

# INITIAL APPLICATION FORM

**PERPETUAL TRUST SERVICES LIMITED ABN 48 000 142 049**  
**TRIUM MORPHIC ESG L/S GLOBAL FUND ARSN 626 053 398**

This Initial Application Form relates to a Product Disclosure Statement dated 15 August 2018 ("PDS") issued by Perpetual Trust Services Limited ABN 48 000 142 049, AFSL 236648, for the offer of units in the Trium Morphic ESG L/S Global Fund ("Fund"). Terms defined in the PDS have the same meaning in this Initial Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Initial Application Form.

If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Investment Form.

If you are a new investor, or if you are an existing Unitholder(s) and this investment is NOT in the same name(s) and fund as your existing account, please complete the sections of this Initial Application Form and the identification Forms noted below in Section 1. If you have not been provided with the identification form with this application you can obtain this at [www.morphicasset.com](http://www.morphicasset.com)

## 1. INVESTOR TYPE

Investor Type	Complete Sections	Please complete the required Identification Form and provide certified copies of the identification requested on the Identification Form
<input type="checkbox"/> Individual and Joint investors	A natural person or persons.	2,4,5,6,7, &8
<input type="checkbox"/> Sole trader	A natural person operating a business under their own name with a registered business name.	3,4, 5,6,7, &8
<input type="checkbox"/> Companies	A company registered as an Australian public company or an Australian proprietary company, or a foreign company.	3,4, 5,6,7, &8
<input type="checkbox"/> Trusts	Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered	3,4, 5,6,7, &8
For a Company complete the relevant form based on company type either Forms B or C. All Beneficial Owners named on Form B or C must complete Form A. For the Trust complete either Form D or E; and		

	wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).		For an Individual Trustee complete Form A; or For a Company Trustee complete Form B or C All Beneficial Owners named on Form D or E must complete Form A
<input type="checkbox"/> Partnership	A partnership created under a partnership agreement.	3,4, 5,6,7, &8	For the Partnership please complete Form F All Beneficial Owners named on Form F must complete Form A.
<input type="checkbox"/> Associations	Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.	3,4, 5,6,7, &8	For the Association please complete Form G. All Beneficial Owners named on Form G must complete Form A.
<input type="checkbox"/> Registered co-operative	An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.	3,4, 5,6,7, &8	For the Registered co-operative please complete Form H. All Beneficial Owners named on Form H must complete Form A.
<input type="checkbox"/> Government body	The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.	3,4, 5,6,7, &8	For a Government body please complete Form I. All Beneficial Owners named on Form I must complete Form A.

## 2. INDIVIDUALS AND JOINT ACCOUNT HOLDERS INVESTOR DETAILS

	Applicant 1	Applicant 2 (if applicable)
<b>Investor Type</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual
<b>Title:</b>		
<b>Given Name:</b> <b>Surname:</b>		

<b>Occupation:</b>		
<b>Australian Tax File Number:</b>		
<b>Residential Address:</b> <b>Street address 1:</b> <b>Street Address 2:</b> <b>Suburb:</b> <b>State:</b> <b>Postcode:</b> <b>Country:</b>		
<b>Postal Address if different to Residential Address:</b> <b>Street address 1:</b> <b>Street Address 2:</b> <b>Suburb:</b> <b>State:</b> <b>Postcode:</b> <b>Country:</b>		
<b>Phone Number (business hours):</b>		
<b>Phone Number (non-business hours):</b>		
<b>Mobile Number:</b>		
<b>Email Address:</b>		
<b>Preferred contact method:</b>	<input type="checkbox"/> I consent to receive all investor correspondence from you by email to the email address provided. <input type="checkbox"/> I wish to receive all investor correspondence by post to the address provided in on this Application Form.	<input type="checkbox"/> I consent to receive all investor correspondence from you by email to the email address provided <input type="checkbox"/> I wish to receive all investor correspondence by post to the address provided in on this Application Form.

	<input type="checkbox"/> I nominate my financial advisor as noted in section 6 to receive all investor correspondence.	<input type="checkbox"/> I nominate my financial advisor as noted in section 6 to receive all investor correspondence.
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### 3. ALL OTHER ACCOUNT HOLDERS INVESTOR DETAILS

<b>Investor Type/Capacity:</b>	<input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Co-operative <input type="checkbox"/> Government Body <input type="checkbox"/> Other
<b>Full Name of Company/ Business if Sole Trader/ Trust (including Trustee details) / Partnership/Association/ Cooperative/ Government Body:</b>	
<b>Tax File Number:</b>	
<b>ABN (if applicable):</b>	
<b>Principle Business Activity:</b>	
<b>Address:</b> <b>Street address 1:</b> <b>Street Address 2:</b> <b>Suburb:</b> <b>State:</b> <b>Postcode:</b> <b>Country:</b>	
<b>Phone Number (business hours):</b>	
<b>Mobile Number:</b>	
<b>Fax Number:</b>	
<b>Email address:</b>	
<b>Preferred contact method:</b>	<input type="checkbox"/> I consent to receive all investor correspondence from you by email to the email address provided

