaction Authority:** I/we authorise you as my/our Investor Representative to transact on this account as if you were the legal and beneficial owner of the account, including making further investments, transfers or withdrawals to/from the account.
- Power of Attorney:** I/we authorise you as my/our Power of Attorney to transact on this account as if you were the legal and beneficial owner of the account, including making further investments, transfers or withdrawals to/from the account.

We require a certified copy of the Power of Attorney documentation along with Certified ID/Electronic Verification for the individual acting as the Power of Attorney.

Note: Bank Account amendments will require verbal confirmation from investment account holder(s)/Power of Attorney in all instances.

C. Declaration and acknowledgement

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

Signature of Investor _____

Signature of Investor _____

Date _____

Date _____

SECTION J – VERIFYING YOUR IDENTITY (Required)

Commonwealth legislation requires La Trobe Financial to collect and verify information about your identity before providing services to you. Please tick your preferred option for us to verify your identity:

- 1. Online verification (Australian ID documents only):** To complete electronic identity verification you will be required to provide the following information: Driver's Licence/Australian Passport details. By ticking this box you confirm that you are authorised to provide the personal information presented (including name, residential address, date of birth and Driver's Licence/Passport number) and consent to that information being disclosed to a Credit Reporting Body, the document issuer or official record holder including via third party systems for the purpose of confirming and verifying my/our identity. You agree that La Trobe Financial may keep full and proper records of all such disclosures, confirmations and consents as necessary or required to comply with its obligations under law;

OR

- 2. Certified copy of identification:** Certified copy of identification for each Applicant (Section A) or individual (Section B) MUST be attached to the application if this method is selected. Refer to Section 14 for further details.

APPLICANTS

Individual 1 Australian Driver's Licence no. _____
 Card no. (if applicable) _____
 State _____ Expiry date _____
 Australian Passport no. _____
or Certified copy of identity documents

Individual 2 Australian Driver's Licence no. _____
 Card no. (if applicable) _____
 State _____ Expiry date _____
 Australian Passport no. _____
or Certified copy of identity documents

Individual 3 Australian Driver's Licence no. _____
 Card no. (if applicable) _____
 State _____ Expiry date _____
 Australian Passport no. _____
or Certified copy of identity documents

Individual 4 Australian Driver's Licence no. _____
 Card no. (if applicable) _____
 State _____ Expiry date _____
 Australian Passport no. _____
or Certified copy of identity documents

Investment Accounts are unable to be opened until the verification of identity process has been completed.

Further information on the identification requirements, including alternative forms of identification, can be found on page 76 of the PDS. Please refer to page 76 of the PDS to understand how La Trobe Financial will identify each investor, including to whom La Trobe Financial may disclose your personal information (such as your name, date of birth and address).

Please note that by signing this Application Form, you will be consenting to La Trobe Financial collecting information about you for the purposes of verifying you. This may include sending your information to credit reporting agencies for the purpose of verification.

SECTION K – DECLARATION AND SIGNATURE (Required)

