



**ARCHERY CAPITAL**  
MORTGAGE INVESTMENT FUND

# APPLICATION PACK

## Archery Capital Mortgage Investment Fund

This Application Pack accompanies the Information Memorandum (**IM**) for the Archery Capital Mortgage Investment Fund (**Fund**) issued by Archery Capital Pty Ltd ABN 75 141 236 535, AFSL 504586 (**AC, we, us, our**). You should read the IM before completing any application form included in this Application Pack.

<b>Contents</b>	<b>Page</b>
Application Instructions	2
Eligibility Form – New Investor	4
Application Form – New Investment: SMSF	6
Application Form – New Investment: Individuals	10
Application Form – New Investment: Trust	13
Application Form – New Investment: Company	17
Identification Documents	21
Application Form – Additional Investment	25

# Application Instructions



## Read the IM

You should have received a copy of the IM with the Application Pack.

If not, you can get a copy from:

[www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au)

1300 878 878

[info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au)



## New Investors complete the 'Eligibility Form' and the appropriate 'Application Form'

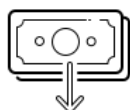
If the applicant has not invested in the Fund previously, complete the 'Eligibility Form' and 'Application Form – New Investment' for the type of entity making the investment.

Type of Entity Investing	Forms to be completed	Pages
All New Investors	Eligibility Form – New Investor	4
Self-Managed Super Funds	Application Form – New Investment: SMSF	6-8
Individual	Application Form – New Investment: Individuals	10-11
Trusts	Application Form – New Investment: Trust	13-15
Companies	Application Form – New Investment: Company	17-19



## New Investors must provide Identification Documents

If the applicant has not invested in the Fund previously, they must provide certified copies of the relevant Identification Documents. Refer to page 21 of the Application Pack for detailed instructions.



## Pay the investment by cheque or direct deposit

**Cheque:** Cheques should be either Australia bank cheques or drawn on an Australian domiciled account in the name of the applicant.

**Direct Deposit:** If you would like to make payment by direct deposit, instructions and bank account details can be found on the Application Form.



## To add to an existing Fund investment

To add to an existing Fund investment, complete the Application Form – Additional Investment. Refer to page 25 of the Application Pack for detailed instructions.



## Post these items to the Fund

Archery Capital Pty Ltd  
Level 27, 259 George Street  
SYDNEY NSW 2000

### Registrable Names

Only legal entities are allowed to hold units in the Fund. Applications must be in the name(s) of natural person(s), companies or other legal entities acceptable to AC. At least one full given name and the surname are required for each natural person. The name of the beneficiary or any other non-registrable name may be included by way of an account designation if completed exactly as described in the example of correct forms of registrable title shown below.

Type of Investor	Correct format of Registrable Name	Incorrect format
<b>Individual</b> Use given names, not initials	John Alfred Smith	<del>J A Smith</del>
<b>Company</b> Use company name, not abbreviations. Director(s) names must be completed within the Applicant(s) Details section	ABC Pty Ltd	<del>ABC P/L or ABC Co</del>
<b>Trust<sup>1</sup></b> Use trustee(s) names Use name of the trust in the account designator section	Sue Smith Sue Smith Family Trust	<del>Sue Smith Family Trust</del> <del>Sue Smith</del>
<b>Superannuation Funds<sup>1</sup></b> Use trustee(s) names Use name of the trust in the account designator section	Jane Smith Pty Ltd Jane Smith Super Fund	<del>Jane Smith Super Fund</del> <del>Jane Smith Pty Ltd</del>
<b>Deceased Estates<sup>2</sup></b> Use executor(s) names Use name of the deceased in the account designator section	Sue Lennon Estate of the Late Jon Lennon	<del>Estate of Jon Lennon</del>
<b>A Minor (less than 18 years old)<sup>3</sup></b> Use Trustee(s) names Use name of the Minor in the account designator section	Sue Smith Junior Smith	<del>Junior Smith</del> <del>Sue Smith</del>

### Confidentiality

AC will maintain all information collected from investors in a secure manner in accordance with anti-money laundering and counter terrorism (AML/CTF) legislation and relevant privacy legislation and principles. We will only disclose information about you where we are required to do so by the laws of Australia. This means that identification information may be disclosed to government or law enforcement agencies. We may also disclose this information to other entities involved with the investment to the extent that this information is required to fulfil that entity's AML/CTF legislation obligations.

### Incomplete Applications

If for any reason AC is unable to process your application (e.g. if the application form is incorrectly completed or we have not received all required identification and verification documents or the application monies in full), we may, at our absolute discretion, delay your application and request you to rectify any deficiencies in your application or return your application monies without interest.

### Acceptance of Applications

AC has the sole discretion whether to accept or reject your application. If your application is rejected, wholly or in part, then AC will notify you in writing and return the relevant application monies (without interest), within 30 days. By sending a completed application form, you are making an offer to become an investor in the Fund and you are agreeing to be legally bound by the Fund and the terms of the IM. A summary of the Fund is contained in the IM.

<sup>1</sup> If there are two or more trustees, please name each. All trustees should sign.

<sup>2</sup> A certified copy of the grant of probate or letters of administration should be attached.