- |  |   |
|--|---|
|  | <input type="checkbox"/> I wish to receive all investor correspondence by post to the address provided in on this Application Form. |
|--|---|

## 4. AUTHORISED REPRESENTATIVE DETAILS

Complete this section if you wish to appoint a person to act in a legal capacity as your authorised representative and to operate your investment in the Fund on your behalf. In general, an authorised representative can do everything you can do with your investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until you advise us in writing that the appointment of your authorised representative has terminated. We may also terminate or vary an appointment of an authorised representative by giving you 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative.

**Please attach a certified copy of your Power of Attorney.**

**For information on how to certify your document please refer to the Certification Information Sheet**

Given Name:	
Surname:	
Signature of Authorised Representative:	
Date:	

## 5. INVESTMENT DETAILS

Please specify a class if applying into a specific class (if applicable):	
Investment Amount: (Subject to minimums)	
Source of funds being invested (choose most relevant) <ul style="list-style-type: none"> <li><input type="checkbox"/> Retirement income</li> <li><input type="checkbox"/> Employment income</li> <li><input type="checkbox"/> Business activities</li> <li><input type="checkbox"/> Sale of assets</li> <li><input type="checkbox"/> Inheritance/gifts</li> <li><input type="checkbox"/> Financial investments</li> <li><input type="checkbox"/> Other</li> </ul>	

<p><b>Payment Method:</b></p> <p><input type="checkbox"/> <b>Cheque</b>  <b>PTSL as RE of Trium Morphic ESG L/S Global Fund</b></p> <p><input type="checkbox"/> <b>Direct Debit (See form attached if applicable)</b></p> <p><input type="checkbox"/> <b>Direct Credit/Electronic Funds Transfer</b>  <b>Account Name: Mainstream Fund Services As Custodian For Trium Morphic ESG LS Global Application Account</b>  <b>BSB: 082-401</b>  <b>Account Number: 195808818</b>  <b>Bank: National Australia Bank</b>  <b>Address: 105 Miller Street, North Sydney, NSW 2000</b>  <b>SWIFT: NATAAU3302S</b></p>	
<p><b>Distribution payment instructions (choose one payment instruction):</b></p> <p><input type="checkbox"/> <b>Please reinvest my distributions in the relevant Fund</b></p> <p><input type="checkbox"/> <b>Please pay my distributions directly to my nominated bank account</b></p>	
<p><b>Your Distribution Bank Account Details:</b></p> <p><b>Bank:</b></p> <p><b>Account Name:</b></p> <p><b>BSB:</b></p> <p><b>Account Number:</b></p>	
<p><b>If you wish to have a separate bank account for redemption payments please fill the below:</b></p> <p><b>Your Redemption Bank Account Details:</b></p> <p><b>Bank:</b></p> <p><b>Account Name:</b></p> <p><b>BSB:</b></p> <p><b>Account Number:</b></p>	

## 6. FINANCIAL ADVISOR DETAILS

**By filling out this section you nominate and consent the named Financial Advisor access to your information.**

<b>Advisor Name (full name):</b>	
<b>Name of Advisory Firm:</b>	
<b>Name of Dealer Group:</b>	
<b>AFSL or AFSL Representative Number:</b>	
<b>Address:</b> <b>Suburb:</b> <b>State:</b> <b>Postcode:</b> <b>Country:</b>	
<b>Phone Number (business hours):</b>	
<b>Mobile Number:</b>	
<b>Fax Number:</b>	
<b>Email address:</b>	
<b>If you have elected your financial advisor to receive all investor correspondence, please confirm the financial advisors preferred contact method:</b>	<input type="checkbox"/> I consent to receive all investor correspondence from you by email to the email address provided in section 6. <input type="checkbox"/> I wish to receive all investor correspondence by post to the address provided in section 6.
<b>By filling out this section you are providing consent for us to redeem a sufficient number of units from your net investment value, deducted quarterly, to pay the Financial Advisor the following fees:</b>	
<b>Flat % of remuneration per annum of:</b>	% (0-1.1% including GST)
<b>Dollar remuneration per annum of:</b>	\$ (including GST)

## 7. DECLARATION

I/we declare and agree each of the following:

- I/we have read the current PDS to which this application applies and have received and accepted the offer in it.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of Perpetual Trust Services Limited ABN 48 000 142 049 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the PDS. I/we agree to provide further information or personal details to Perpetual Trust Services Limited and the custodian if required to meet their obligations under any anti- money laundering and counter-terrorism law and regulations, and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified.
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to Perpetual Trust Services Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify Perpetual Trust Services Limited of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify Perpetual Trust Services Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or Perpetual Trust Services Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- If I/we have appointed a financial adviser, payment to the financial adviser of the amount stated in section 6, which includes any amounts invested under the Savings Plan.
- I/we certify that the information provided in the separate ID forms, including information relating to tax-related requirements, is reasonable based on verifiable documentation.

