

AFSSEC Australian Development Mortgage Fund Application Form - Individual / Joint Investors / Sole Trader

Date 18 August 2016

Class A Units

AFSSEC Australian Development Mortgage Fund
ARSN: 603 046 377

Australian Golden Securities Ltd

ABN 36 143 006 151

Australian Financial Services Licence Number 363925

Level 8, 303 Collins Street, Melbourne VIC 3000

Telephone: +61 3 9013 0630

Fax: +61 3 80807144

Email: info@afssec.com.au

Website: www.afssec.com.au

The Application Form can be submitted in the following ways:

By mail

Please mail the completed Application Form to:

Funds Management Division
Australian Golden Securities Ltd
Level 8, 303 Collins Street,
Melbourne, VIC 3000, Australia

By Email

The completed Application Form can be sent by email to:

Fundapply@afssec.com.au

By Fax

The completed Application Form can be sent by fax to:

+61 3 8080 7144

Application Forms sent via email or fax will be processed upon reception, however, the original must be sent to us by mail for record purpose.

Please ensure you have fully read and understand the Information Memorandum regarding to Class A Units of the AFSSEC Australian Mortgage Fund ARSN: 603 046 377. Please use a black or blue pen to fill in this application form, print within the boxes in CAPITAL LETTERS and mark the appropriate boxes with an "X"

Section 1 – Individual/Joint investors/Sole trader details

Investor A

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)

Date of birth (dd/mm/yyyy)

Occupation

Residential address (PO Box NOT acceptable)

Suburb State

Postcode Country

Postal address Same as residential address

Suburb State

Postcode Country

Home phone number Work phone number

Mobile phone number Fax number

Email

Investor B

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)

Date of birth (dd/mm/yyyy)

Occupation

Residential address (PO Box NOT acceptable)

Suburb State

Postcode Country

Postal address Same as residential address

Suburb State

Postcode Country

Home phone number Work phone number

Mobile phone number Fax number

Email

Section 2 – Tax File Number (TFN), Australian business number (ABN) or exemption

You are not obliged to provide us with your TFN or ABN. However if you do not quote either and you do not claim an exemption, we are required to deduct tax at the highest marginal rate (plus levies including the Medicare Levy) from the distributions made to you.

Collection of TFNs is authorised and the use and disclosure of TFNs is strictly regulated by the tax laws and the Privacy Act.

TFN of Investor A

TFN of Investor B

Australian Business Number (ABN)

Or reason for exemption

Non-resident Registered charity

Other (provide details)

Section 3 – Investment details

AFSSEC Australian Mortgage Development Fund

Class A Units of AFSSEC Australian Mortgage Fund

ARSN code 603 046 377

Min. initial investment AUD \$500,000

Your Investment Amount AUD \$

Re-invest

Pay to bank

Note:
If no election has been made, distributions will be reinvested.

Section 4 – Source of investment

- Gainful Employment Business activity
 Investment Asset sale
 Inheritance / gift Superannuation savings
 Other (please specify)

Section 5 – Authorised signatories

The authorisation will apply to the whole process of managing your investment including application withdrawal and making an enquiry about your investment.

Joint accounts: if you do not cross a box we will assume all/both of us to sign.

If no option is selected, the signatories will be the same as the individual(s) who have signed the application form.

- Any one of us to sign
 All/both of us to sign
 Other (please specify)

Authorised Signatory 1

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)

Date of birth (dd/mm/yyyy)

Occupation

Residential address (PO Box NOT acceptable)

Suburb State

Postcode Country

Home phone number Work phone number

Mobile phone number Fax number

Email

Declaration:

By completing this form, you accept and agree to be bound by the terms and conditions contained in the applicable offer document. If you do not already have a copy of the relevant offer document you can obtain it from our website at www.afssec.com.au or by contacting us.

Signature

Date (dd/mm/yyyy)

Residential address (PO Box NOT acceptable)

Suburb State

Postcode Country

Home phone number Work phone number

Mobile phone number Fax number

Email

Declaration:

By completing this form, you accept and agree to be bound by the terms and conditions contained in the applicable offer document. If you do not already have a copy of the relevant offer document you can obtain it from our website at www.afssec.com.au or by contacting us.