<sup>3</sup> If the Minor does not hold a TFN, please supply the TFN of one of the trustees.

# Eligibility Form – New Investor

## PART 1 – INVESTOR IDENTIFICATION

If you have not invested in an Archery Capital Mortgage Investment Fund previously, please provide Investor name.

Has the applicant invested in an Archery Capital Mortgage Investment Fund previously?

Yes, investor number:

No, provide Investor name:

## PART 2: ELIGIBILITY CONFIRMATION

The Fund is only available to Eligible Investors. Further detail is provided in the IM.

Select ONE option to indicate Eligibility and complete Part 3 or 4 if applicable:

I have been certified as an Eligible Investor by AC in the past two years.

I am investing at least \$500,000.

I meet the net assets or gross income test. You must have your accountant complete Part 3 below or attach an Accountant's Certificate prepared in accordance with Section 761G (7) of the Corporations Act 2001.

I am a Sophisticated Investor as defined by Section 761GA of the Corporations Act. An Australian financial services licensee must complete Part 4 below.

I am a professional investor under Section 761G (7) (d) of the Corporations Act.

Type of professional investor:

## PART 3: ACCOUNTANTS CERTIFICATE – GIVEN UNDER S761G (7) OF THE CORPORATIONS ACT 2001

If you chose the third option in Part 2 above, this Part must be completed by a Qualified Accountant or attach an Accountant's Certificate prepared in accordance with Section 761G (7) of the Corporations Act 2001.

(Name of accountant)	Address	
I, <input type="text"/>	of <input type="text"/>	
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Name of investor <input type="text"/>		

being a qualified Accountant\* certify that:

- has net assets<sup>^</sup> in excess of \$2.5 million, or
- had a gross income<sup>^</sup> in excess of \$250,000 per annum for each of the last two financial years.

(Name of professional body e.g. CPA Australia, ICAA, NIA)

I belong to:

(Insert details e.g. CPA, CA or PNA)

My membership number from this professional body is:

Signed:

Signature

Date certificate issued (day/month/year):

/  /

<sup>^</sup> The net assets or gross income of the investor include:

- the assets or income of controlled trusts or companies; and/or
- the assets or income of a person who controls the investor (where the proposed investor is a company or trust).

When determining the net assets or gross income of a person who controls a corporate or trust investor, the net assets or gross income of any other company or trust controlled by that person may be included.

For the purposes of this Accountant's Certificate, the term 'control' is defined in section 50AA of the Corporations Act.

\* Qualified accountant means any member of:

- Australian Certified Practising Accountants (CPA) who is entitled to use the post nominals 'CPA' or 'FCPA';
- Institute of Chartered Accountants in Australia (ICAA) who is entitled to use the post-nominals 'CA', 'ACA' or 'FCA';
- Accountants belonging to certain foreign bodies who have at least three years' experience in accounting or auditing and are providing this certificate to a person who is a resident in the same country.

## PART 4: SOPHISTICATED INVESTOR SECTION 761GA OF THE CORPORATIONS ACT 2001

If you chose the fourth option in Part 2 above, your financial adviser or another AFS licensee must complete this Part. If you believe you meet the criteria but do not have a financial adviser, call us on 1300 878 878 to discuss.

**Financial services licensee to complete this section**

I am the financial services licensee no. \_\_\_\_\_ or an authorised representative (no. \_\_\_\_\_) of financial services licensee no. \_\_\_\_\_ and certify that the following is true and correct:

The offer of units to the investor is made through me. I am satisfied on reasonable grounds that the investor has previous experience in investing in financial products that allows them to assess:

- (i) the merits of subscribing for units;
- (ii) the value of units;
- (iii) the risks involved in holding the units;
- (iv) the investor's own information needs; and
- (v) the adequacy of the information given by me and Archery Capital Mortgage Investment Fund (AC).

Signature of financial services licensee/authorised representative

Signature

Date (day/month/year)

/  /

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# Application Form – Self-Managed Super Fund (cont'd)



## PART 4 – APPLICANT(S) CONTACT DETAILS (MUST NOT BE ADVISER DETAILS)

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

These contact details will be used for all correspondence.

All investment communication is emailed.

Preferred contact name(s)

Postal Address  Suburb

State  Postcode  Country

Business Phone  Home Phone

Mobile Phone  Facsimile

Email

## PART 5 – ADVISER DETAILS

If you use a Financial Adviser, have them complete and sign this Section. If an initial advice fee is nominated, we will deduct this from your application amount and pay it to your Adviser.

Adviser Full Name

Adviser Email Address

Adviser Company (if applicable)

Licensed Dealer Name

AFS Licence No:

Initial advice fee (if applicable)  %

Advisors Signature

## PART 6 – DISTRIBUTION AND WITHDRAWAL PAYMENTS

You are required to provide Australian bank account details for electronic payment of distributions. Payment cannot be made by cheque.

Would you like your distributions reinvested into the Fund as additional units?  Yes  No

Bank Name and Address

Account Name

BSB  Account number

## PART 7 – TAX STATUS

We are required to collect this information to satisfy legal requirements and to ensure correct amounts of withholding tax are deducted for foreign investors.