1. I/We hereby apply for registration in the La Trobe Australian Credit Fund (**the Fund**).
2. I/We declare that I/we have received a paper or electronic copy of the PDS dated 21 December 2023 and read this PDS in full before completing this Application Form and the details in the Application Form are true and correct.
3. Where I/we make a request for an early withdrawal of my/our investment and such request is approved by La Trobe Financial, I/we agree to pay the Early Withdrawal Fee as set out in this PDS and any subsequent Supplementary PDS that I/we execute to La Trobe Financial and agree that La Trobe Financial may deduct the fee from my/our withdrawal proceeds.
4. I/We agree to be bound by the provisions of the replacement Fund Constitution dated 11 October 2023 as amended from time to time, a copy of which is available for my/our inspection and acknowledge the terms of La Trobe Financial's privacy policy available at www.latrobefinancial.com.au.
5. I/We authorise the disclosure to my/our Financial Adviser, Authorised Representative or Referrer and/or other service provider of any information in relation to this application or my/our investment (**personal information**) and I/we consent to the payment of fees to the Financial Adviser, Authorised Representative or Referrer as set out in this PDS or subsequent disclosure.
6. I/We hereby consent to La Trobe Financial investing any funds I/we have invested in the 4 Year Account into another Investment Account of the Fund should it need to manage the liquidity of that Investment Account.
7. I/We understand and agree that La Trobe Financial may disclose information about me/us to courts, tribunals or as required by law, including to verify my/our identity as necessary for La Trobe Financial to comply with its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act.
8. I/We will provide all additional information, documentation and assistance that La Trobe Financial may request in order for La Trobe Financial and/or the Fund to comply with its obligations under the intergovernmental agreement (IGA) entered into between the Australian and U.S. Governments in relation to the U.S. Foreign Account Tax Compliance Act (FATCA) on 28 April 2014, Subdivisions 396-A (FATCA) and 396-C (Common Reporting Standard) of Schedule 1 to the Taxation Administration Act 1953 (Cth) or any amendment or replacement of those provisions.
9. I/We will promptly provide an updated application within 30 days and notify La Trobe Financial if a change in my/our circumstances means that any of the information or documentation provided for FATCA or CRS purposes (including without limitation tax residence details) is no longer correct.
10. I/We acknowledge that by completing this application, including the FATCA and CRS Details form, I/We am/are providing a self-certification in accordance with FATCA and the CRS.
11. I/We understand that La Trobe Financial may use my/our personal information for marketing to me/us products and services offered by it and organisations with which it is affiliated or which it represents. I/We have the right not to receive marketing material by contacting La Trobe Financial.
12. I/We understand and agree that La Trobe Financial may provide personal information to an external organisation that provides information technology services.
13. I/We hereby irrevocably appoint La Trobe Financial, and any Director, agent, attorney or substitute nominated by it and the Investment Manager to be my/our attorney for the purpose of performing its duties under the Fund's Constitution in relation to any investment which I/we make.
14. I/We hereby acknowledge that neither La Trobe Financial nor its Authorised Representatives has provided me/us with any financial product advice, made any representation or given any guarantee as to the Fund performance, the maintenance of capital or any particular rate of Investor return.
15. I/We acknowledge and agree to the instructions and email provisions contained in this PDS.
16. If signed under a power of attorney, I/we declare that I/we have no knowledge of the revocation of that power of attorney.
17. If applying as a custodian, I/We declare that I am/we are acting in the capacity as a trustee, am/are licensed to provide custodial services and are providing the same in the ordinary course of carrying on a business providing such custodial services, and have carried out all requisite customer identification procedures and ongoing customer due diligence in relation to the customers to whom I/we are providing custodial services.

Signature of Investor

Date _____

Name _____

Capacity to execute:

- Applicant Director
 Power of Attorney Trustee

Signature of Investor

Date _____

Name _____

Capacity to execute:

- Applicant Director
 Power of Attorney Trustee

Please do not use this Application Form unless accompanied by the PDS.

La Trobe Financial is not responsible for the return on any investment nor does it make any recommendation of any investment. You and your financial adviser are responsible for the suitability of any investment selected by you.

Post your application to:

La Trobe Financial
GPO Box 2289, Melbourne Victoria 3001 Australia

Email your application to:

investor@latrobefinancial.com.au

La Trobe Financial Authorised Representative Details (if applicable)

Name _____

Number _____

SECTION L – DIRECT DEBIT REQUEST AUTHORISATION (Optional)

I/We hereby authorise and request La Trobe Financial (User IDs 404708 (Classic Notice Account), 535941 (90 Day Notice Account), 609932 (6 Month Notice Account), 405155 (12 Month Term Account), 609931 (2 Year Account) or 535931 (4 Year Account)) to debit the nominated financial institution account registered with you through the Bulk Electronic Clearing System (BECS) and credit the payment amount to my/our account with the La Trobe Australian Credit Fund in either the Classic Notice Account, 90 Day Notice Account, 6 Month Notice Account, 12 Month Term Account, 2 Year Account or 4 Year Account, as instructed in accordance with this request and the Direct Debit Service Agreement.