Signature

Date (dd/mm/yyyy)

Authorised Signatory 2

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)

Date of birth (dd/mm/yyyy)

Occupation

Residential address (PO Box NOT acceptable)

Authorised Signatory 3

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)

Date of birth (dd/mm/yyyy)

Occupation

Residential address (PO Box NOT acceptable)

Suburb State

Postcode	Country
<input type="text"/>	<input type="text"/>
Home phone number	Work phone number
<input type="text"/>	<input type="text"/>
Mobile phone number	Fax number
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
Declaration:	
By completing this form, you accept and agree to be bound by the terms and conditions contained in the applicable offer document. If you do not already have a copy of the relevant offer document you can obtain it from our website at www.afssec.com.au or by contacting us.	
Signature	
<input type="text"/>	
Date (dd/mm/yyyy)	
<input type="text"/>	

Authorised contact person nomination

The following person will be authorised to receive correspondence in relations to the investment applied in this Application Form.

If no nomination has been made, the Authorised Signatory 1 will be deemed the Authorised Contact Person. For joint members, the member first named in the Register will be deemed the Authorised Contract Person.

Authorised contact person

Mr Mrs Miss Ms Other

First given name Other given name(s)

Surname

Any other name known by (if applicable)

Date of birth (dd/mm/yyyy)

Occupation

Residential address (PO Box NOT acceptable)	
<input type="text"/>	
Suburb	State
<input type="text"/>	<input type="text"/>
Postcode	Country
<input type="text"/>	<input type="text"/>
Home phone number	Work phone number
<input type="text"/>	<input type="text"/>
Mobile phone number	Fax number
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
Declaration	
By completing this form, you accept and agree to be bound by the terms and conditions contained in the applicable offer document. If you do not already have a copy of the relevant offer document you can obtain it from our website at www.afssec.com.au or by contacting us.	
Signature	
<input type="text"/>	
Date (dd/mm/yyyy)	
<input type="text"/>	

Section 6 – Payment options

Bank Transfer

If you pay in Australian Dollar, please pay to:

Account Name: Perpetual Corporate Trust Limited ACF AFSSEC Australian Mortgage Fund Class A

BSB: 012-003

Account Number: 8367 44595

Bank Name: Australian and New Zealand Banking Group Limited

Bank Address: 115 Pitt Street, Sydney ,NSW 2000, Australia

Swift Code: ANZBAU3MXXX

If you have nominated 'Pay to Bank' in the above Distribution Option, complete bank account details below.

Note: This account must be in the investor's name. Only Australian financial institution account details will be accepted.

Name of financial institution	<input type="text"/>
Branch name	<input type="text"/>
BSB number	<input type="text"/>
Account number	<input type="text"/>
Account holder's name(s)	<input type="text"/>

Distributions will be processed in AUD. If you nominate a bank account in another currency for payment, your money will be converted at the exchange rate applicable on the day your payment is processed.

Section 7 – Identification document

Under the Anti Money Laundering and Counter Terrorism Financing (AML/CTF) legislative regime, certain due diligence must be conducted on any prospective client before certain services may be provided to that person. The due diligence includes verifying a prospective client's identity. Applications made without providing this information cannot be processed until all the necessary information has been provided.

The AML/CTF compliance program will also include ongoing customer due diligence and reporting of suspicious matters to AUSTRAC as necessary, which may require AfsSec to collect further information.

Individuals

To be provided by	<ul style="list-style-type: none"> each individual client each individual nominated as authorised signatory in Section 5 of this Application Form each individual nominated as authorised contact person in Section 5 of this Application Form
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Please provide certified copies of one Primary Photographic Document OR one document from the Primary Non Photographic list AND Secondary Identification list for EACH such individual.