Are any of the applicants (including members, trustees or beneficial owners of a company trustee) citizens or residents of a country other than Australia for tax purposes?  Yes  No

If yes, complete the following and we may require you to provide additional information:

Name	Country of tax residency	TIN, GIIN or other Tax ID 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"/>

If you have provided your TIN, please download and complete a FATCA form available at [www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au) or if you have provided details about your status as a non-resident of Australia (other than US citizen or tax resident), please download and complete a Self-Certification Declaration Form available at [www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au).

# Application Form – Self-Managed Super Fund (cont'd)



## PART 8 – DECLARATION AND SIGNATURES

I acknowledge, declare and agree that by signing this Application Form:

- I have received, read and understood the IM dated 27 February 2020 to which this Application Form applies.
- The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AC has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act 2001 if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act 2001 that AC would have if the product were provided to me as a retail client.
- None of AC or any other person guarantees the repayment of the amount invested in the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. All details provided in this Application Form are true and correct and I am over the age of 18 years.
- In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the investment will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions.
- If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- I agree to be bound by the terms and conditions of the IM, as amended from time to time.
- AC may be required to pass on information about me or my investment to satisfy legal or other requirements. I will provide such assistance that may be requested by AC to comply with its obligations and I indemnify AC against any loss caused by my failure to provide such assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any illegal activities and the proceeds of my investment in the Fund will not be used to finance any illegal activities. For the purpose of any AML/CTF Legislation I am not a "politically exposed" person or organisation.
- I have read and understood the 'Privacy Statement' in the IM. Unless I inform AC otherwise, I consent to all uses of my personal information contained under that heading.
- AC are authorised to accept and act upon any instructions in respect of this application and the investment to which it relates given by me by facsimile. I indemnify AC against any loss arising as a result of any of them acting on facsimile instructions.
- AC 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.
- AC reserves the right to reject any application and AC is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
- AC may provide details of my investment to the adviser or AFSL holder nominated, by the means and in the format that they direct. I authorise AC to calculate and pay the nominated advice fee (if any) to the nominated AFSL holder from my application monies.

### Signatures

If the application is signed by more than one person, who can operate the account in the future?  Any to sign  All to sign

<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="font-size: 8px; font-weight: bold;">Signature</div> <div style="font-size: 8px;">Date (day/month/year)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> </div> <div style="font-size: 8px; font-weight: bold; margin-top: 5px;">Full Name</div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 15%;"><input type="checkbox"/> Director</div> <div style="width: 15%;"><input type="checkbox"/> Sole Director &amp; Company Secretary</div> <div style="width: 15%;"><input type="checkbox"/> Trustee</div> <div style="width: 15%;"><input type="checkbox"/> Other</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="font-size: 8px; font-weight: bold;">Signature</div> <div style="font-size: 8px;">Date (day/month/year)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%; border-bottom: 1px solid black;"></div> </div> <div style="font-size: 8px; font-weight: bold; margin-top: 5px;">Full Name</div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 15%;"><input type="checkbox"/> Director</div> <div style="width: 15%;"><input type="checkbox"/> Sole Director &amp; Company Secretary</div> <div style="width: 15%;"><input type="checkbox"/> Trustee</div> <div style="width: 15%;"><input type="checkbox"/> Other</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
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Email your completed form to [info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au), or

Mail these items to the Fund: Archery Capital Pty Ltd  
Level 27, 259 George Street  
SYDNEY NSW 2000



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# Application Form – Individuals

This Form is for one or more individuals who have not previously invested in the Archery Capital Mortgage Investment Fund.

Complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). You should read the IM for the Fund in full before completing this Application Form.

If you have any questions, contact Archery Capital on 1300 878 878 or [info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au)

## PART 1 – INVESTOR IDENTIFICATION

If you have not invested in an Archery Capital Mortgage Investment Fund previously, you must attach the required certified identification documents.

Has the applicant invested in an Archery Capital Mortgage Investment Fund previously?

- Yes, investor number:
- No

For each individual who has not previously invested, please attach a certified copy of an original driver's licence, passport or other Identification Document. Additional documents may be requested. Refer to page 21 of the Application Pack for more detail on required Identification Documents.

## PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

Minimum application is \$50,000.

Investment Amount: \$  ,  ,  .  0  0

For direct deposits, please ensure your investor number or name is included in the application payment reference. Units will not be issued if the application payment cannot be identified and matched.

Please indicate which payment method you've used:

- Cheque Made payable to: **ARCHERY CAPITAL PTY LTD ATF ARCHERY CAPITAL MORTGAGE INVESTMENT FUND**
- Direct Deposit Your reference:

Deposit funds to: Commonwealth Bank of Australia, 16 -18 Old Town Centre Plaza, Bankstown  
BSB: 062-111 Account No: 1126-0817 Name: Archery Capital Pty Ltd ATF Archery Capital Mortgage Investment Fund

### Special Instructions:

If known, provide details of Loan Class you would like to participate in. Alternatively, you can complete the Nomination Form provided separately.

