

APPLICATION FORM

The Seer Mega Trends Fund

This Application Form accompanies the Information Memorandum dated 26 November 2018 (**IM**) issued by Seer Asset Management Ltd (ACN 622 483 041, CAR 001264876) (**Investment Manager**) in its capacity as investment manager of the Seer Mega Trends Fund (**Fund**).

AMAL Trustees Pty Limited (ABN 98 609 737 064, AFSL 483459) (**AMAL** or the **Trustee**), is the trustee for the Fund and the issuer of units in the Fund (**Units**).

It is important that you read the IM in full and the acknowledgements contained in this Application Form before applying for Units.

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the IM.

Please tick one box below and complete the relevant Sections of the Application Form.

Investor Type	Complete
<input type="checkbox"/> Individual/Joint Investors/Sole Traders	Sections 1, 2, 5, 6, 7, 8 and 9
<input type="checkbox"/> Company	Sections 1, 3, 5, 6, 7, 8 and 9
<input type="checkbox"/> Trust/Superannuation Fund with Individual Trustee	Sections 1, 2, 4, 5, 6, 7, 8 and 9
<input type="checkbox"/> Trust/Superannuation Fund with Corporate Trustee	Sections 1, 3, 4, 5, 6, 7, 8 and 9

If you are an existing investor in the Seer Mega Trends Fund and this is an additional investment in the same name(s), please do not complete this Application Form. Please contact us for the 'Additional Investment Form'.

If you are investing via a Financial Adviser, please contact us for the "Financial Adviser Details and Customer Identification Declaration". You do not need to provide copies of your certified identification documentation with your Application Form if this information is provided to your financial adviser. Your financial adviser can elect to retain this information and agree to make it available upon request, under "Financial Adviser Details and Customer Identification Declaration".

Post/Deliver/Email

Please post completed Application Forms and all supporting documentation to:

The Seer Mega Trends Fund Unit Registry
11-13 Bentham Street
Adelaide SA

Email - Funds@mackand.co

Questions

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact the registrar on 1300 780 799.

1.1 DETAILS

I/we apply to invest in the Seer Mega Trends Fund

Amount: AUD

(Minimum of \$25,000)

Investment Payment

Wholesale: Please note that you can only apply for wholesale Units if you are a 'wholesale client' – as that term is defined in the Corporations Act 2001 (Cth). Please complete Section 1.2.

Your investment payment must be made via Electronic Funds Transfer to:

Bank: Macquarie Group Ltd
BIC/SWIFT code: MACQAU25
BSB: 182-222
Account Number: 304468069
Account Name: AMAL Trustees ATF Seer Mega Trends Fund

Date of Transfer

Reference Used

Source of Investment Funds

Please identify the source of your investable assets or wealth:

- Gainful employment Inheritance/gift Business activity
 Superannuation savings Financial Investments
 Other – please specify

What is the purpose of this investment?

- Savings Growth Income
 Retirement Business account

1.2 WHOLESALE CLIENT

I acknowledge that one of the following circumstances applies to me (please indicate):

- (a) I am/we are applying for Units at a price, or for the value of at least \$500,000 under this Application Form
 (b) I have/we have net assets of at least \$2.5 million, and I am/we are applying for Units in the Fund for a purpose other than for use in connection with a business
 (c) I have/we have a gross income for each of the last two financial years of at least \$250,000 per year, and I am/we are applying for Units in the Fund for a purpose other than for use in connection with a business
 (d) I am/we are a 'professional investor' as defined in the Corporations Act*

If (b) or (c) applies, please arrange for your accountant to provide an Accountant's Certificate that is no more than 24 months old certifying your 'wholesale client' status and submit this to us with your completed Application Form.

*If you consider yourself a 'professional investor' please contact the registrar on 1300 780 799 in order to complete the appropriate forms.

2. INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS/INDIVIDUAL TRUSTEES – APPLICATION FORM

Complete this section if you are investing in your own name, including as a sole trader.