I/we acknowledge and agree that:

- Perpetual Trust Services Limited may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with anti-Money laundering and counter-terrorism law and regulations as well as any tax-related requirements for tax residents of other countries.

Additional declaration and agreement for New Zealand investors:

- I/we received and accepted this offer in Australia or New Zealand.
- I/we understand that the PDS is not an investment statement under New Zealand law and that there are likely to be differences between the information provided in a PDS compared to an investment statement under New Zealand law.



## 8. SIGNATURES

Joint applicants must both sign. For Individual Trustee Trust/Superannuation Funds each individual Trustee must sign. For Corporate Trustee Trust/Superannuation Funds 2 Directors, a Director and Secretary or Sole Director must sign.

### Applicant 1

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Signature

Full Name

Date

Tick capacity (mandatory for companies):

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Director and Company Secretary | <input type="checkbox"/> Non-corporate trustee |
| <input type="checkbox"/> Director                            | <input type="checkbox"/> Partner               |
| <input type="checkbox"/> Secretary                           |  |

### Applicant 2

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Signature

Full Name

Date

Tick capacity (mandatory for companies):

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Director  | <input type="checkbox"/> Non-corporate trustee |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Partner               |

**Post your original signed Initial Application Form, Identification Forms and certified copies of your identification required to:**

**Mainstream Fund Services – Trium Morphic ESG L/S Global Fund**

**GPO Box 4968**

**Sydney NSW 2001**

**Please ensure that you have transferred your Application Monies, completed a direct debit request form or enclose a cheque for payment.**

**GUIDE TO COMPLETING THIS FORM**

- o Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- o Tax information must be collected from the individual
- o Contact your licensee if you have any queries.

**SECTION 1: PERSONAL DETAILS**

Surname Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)  
Street

Suburb State Postcode Country

**COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER**

Full Business Name (if any) ABN (if any)

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

Suburb State Postcode Country

**SECTION 2: TAX INFORMATION**

*Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.*

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia?      Yes     No

Is the individual a tax resident of another Country?    Yes     No

**If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.**

*A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.*

1.	Country <input style="width: 90%;" type="text"/>	TIN	<input style="width: 90%;" type="text"/>	If no TIN, list reason A, B or C	<input style="width: 90%;" type="text"/>
2.	Country <input style="width: 90%;" type="text"/>	TIN	<input style="width: 90%;" type="text"/>	If no TIN, list reason A, B or C	<input style="width: 90%;" type="text"/>
3.	Country <input style="width: 90%;" type="text"/>	TIN	<input style="width: 90%;" type="text"/>	If no TIN, list reason A, B or C	<input style="width: 90%;" type="text"/>

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

- Reason A** The country of tax residency does not issue TINs to tax residents  
**Reason B** The individual has not been issued with a TIN  
**Reason C** The country of tax residency does not require the TIN to be disclosed

**SECTION 3: VERIFICATION PROCEDURE**

Verify the **individual's** full name; and **EITHER** their date of birth or residential address.

- o* Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- o* Contact your licensee if the individual is unable to provide the required documents.

**PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS**

<b>Tick ✓</b>	Select ONE valid option from this section only
<input type="checkbox"/>	Australian State / Territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

**PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick ✓</b>	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Department of Human Services (previously known as Centrelink)
<b>Tick ✓</b>	<b>AND ONE</b> valid option from this section
<input type="checkbox"/>	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
<input type="checkbox"/>	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. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	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)
<input type="checkbox"/>	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

**PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick ✓</b>	Select ONE valid option from this section only
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

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

**IMPORTANT NOTE:**

- **Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR**
- **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents**

**SECTION 4: RECORD OF VERIFICATION PROCEDURE**

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer		
Issue Date		
Expiry Date		
Document Number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date  
Verification  
Completed

## **Certifying your documents**

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

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

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

### **People who can certify documents or extracts are:**

- A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- A magistrate, a chief executive officer of a Commonwealth court or a judge, registrar or deputy registrar of a court.
- A Justice of the Peace or a notary public (for the purposes of the Statutory Declaration Regulations 1993).
- An agent of the Australian Postal Corporation (APC) who is in charge of, or a permanent employee of the APC with 2 or more years of continuous service who is employed in or an office supplying postal services to the public.
- A police officer or an Australian consular officer or an Australian diplomatic officer (under the Consular Fees Act 1955).
- An officer with 2 or more continuous years of service with one or more financial institutions (under the Statutory Declaration Regulations 1993).
- A finance company officer with 2 or more continuous years of service with one or more financial companies (under the Statutory Declaration Regulations 1993).
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.