Please indicate which investment you would like to participate in:

Loan Class Name:

Loan Class Number:

## PART 3 – APPLICANTS DETAILS

Include the full names of all persons. Provide a date of birth for each individual.

Individual full name	Date of birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Provide the full residential address for each individual.

Individual address (residential address)

You MUST provide the TFN of each individual.

Individual 1 TFN  Individual 2 TFN  Individual 3 TFN

Are any of the individual applicants 'Politically Exposed Persons'?

Individual 1	Individual 2	Individual 3
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

## PART 4 – APPLICANT(S) CONTACT DETAILS (MUST NOT BE ADVISER DETAILS)

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Preferred contact name(s)

These contact details will be used for all correspondence.

Postal Address  Suburb

All investment communication is emailed.

State  Postcode  Country

Business Phone  Home Phone

Mobile Phone  Facsimile

Email

# Application Form – Individuals (cont'd)



## PART 5 – ADVISER DETAILS

If you use a Financial Adviser, have them complete and sign this Section. If an initial advice fee is nominated, we will deduct this from your application amount and pay it to your Adviser.

Adviser Full Name	<input type="text"/>
Adviser Email Address	<input type="text"/>
Adviser Company (if applicable)	<input type="text"/>
Licensed Dealer Name	<input type="text"/>
AFS Licence No:	<input type="text"/>
Initial advice fee (if applicable)	<input type="text"/> %

Advisers Signature

## PART 6 – DISTRIBUTION AND WITHDRAWAL PAYMENTS

You are required to provide Australian bank account details for electronic payment of distributions. Payment cannot be made by cheque.

Would you like your distributions reinvested into the Fund as additional units?  Yes  No

Bank Name and Address

Account Name

BSB  Account number

## PART 7 – TAX STATUS

We are required to collect this information to satisfy legal requirements and to ensure correct amounts of withholding tax are deducted for foreign investors.

Are any of the applicant's citizens or residents of a country other than Australia for tax purposes?  Yes  No

If yes, complete the following and we may require you to provide additional information:

Name	Country of tax residency	TIN, GIIN or other Tax ID 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"/>

If you have provided your TIN, please download and complete a FATCA form available at [www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au) or if you have provided details about your status as a non-resident of Australia (other than US citizen or tax resident), please download and complete a Self-Certification Declaration Form available at [www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au).

## PART 8 – DECLARATION AND SIGNATURES

I acknowledge, declare and agree that by signing this Application Form:

- I have received, read and understood the IM dated 27 February 2020 to which this Application Form applies.
- The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AC has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act 2001 if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act 2001 that AC would have if the product were provided to me as a retail client.
- None of AC or any other person guarantees the repayment of the amount invested in the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. All details provided in this Application Form are true and correct and I am over the age of 18 years.
- In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the investment will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions.
- If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- I agree to be bound by the terms and conditions of the IM, as amended from time to time.
- AC may be required to pass on information about me or my investment to satisfy legal or other requirements. I will provide such assistance that may be requested by AC to comply with its obligations and I indemnify AC against any loss caused by my failure to provide such assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any illegal activities and the proceeds of my investment in the Fund will not be used to finance any illegal activities. For the purpose of any AML/CTF Legislation I am not a "politically exposed" person or organisation.
- I have read and understood the 'Privacy Statement' in the IM. Unless I inform AC otherwise, I consent to all uses of my personal information contained under that heading.
- AC are authorised to accept and act upon any instructions in respect of this application and the investment to which it relates given by me by facsimile. I indemnify AC against any loss arising as a result of any of them acting on facsimile instructions.
- AC 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.
- AC reserves the right to reject any application and AC is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
- AC may provide details of my investment to the adviser or AFSL holder nominated, by the means and in the format that they direct. I authorise AC to calculate and pay the nominated advice fee (if any) to the nominated AFSL holder from my application monies.

### Signatures

If the application is signed by more than one person, who can operate the account in the future?  Any to sign  All to sign

Date (day/month/year)  /  /

Signature

Full Name

Date (day/month/year)  /  /

Signature

Full Name

Date (day/month/year)  /  /

Signature

Full Name

Email your completed form to [info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au), or

Mail these items to the Fund:

Archery Capital Pty Ltd  
Level 27, 259 George Street  
SYDNEY NSW 2000

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# Application Form – Trust

This Form is for Trusts who have not previously invested in the Archery Capital Mortgage Investment Fund.

Complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). You should read the IM for the Fund in full before completing this Application Form.

If you have any questions, contact Archery Capital on 1300 878 878 or [info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au)

## PART 1 – INVESTOR IDENTIFICATION

If you have not invested in an Archery Capital Mortgage Investment Fund previously, you must attach the required certified identification documents.

Has the applicant invested in an Archery Capital Mortgage Investment Fund previously?

Yes, investor number:

No

For each individual trustee or at least one beneficial owner of a company trustee, please attach a certified copy of an original driver's licence, passport or other Identification Document. Additional documents may be required. Refer to page 21 of the Application Pack for more detail on required Identification Documents.

## PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

Minimum application is \$50,000.

Investment Amount: \$  ,  ,  .  0  0

For direct deposits, please ensure your investor number or name is included in the application payment reference. Units will not be issued if the application payment cannot be identified and matched.