Payment Details (you want us to debit your bank)

<input type="checkbox"/> Pay now; OR	Classic Notice Account	\$ _____
<input type="checkbox"/> Date _____	90 Day Notice Account	\$ _____
	6 Month Notice Account	\$ _____
	12 Month Term Account	\$ _____
	2 Year Account	\$ _____
	4 Year Account	\$ _____
	Total	\$ _____

Nominated financial account details

Bank account name _____

Bank account holder(s) name(s) _____

BSB _____ Account Number _____

Bank/Branch _____

Note: The provided bank details must match the investor(s) existing nominated bank account held on file.

Direct Debit Request Service Agreement

This authority covers La Trobe Financial Asset Management Limited ABN 27 007 332 363 (La Trobe Financial) using APCA User IDs 404708 (Classic Notice Account), 535941 (90 Day Notice Account), 609932 (6 Month Account), 405155 (12 Month Term Account), 609931 (2 Year Account) or 535931 (4 Year Account) as the Responsible Entity for the La Trobe Australian Credit Fund ARSN 088 178 321 (**the Fund**) in which you are an investor. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please download or print this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (**DDR**) and should be read in conjunction with your DDR authorisation. By requesting a direct debit by the method presented, you acknowledge that:

- By entering an amount in the Invest module in La Trobe Direct or by requesting a direct debit by telephone or in writing, you authorise us to arrange for funds to be debited from your nominated bank account registered on our system in accordance with the Agreement.
- We will debit your nominated bank account held on your account to credit amounts to your account held with La Trobe Financial as and when requested by you via our online platform, La Trobe Direct, by telephone or by completing a Direct Debit Request form.
- When the payment date is not a business day in Victoria, the direct debit may be processed on the next business day in Victoria. If you are unsure as to when the debit will be processed, you can confirm with your financial institution.
- You can cancel, defer or amend the Direct Debit Request up to and including the day prior to the payment date online via your account in La Trobe Direct or by contacting La Trobe Financial's Investor team on 1800 818 818. Alternatively, you can cancel the Direct Debit Request by contacting your financial institution. La Trobe Financial cannot amend the Direct Debit Request without authorisation from you, although we may decline to process the Direct Debit Request.
- Direct debit, through BECS, is not available for all financial institution accounts. You are responsible for checking that your nominated financial institution account is available through BECS and checking that the account details match a recent bank statement prior to agreement with this DDR.
- If you have requested a Direct Debit by **telephone**, we will provide you with a written Direct Debit Request and Direct Debit Request Service Agreement within 7 days of the processing of the direct debit.
- It is your responsibility to ensure that there are sufficient cleared funds in the nominated financial institution account, by the payment date, to allow for the debit of the payment amount. Where there are insufficient funds and the debit request is returned unpaid (i.e. dishonoured), you acknowledge that a dishonour fee will be charged to your account with the Fund in accordance with the current Product Disclosure Statement (**PDS**). You understand your financial institution may also charge a dishonour fee.
- You may contact either your financial institution or La Trobe Financial to dispute a debit. Initial queries should be made by contacting La Trobe Financial's Investor team on 1800 818 818. La Trobe Financial's process for dispute resolution is outlined in the Fund's PDS.
- Your account details will be maintained in accordance with the privacy requirements outlined in the Fund's PDS, subject to the provision of any information required by a financial institution in relation to a claim of alleged incorrect or wrongful debit.
- If you wish to notify us in writing about anything in this agreement you should write to La Trobe Financial GPO Box 2289 Melbourne Vic 3001 and we may respond either electronically or by ordinary post to the email or postal addresses registered with La Trobe Financial. Any notice by post is deemed to have been received on the third business day in Victoria after emailing or posting.
- La Trobe Financial will provide not less than 14 days' notice to you if we propose to vary any of the terms of these debit arrangements.
- The Direct Debit Request Service Agreement can be found on our website www.latrobefinancial.com.au

Signature of Account Holder

Name _____

Date _____

Signature of Account Holder

Name _____

Date _____