RELIABLE AND INDEPENDENT VERIFICATION DOCUMENTATION

DO NOT SEND ORIGINALS: CERTIFIED COPIES ONLY

- Primary Photographic (one proof required)
- Current photographic Australian or New Zealand driver's licence
 - Current Australian or New Zealand passport
 - Current State or Territory photographic ID card
 - Current foreign passport
 - Current ID card issued by a foreign government, containing a photograph & signature
 - Current foreign driver's licence with photograph & date of birth

OR

- Primary Non Photographic (one proof required)
- Australian or New Zealand Birth certificate
 - Australian or New Zealand citizenship certificate
 - Centrelink Pension card
 - Health Care card issued by Centrelink
 - Foreign citizenship certificate or birth certificate*

AND

Secondary Identification (one proof required) Commonwealth, State and Territory financial benefits notice (less than 12 months old)

- ATO/IRD Tax notice (less than 12 months old)
- Local government body or utilities provider notice (less than 3 months old) recording provision of services to the person at the address
- Notice issued within the last 3 months by school principal for a person under 18, recording period of time person attends school and person's residential address

Who may certify your documents as being a true and correct copy of the original

- Legal Practitioner enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia or New Zealand
- A Judge of a court
- A magistrate
- CEO of a Commonwealth Court
- Registrar or deputy registrar of a court
- Justice of the Peace
- Notary public
- Police Officer
- An agent of the Australian Postal Corporation
- Permanent employee of a post office*
- Australian Consular Officer or Diplomatic Officer
- Financial institution officer /employee of a bank*
- A finance company officer*
- Officer of or authorised representative of a holder of an Australian financial services licence*
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or National Institute of Accountants membership*

* Persons marked with an asterisk * must have two or more years of continuous service or membership.

The eligible certifier must include the following information:

- Their full name
- Address
- Telephone number
- The date of certifying
- Capacity in which they are eligible to certify, and
- An official stamp/seal if applicable the certified copy must include the statement, "I certify that this is a true copy of the original document".
- For photographic documents, the certified copy must include the statement, "I certify that this is a true copy of the original document and the photograph is a true likeness."

- I/we indemnify Australian Golden Securities against all loss, liabilities and costs incurred directly or indirectly and release all claims and liabilities in connection with any action by an authorised signatory under our appointment;
- I/we agree to terms and conditions of AGSEC as set out in the applicable offer documents of the funds I am/we are applying for.

Section 8 – Signature

I/we declare that:

- I/we have received and read the Information memorandum (for the issue of Class A units in the AFSSEC Australian Mortgage Fund and understood the information in relation to the Trust and the class of units I am/we are applying for;
- if I/we have applied for units in a class that is available to wholesale clients only, I/we agree to provide to the Responsible Entity evidence of my/our wholesale client status if requested; the information contained in this Application is true and correct;
- I/we agree to be bound by the terms and conditions of the Information Memorandum that apply to the class of units for the Trust applied for in this Application Form and the Constitution of the Trust;
- I/we understand there are risks in investing in the Trust and the class of units that I/we have applied for and the return of investment capital and the payment of any income is not guaranteed;
- I/we agree that I have read the Responsible Entity's Privacy Policy and that the Responsible Entity can collect, use and disclose my/ our personal information in the way described in the Privacy Policy;
- I/we acknowledge that if the trust is not closely held it will be a public trading trust and will be taxed as a company;
- I/we authorise the authorised signatories to act on my/ our behalf according to the signing authority option I/we has/have chosen in Section 9 of this Application Form;
- I/we have attached the identification documents required in this Application Form;
- I/we authorise an authorised signatory to have access to information about the account with authority taking effect on the date that AGSEC amends its records to note the appointment and continues until I/we cancel it by informing AGSEC in writing. Cancellation also takes effect on the date that AGSEC amends its records to note the change;
- I/we do not authorise an authorised signatory to make any changes to the account details or close the account;

Signature of Investor A

Full name of Investor A

Date (dd/mm/yyyy)

(Individual investor /individual of joint investors)

Signature of Investor B

Full name of Investor B

Date (dd/mm/yyyy)

(Individual investor /individual of joint investors)

Internal Use Only

Advisor Name

Verify Date

Signature