Please indicate which payment method you've used:

Cheque Made payable to: **ARCHERY CAPITAL PTY LTD ATF ARCHERY CAPITAL MORTGAGE INVESTMENT FUND**

Direct Deposit Your reference:

Deposit funds to: Commonwealth Bank of Australia, 16 -18 Old Town Centre Plaza, Bankstown  
BSB: 062-111 Account No: 1126-0817 Name: Archery Capital Pty Ltd ATF Archery Capital Mortgage Investment Fund

### Special Instructions:

If known, provide details of Loan Class you would like to participate in. Alternatively, you can complete the Nomination Form provided separately.

Please indicate which investment you would like to participate in:

Loan Class Name:

Loan Class Number:

## PART 3 – APPLICANTS DETAILS

Include the full names of all persons or companies that are trustees. Provide a date of birth for individuals or an ACN / ABN for companies.

Trustees details (full name of individuals or company)	Date of birth or ACN / ABN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Provide the full residential address for each individual trustee or the registered office address for each company trustee.

Trustees address (individuals residential address or company registered office)

Company Trustee principal place of business (if different from registered office)

Provide the Trust name.

Trust Name

ATF

You MUST provide the ABN and TFN of the Trust.

Trust ABN

Trust TFN

Select any items which apply to the Trust and provide the required information.

Registered managed investment scheme ARSN:

Other regulated trust Details:

Other trust (e.g. family, unit, charitable) Trust type:

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?

# Application Form – Trust (cont'd)

## PART 3 – APPLICANTS DETAILS (cont'd)

If you answered "No" to the question, include the full name and date of birth of beneficiaries.

Beneficiaries full names	Date of birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Provide the full residential address for each beneficiary.

Beneficiaries residential address


If Trust type is "Other trust" and there is a Company trustee, provide names of all Company directors.

Trustee company directors (if more than three, provide details on a separate sheet)


Are any of the individual trustees or if the trustee is a company, the directors 'Politically Exposed Persons'?

Individual Trustee or Director 1	Individual Trustee or Director 2	Individual Trustee or Director 3
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

## PART 4 – APPLICANT(S) CONTACT DETAILS (MUST NOT BE ADVISER DETAILS)

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Preferred contact name(s)

Postal Address

Suburb

State

Postcode

Country

Business Phone

Home Phone

Mobile Phone

Facsimile

Email

These contact details will be used for all correspondence.

All investment communication is emailed.

## PART 5 – ADVISER DETAILS

If you use a Financial Adviser, have them complete and sign this Section. If an initial advice fee is nominated, we will deduct this from your application amount and pay it to your Adviser.

Adviser Full Name

Adviser Email Address

Adviser Company (if applicable)

Licensed Dealer Name

AFS Licence No:

Initial advice fee (if applicable)

 %
 

Advisors Signature

## PART 6 – DISTRIBUTION AND WITHDRAWAL PAYMENTS

You are required to provide Australian bank account details for electronic payment of distributions. Payment cannot be made by cheque.

Would you like your distributions reinvested into the Fund as additional units?  Yes  No

Bank Name and Address

Account Name

BSB

Account number

# Application Form – Trust (cont'd)

## PART 7 – TAX STATUS

We are required to collect this information to satisfy legal requirements and to ensure correct amounts of withholding tax are deducted for foreign investors.

Are any of the applicants (including named beneficiaries, trustees or beneficial owners of a company trustee) citizens or residents of a country other than Australia for tax purposes?  Yes  No

If yes, complete the following and we may require you to provide additional information:

Name	Country of tax residency	TIN, GIIN or other Tax ID 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"/>

If you have provided your TIN, please download and complete a FATCA form available at [www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au) or if you have provided details about your status as a non-resident of Australia (other than US citizen or tax resident), please download and complete a Self-Certification Declaration Form available at [www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au).

## PART 8 – DECLARATION AND SIGNATURES

I acknowledge, declare and agree that by signing this Application Form:

- I have received, read and understood the IM dated 27 February 2020 to which this Application Form applies.
- The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AC has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act 2001 if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act 2001 that AC would have if the product were provided to me as a retail client.
- None of AC or any other person guarantees the repayment of the amount invested in the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. All details provided in this Application Form are true and correct and I am over the age of 18 years.
- In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the investment will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions.
- If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- I agree to be bound by the terms and conditions of the IM, as amended from time to time.
- AC may be required to pass on information about me or my investment to satisfy legal or other requirements. I will provide such assistance that may be requested by AC to comply with its obligations and I indemnify AC against any loss caused by my failure to provide such assistance.
- The monies used to fund my investment in the Fund are not derived from or related to any illegal activities and the proceeds of my investment in the Fund will not be used to finance any illegal activities. For the purpose of any AML/CTF Legislation I am not a "politically exposed" person or organisation.
- I have read and understood the 'Privacy Statement' in the IM. Unless I inform AC otherwise, I consent to all uses of my personal information contained under that heading.
- AC are authorised to accept and act upon any instructions in respect of this application and the investment to which it relates given by me by facsimile. I indemnify AC against any loss arising as a result of any of them acting on facsimile instructions.
- AC 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.
- AC reserves the right to reject any application and AC is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
- AC may provide details of my investment to the adviser or AFSL holder nominated, by the means and in the format that they direct. I authorise AC to calculate and pay the nominated advice fee (if any) to the nominated AFSL holder from my application monies.