2.1 INVESTOR DETAILS

INVESTOR 1

Title				Date of Birth	
Given Names				Surname	
Place of Birth (City/Town)				Country of Birth	
Residential Address (not a PO Box)					
Suburb	State	Postcode	Country		
Email					
Mobile Number			Telephone		

Tax File Number (TFN) *NOTE: You are not required to provide your TFN but if you do not provide your TFN and unless you claim a TFN exemption, the Trustee will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).*

INVESTOR 2 (only applicable for joint investors)

Title				Date of Birth	
Given Names				Surname	
Place of Birth (City/Town)				Country of Birth	
Residential Address (not a PO Box)					
Suburb	State	Postcode	Country		
Email					
Mobile Number			Telephone		

Tax File Number (TFN) *NOTE: You are not required to provide your TFN but if you do not provide your TFN and unless you claim a TFN exemption, the Trustee will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).*

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

Politically Exposed Person (PEP)

Are any of the Investors a PEP? Please refer to page 15 if you are unsure what PEP means.

Yes, please provide description of PEP's position.
 No

ADDITIONAL INFORMATION FOR SOLE TRADERS (only applicable if applying as a Sole Trader)

Full Business Name (if any)

Australian Business Number (if obtained)

Tax File Number (TFN)

NOTE: You are not required to provide your TFN but if you do not provide your TFN and unless you claim a TFN exemption, the Trustee will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

Address of Principal Place of Business (not a PO Box). If same as residential address given above, mark 'As Above'.

Suburb

State

Postcode

Country

2.2 IDENTIFICATION DOCUMENTS

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (**AML/CTF**) legislation, we must collect certain information from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 15 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify each investor and Beneficial Owner.

- Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

3. COMPANY/CORPORATE TRUSTEE – APPLICATION FORM

Complete this section if you are investing for, or on behalf of, a company.

3.1 COMPANY DETAILS

Full Company Name

Country of Formation, Incorporation or Registration

ARBN (if registered with ASIC)

ACN/ABN (if registered in Australia)

Tax File Number or Exemption Code (Australian residents)

AFS Licence Number (if applicable)

NOTE: You are not required to provide your TFN but if you do not provide your TFN and unless you claim a TFN exemption, the Trustee will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

Name of Regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator)

Registered Business Address in Australia or in Country of Formation

Suburb

State

Postcode

Country

Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

If an Australian Company, registration status with ASIC.

Proprietary Company

Public Company

If a Foreign Company, registration status with the relevant foreign registration body.

Private/Proprietary Company

Public Company

Other – Please Specify

Name of Relevant Foreign Registration Body

Foreign Company Identification Number

Is the Company Listed?

No

Yes – Name of Market/Stock Exchange

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

No

Yes – Name of Australian Listed Company

– Name of Market/Stock Exchange

Directors of the Company/Corporate Trustee

If the company is **registered as a proprietary company by ASIC** or a **private company by a foreign registration body**, please list the name of each director of the company.

Director 1 – Full Name

Director 4 – Full Name

Director 2 – Full Name

Director 5 – Full Name

Director 3 – Full Name

Director 6 – Full Name

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

Politically Exposed Person (PEP)

Are any of the company directors a PEP? Please refer to page 15 if you are unsure.

Yes, please provide description of PEP's position.

No

Beneficial Owners of the Company/Corporate Trustee

If the company is an **Australian proprietary company**, an **Australian non-listed public company** or a **foreign company**, please provide details for each shareholder who own directly, jointly or beneficially owns 25% or more of the company's issued share capital in Section 6.6. If no shareholder owns 25% or more of the company's issued share capital, please list the persons who directly or indirectly control the company in Section 6.6. Please refer to page 15 if you are unsure as to what Beneficial Owner means.

Politically Exposed Person (PEP)

Are any of the Beneficial Owners a PEP? Please refer to page 15 if you are unsure what PEP means.

Yes, please provide description of PEP's position.

No

3.2 CONTACT PERSON DETAILS *(Financial Adviser details not accepted)*

Given Names

Surname

Postal Address

Suburb

State

Postcode

Country

Email

Mobile Number

Telephone

3.3 IDENTIFICATION DOCUMENTS

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

Please refer to page 15 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify the company.

Perform a search of the ASIC database (unit registry to perform on behalf of the investor); or

Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public).

Select one of the following options to verify the Officeholders who have signed the Application Form and Beneficial Owners identified in Section 6.6.

Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

4. TRUST/SUPERANNUATION FUND

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

4.1 TRUST/FUND DETAILS

Full Name of Trust/Superannuation Fund

Country of Establishment

Tax File Number or Exemption Code

Australian Business Number (if any)

TYPE OF TRUST

(Please tick **ONE** box from the list below to indicate the type of Trust and provide the required information)

Type A: Regulated Trust (e.g. self-managed superannuation fund)

Name of regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing details

Type B: Government Superannuation

Fund Name of the legislation establishing the fund

Type C: Foreign Superannuation Fund

Name of Regulator

Registration/Licensing Details

Type D: Other Type of Trust/Unregulated Trust

Trust Description (e.g. family, unit, charitable)

4.2 ADDITIONAL INFORMATION FOR TYPE C AND TYPE D TRUSTS

SETTLOR OF THE TRUST

The material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000.00.

The settlor of the trust is deceased.

Neither of the above is correct:
Provide the full name of the settlor of the trust.

BENEFICIARY DETAILS

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

Yes – Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes)

No – Provide the full names of each beneficiary in respect of the trust in Section 6.6 (includes beneficial owners who ultimately own 25% or more of the trust).

Beneficial Owners of the Trust

Please provide details of the Beneficial Owners of the Trust in Section 6.6. A beneficial owner is an individual who ultimately owns 25% or more of the trust or an individual who controls (directly or indirectly) the trust. Control includes acting as a trustee, or as a result of, or by means of, trusts, agreements, arrangements, understandings and practices or exercising control through the capacity to direct the trustees, or having the ability to appoint or remove the trustees.

Refer to page 15 if you are unsure as to what Beneficial Owner means.

Politically Exposed Person (PEP)

Are any of the beneficiaries a PEP? Please refer to page 15 if you are unsure what PEP means.

Yes, please provide description of PEP’s position.

No

4.3 TRUSTEE DETAILS

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

4.4 IDENTIFICATION DOCUMENTS

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

Please refer to page 15 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

For Trusts identified under 4.1 as Type A & Type B – select one of the following options to verify the Trust.

- Perform a search of the relevant regulator’s website e.g. ‘Super Fund Lookup’ (unit registry to perform on behalf of the investor);
- Provide a copy of an offer document of the managed investments scheme e.g. a copy of a Product Disclosure Statement; or
- Provide a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

For Trusts identified under 4.1 as Type C & Type D –select one of the following options to verify the Trust.

- Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;
- Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or
- Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).

For Trusts identified under 4.1 as Type C & Type D – select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 6.6.

- Provide a certified copy of a driver’s licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

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

5. PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS

Please indicate how you would like your distributions to be paid by ticking one box only. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:

- Reinvest in the Fund; or
- Pay to my/our account (Please provide your financial institution account details as per below).

Financial Institution Account Details (must be an Australian financial institution)

Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Trustee to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.

Bank/Institution

Branch

Account Name

BSB

Account Number

The name of your nominated bank account must be the same as the Investor's name.

6. ACCOUNT HOLDER'S TAX RESIDENCY AND CLASSIFICATION – FATCA & CRS

The account holder is the person listed or identified as applicant in Sections 2, 3 and 4 (**Account Holder**).

The Account Holder's Country of Tax Residence, TIN, GIIN, FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) should be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

If you are unable to complete this form please seek an appropriate advice relating to the tax information required. For further details relating to the implementation of FATCA and CRS, please refer to the Australian Taxation Office's guidance material link:

<https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information---guidance-material/>

If you are applying:

- i. As an **Individual/Joint Investors/Sole Trader** please complete Section 6.1.
- ii. **All other types of entities** please complete Sections 6.2, 6.3, 6.4, 6.5 and 6.6.

6.1 TAX RESIDENCE – INDIVIDUAL/SOLE TRADER

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

Country of Tax Residence 1 <input type="text"/>	Taxpayer Identification Number 1 <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 2 <input type="text"/>	Taxpayer Identification Number 2 <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 3 <input type="text"/>	Taxpayer Identification Number 3 <input type="text"/>	TIN Unavailable: <input type="checkbox"/>

TIN Unavailable Explanation(s) – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.
If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.

IS THE ACCOUNT HOLDER A U.S. PERSON?

A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

Yes If ‘Yes’, the Account Holder’s U.S. country of residence and U.S. Tax Identification Number must be provided above.