### Signatures

If the application is signed by more than one person, who can operate the account in the future?  Any to sign  All to sign

<input type="text"/>	Date (day/month/year) <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	Date (day/month/year) <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature		Signature	
Full Name	<input type="text"/>	Full Name	<input type="text"/>
Title (e.g. Trustee, Director-Trustee Company)	<input type="text"/>	Title (e.g. Trustee, Director-Trustee Company)	<input type="text"/>

Email your completed form to [info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au), or

Mail these items to the Fund: Archery Capital Pty Ltd  
Level 27, 259 George Street  
SYDNEY NSW 2000

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# Application Form – Company

This Form is for Companies who have not previously invested in the Archery Capital Mortgage Investment Fund.

Complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). You should read the IM for the Fund in full before completing this Application Form.

If you have any questions, contact Archery Capital on 1300 878 878 or [info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au)

## PART 1 – INVESTOR IDENTIFICATION

If you have not invested in an Archery Capital Mortgage Investment Fund previously, you must attach the required certified identification documents.

Has the applicant invested in an Archery Capital Mortgage Investment Fund previously?

- Yes, investor number:
- No

For each beneficial owner and at least one director of a company, please attach a certified copy of an original driver's licence, passport or other Identification Document. Additional documents may be required. Refer to page 21 of the Application Pack for more detail on required Identification Documents.

## PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

Minimum application is \$50,000.

Investment Amount: \$  ,  ,  .  0  0

For direct deposits, please ensure your investor number or name is included in the application payment reference. Units will not be issued if the application payment cannot be identified and matched.

Please indicate which payment method you've used:

- Cheque Made payable to: **ARCHERY CAPITAL PTY LTD ATF ARCHERY CAPITAL MORTGAGE INVESTMENT FUND**
- Direct Deposit Your reference:

Deposit funds to: Commonwealth Bank of Australia, 16 -18 Old Town Centre Plaza, Bankstown  
BSB: 062-111 Account No: 1126-0817 Name: Archery Capital Pty Ltd ATF Archery Capital Mortgage Investment Fund

### Special Instructions:

If known, provide details of Loan Class you would like to participate in. Alternatively, you can complete the Nomination Form provided separately.

Please indicate which investment you would like to participate in:

Loan Class Name:  Advisors Signature

Loan Class Number:

## PART 3 – APPLICANTS DETAILS

Provide the full company name.

Company Name

You MUST provide the ABN and TFN of the Company.

Company ABN or ACN  Company TFN

Company registered office address (PO Box is not acceptable)

Company principal place of business (if different from registered office)

Select any items which apply to the Company and provide the required information.

- Company licensed by Australian Regulator Licence details:
- ASX listed or subsidiary of ASX listed entity ASX Code:
- Public company

Include the full name and date of birth of all persons that control more than 25% of the shares or voting rights of the company.

If none of the above items apply, provide beneficial owner and director details below:

Beneficial owner full name (individuals with > 25% shareholding)  Date of birth

Provide the full residential address for each beneficial owner.

Beneficial owner residential address

Company directors (if more than three, provide details on a separate sheet)

# Application Form – Company (cont'd)

## PART 3 – APPLICANTS DETAILS (cont'd)

Are any of the directors 'Politically Exposed Persons'?

Director 1	Director 2	Director 3
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

## PART 4 – APPLICANT(S) CONTACT DETAILS (MUST NOT BE ADVISER DETAILS)

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

These contact details will be used for all correspondence.

All investment communication is emailed.

Preferred contact name(s)

Postal Address  Suburb

State  Postcode  Country

Business Phone  Home Phone

Mobile Phone  Facsimile

Email

## PART 5 – ADVISER DETAILS

If you use a Financial Adviser, have them complete and sign this Section. If an initial advice fee is nominated, we will deduct this from your application amount and pay it to your Adviser.

Adviser Full Name

Adviser Email Address

Adviser Company (if applicable)

Licensed Dealer Name

AFS Licence No:

Initial advice fee (if applicable)  %  Adviser Signature

## PART 6 – DISTRIBUTION AND WITHDRAWAL PAYMENTS

You are required to provide Australian bank account details for electronic payment of distributions. Payment cannot be made by cheque.

Would you like your distributions reinvested into the Fund as additional units?  Yes  No

Bank Name and Address

Account Name

BSB  Account number

## PART 7 – TAX STATUS

We are required to collect this information to satisfy legal requirements and to ensure correct amounts of withholding tax are deducted for foreign investors.

Are any of the applicants (including beneficial owners or directors of the company) citizens or residents of a country other than Australia for tax purposes?  Yes  No

If yes, complete the following and we may require you to provide additional information:

Name	Country of tax residency	TIN, GIIN or other Tax ID 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"/>

If you have provided your TIN, please download and complete a FATCA form available at [www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au) or if you have provided details about your status as a non-resident of Australia (other than US citizen or tax resident), please download and complete a Self-Certification Declaration Form available at [www.ArcheryCapital.com.au](http://www.ArcheryCapital.com.au).

# Application Form – Company (cont'd)

**PART 8 – DECLARATION AND SIGNATURES**

- I acknowledge, declare and agree that by signing this Application Form:
- I have received, read and understood the IM dated 27 February 2020 to which this Application Form applies.
  - The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AC has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act 2001 if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act 2001 that AC would have if the product were provided to me as a retail client.
  - None of AC or any other person guarantees the repayment of the amount invested in the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
  - I have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. All details provided in this Application Form are true and correct and I am over the age of 18 years.
  - In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the investment will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions.
  - If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
  - I agree to be bound by the terms and conditions of the IM, as amended from time to time.
  - AC may be required to pass on information about me or my investment to satisfy legal or other requirements. I will provide such assistance that may be requested by AC to comply with its obligations and I indemnify AC against any loss caused by my failure to provide such assistance.
  - The monies used to fund my investment in the Fund are not derived from or related to any illegal activities and the proceeds of my investment in the Fund will not be used to finance any illegal activities. For the purpose of any AML/CTF Legislation I am not a "politically exposed" person or organisation.
  - I have read and understood the 'Privacy Statement' in the IM. Unless I inform AC otherwise, I consent to all uses of my personal information contained under that heading.
  - AC are authorised to accept and act upon any instructions in respect of this application and the investment to which it relates given by me by facsimile. I indemnify AC against any loss arising as a result of any of them acting on facsimile instructions.
  - AC 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.
  - AC reserves the right to reject any application and AC is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
  - AC may provide details of my investment to the adviser or AFSL holder nominated, by the means and in the format that they direct. I authorise AC to calculate and pay the nominated advice fee (if any) to the nominated AFSL holder from my application monies.

**Signatures**

If the application is signed by more than one person, who can operate the account in the future?  Any to sign  All to sign

<small>Signature</small>	Date (day/month/year) <input type="text"/> / <input type="text"/> / <input type="text"/>
Full Name	
<input type="checkbox"/> Director <input type="checkbox"/> Sole Director & Company Secretary	

<small>Signature</small>	Date (day/month/year) <input type="text"/> / <input type="text"/> / <input type="text"/>
Full Name	
<input type="checkbox"/> Director <input type="checkbox"/> Sole Director & Company Secretary	

Email your completed form to [info@ArcherCapital.com.au](mailto:info@ArcherCapital.com.au), or

Mail these items to the Fund:                      Archery Capital Pty Ltd  
 Level 27, 259 George Street  
 SYDNEY NSW 2000

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# Identification Documents

In 2006 the Federal Government enacted the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF). The purpose of this legislation is to detect and prevent money laundering and terrorism financing.

## Why does this legislation affect you?

AC have to meet stringent investor identification and verification requirements. This means that prior to units in the Archery Capital Mortgage Investment Fund being issued, we must be 'reasonably satisfied' that investors are who they claim to be.

## What do you need to do?

If you invest in the Fund you need to provide certified copies of Identification Documents. The documents required differ depending on the type of entity making the investment. We may require additional information from you where we reasonably consider it necessary to satisfy our obligations under the AML/CTF Act. Applications cannot be processed until all the necessary information is provided.

## What Identification Documents must be provided?

The type of entity making the investment determines what Identification Documents you must provide.

Type of Entity Investing	Identification Documents required
SMSF with an ABN	For each individual who is either a member, a trustee or a beneficial owner (controls at least 25% of the issued capital or voting rights) of a company trustee, provide certified copies of Individual Identification Documents outlined on the next page.
SMSF without an ABN	For the SMSF, provide certified copies of the Trust Identification Documents outlined on the next page. For each individual who is either a member, a trustee or a beneficial owner of a company trustee, provide certified copies of Individual Identification Documents outlined on the next page.
Individuals	For each individual, provide certified copies of Individual Identification Documents outlined on the next page.
Company	For each individual who is a beneficial owner of the company, provide certified copies of Individual Identification Documents outlined on the next page.
Family or Discretionary Trust	For the trust, provide certified copies of the Trust Identification Documents outlined on the next page. For each individual who is either a trustee or a beneficial owner of a company trustee, provide certified copies of Individual Identification Documents outlined on the next page.
Charitable Organisation	For the charity, provide certified copies of the Trust Identification documents outlined on the next page. For at least one individual who is an office bearer of the charitable organisation, provide certified copies of Individual Identification Documents outlined on the next page.
Children under 18 (minors)	For each trustee and the child, provide certified copies of Individual Identification Documents outlined on the next page.
Registered Investment Scheme	No Identification Documents required.
Deceased Estate	A certified copy of the grant of probate or letters of administration.

## Not on the list?

If you are investing via a type of entity not listed above, please phone Archery Capital on 1300 878 878 to discuss which Identification Documents are appropriate for your needs.

## Identification Documents (cont'd)

### INDIVIDUAL IDENTIFICATION DOCUMENTS (CERTIFIED COPIES TO BE PROVIDED)

Please provide an Identification Document from Section 1. If you do not own a document from Section 1, then provide an Identification Document from Section 2 or 3.

#### Section 1 – Acceptable primary Identification Documents

Select ONE document from this list:

- Australian State/Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person

#### Section 2 – Acceptable secondary Documents – Australian citizens

– should only be completed if the individual does not own a document from Section 1

Select ONE document from this list:

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

AND ONE document from this list:

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Black out the TFN on the certified copy of this document.
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months and contains the name and residential address and records the period of time that the individual attended that school.

#### Section 3 – Acceptable Identification Documents – Foreign citizens

– should only be completed if the individual does not own a document from Section 1

BOTH documents must be provided:

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth; and
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued.

#### IMPORTANT:

You must provide a certified, legible copy of the original Identification Documents selected above for each individual. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

### TRUST IDENTIFICATION DOCUMENTS (CERTIFIED COPIES TO BE PROVIDED)

For a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund AND if the Trust has an Australian Business Number (ABN), no Trust documentation is required.

If the Trust is not one of the types noted above OR the Trust does not have an ABN, then provide a certified copy of ONE of the following Trust Identification Documents:

- The pages of the Trust Deed or other constitutional document that includes the cover page, full name of the Trust, type of trust, trustees, settlor (if applicable), appointor (if applicable), beneficiaries and signature page.
- A notice issued by the Australian Taxation Office within the last 12 months (e.g. Notice of Assessment).
- A letter from a solicitor or qualified accountant that confirms the name of the Trust.

#### IMPORTANT:

You must provide a certified, legible copy of the original Identification Document selected above. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

## Who is allowed to certify Identification Documents?

Copies of Identification Documents **MUST BE CERTIFIED** by one or the following persons who is not related to the applicant:

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a Justice of the Peace

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a member of the Institution of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants

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a person who is enrolled on the role 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 or a magistrate

---

a permanent employee of Australia Post employed in an office supplying postal services to the public with 5 years continuous service

---

a full-time teacher at a school or tertiary institution

---

a police officer

---

a person who, under a law in force in a State or Territory, is currently licenced or registered to practice one of the following occupations: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist, Veterinary surgeon

---

an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous

---

any other persons mentioned in Part 1 and Part 2 of the Statutory Declarations Regulations 1993 – Schedule 2

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# Application Form - Additional Investment

This Form is for existing investors in the Archery Capital Mortgage Investment Fund who wish to apply for additional units in the Fund. The investment amount will be added to your existing investment in the Fund. You can only use this form if your application details are unchanged.

Complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). You should read the IM for the Fund in full before completing this Application Form.

If you have any questions, contact Archery Capital on 1300 878 878 or [info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au)

## PART 1 – INVESTOR IDENTIFICATION

These details can be found on the welcome letter which confirmed your initial investment in the Fund.

Investor Number

Investor Name (Example: "John Smith" or "John Smith ATF John R Smith Super Fund")

## PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

Enter the amount you would like to increase your investment by.

Additional Investment Amount: \$    ,    ,    .    0 0

For direct deposits, please ensure your investor number or name is included in the application payment reference. Units will not be issued if the application payment cannot be identified and matched.

Please indicate which payment method you've used:

Cheque      Made payable to: **ARCHERY CAPITAL PTY LTD ATF ARCHERY CAPITAL MORTGAGE INVESTMENT FUND**

Direct Deposit      Your reference:

Deposit funds to: Commonwealth Bank of Australia, 16 -18 Old Town Centre Plaza, Bankstown  
BSB: 062-111 Account No: 1126-0817 Name: Archery Capital Pty Ltd ATF Archery Capital Mortgage Investment Fund

## PART 3 – ADVISER DETAILS

If you use a Financial Adviser, have them complete and sign this Section. If an initial advice fee is nominated, we will deduct this from your application amount and pay it to your Adviser.

Adviser Full Name

Adviser Email Address

Adviser Company (if applicable)

Licensed Dealer Name

AFS Licence No:

Initial advice fee (if applicable)  %

Adviser Signature

## PART 4 – DECLARATION AND AUTHORISATION

I acknowledge, declare and agree that by signing this Application Form:

- I have received, read and understood the IM dated 27 February 2020 to which this Application Form applies and have received and accepted the offer to invest in Australia. I agree to be bound by the IM (each as amended from time to time).
- The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AC has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act 2001 if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act 2001 that AC would have if the product were provided to me as a retail client.
- None of AC or any other person guarantees the repayment of the amount invested in the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- All details provided in this Application Form are true and correct. I indemnify AC against any liabilities whatsoever arising from acting on any information I provide in connection with this application.
- If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- AC reserves the right to reject any application and AC is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
- I authorise AC to calculate and pay the nominated advice fee (if any) from my application monies.

<input type="text"/> Signature	<input type="text"/> Date (day/month/year)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/> Full Name	<input type="text"/> Full Name

Email your completed form to [info@ArcheryCapital.com.au](mailto:info@ArcheryCapital.com.au), or

Mail these items to the Fund: Archery Capital Pty Ltd  
Level 27, 259 George Street  
SYDNEY NSW 2000