No

6.2 ACCOUNT HOLDER’S GIIN (IF ANY) – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

If you are unable to complete this form please seek an appropriate advice relating to the tax information required. Account Holder’s GIIN (if any)

Sponsoring Entity’s Name (if the Account Holder is a sponsored entity, please provide the sponsor’s GIIN)

6.3 TAX RESIDENCE OF THE ACCOUNT HOLDER – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

Country of Tax Residence 1 <input type="text"/>	Taxpayer Identification Number 1 <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 2 <input type="text"/>	Taxpayer Identification Number 2 <input type="text"/>	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 3 <input type="text"/>	Taxpayer Identification Number 3 <input type="text"/>	TIN Unavailable: <input type="checkbox"/>

TIN Unavailable Explanation(s) – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

I/We certify the tax residence countries provided represent all countries in which the Account Holder is considered a tax resident.
If Account Holder has additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each such additional country.

6.4 FATCA STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

IS THE ACCOUNT HOLDER A U.S. PERSON?

If Yes, complete the U.S. Person certification

U.S PERSON CERTIFICATION

Is the Account Holder a specified U.S. person?

Yes Provide a U.S. TIN below.

No

U.S. Taxpayer Identification Number (TIN):

If No, complete the non U.S. Person certification

NON U.S. PERSON CERTIFICATION

Select a classification that matches your FATCA status:

Select only a single category.

- Participating FFI** (Provide GIIN in Section 6.2)
- Local/Partner Jurisdiction FFI** (Provide GIIN in Section 6.2)
- Deemed-Compliant FFI**
Select deemed-compliant category:
 - Trustee-Documented Trust (Provide GIIN and Trustee name in Section 6.2)
 - Sponsored Investment Vehicle (Provide GIIN and Sponsor's name in Section 6.2)
 - Registered-Deemed Compliant FFI (Provide GIIN in Section 6.2)
 - Other Deemed-Compliant Category
- Non-participating FFI**
- Exempt Beneficial Owner (includes self-managed superannuation fund) Direct**
- Reporting NFFE** (Provide GIIN in Section 6.2)
- Sponsored Direct Reporting NFFE** (Provide GIIN and Sponsor's name in Section 6.2)
- A Start-up Company formed in the past 24 months**
Please provide the date the entity was organized:
- Active NFFE**
- Passive NFFE** (Complete Section 6.6 – Controlling Persons)
- Other – describe the FATCA status**

6.5 CRS STATUS – COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

IS THE ACCOUNT HOLDER A FINANCIAL INSTITUTION?

Financial Institution

Is the entity an Investment Entity managed by an FI or other Financial Institution?

- Yes** If any tax residence country provided is not a participating CRS jurisdiction, then complete Section 6.6 – Controlling Persons.
- No**

Non-Financial Entity (NFE)

If the Account Holder is a Non-Financial Entity (NFE), select a classification that matches your CRS status:

- Government Entity, International Organisation and Central Bank**
- A corporation the stock of which is regularly traded on an established securities market (or entity related to such a corporation):**
Name of Securities Market:
Name of Related Entity:
- Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle, Trustee Documented Trust and Self-managed Superannuation Fund)**
- A Start-up Company formed in the past 24 months**
Please provide the date the entity was organized:
- Other Active NFE**
- Passive NFE** (Complete Section 6.6 – Controlling Persons)
- Other – describe the CRS Status**

6.6 CONTROLLING PERSONS (INCLUDES BENEFICIARY DETAILS UNDER SECTIONS 3.1 AND 4.2)

This section is considered an integral part of the self-certification to which it is associated. If there is a change in Controlling Persons/Beneficial Ownership, please submit an updated form within 30 days.

Controlling Person 1 / Beneficial Owner 1

First Name		Family Name/Surname	
<input type="text"/>			
Current Residence Address			
<input type="text"/>			
City/Town	State/Province	Postcode	Country (do not abbreviate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	City/Town of Birth	Country of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country of Tax Residence 1	Taxpayer Identification Number 1		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Country of Tax Residence 2	Taxpayer Identification Number 2		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Country of Tax Residence 3	Taxpayer Identification Number 3		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

TIN Unavailable Explanation(s) – If TIN is not provided above, please provide an explanation.

*Please tick the box/es to select the role types that are relevant to you (i.e. Controlling Person 1/Beneficial Owner 1).

<input type="checkbox"/> Controlling Person* /	<input type="checkbox"/> Beneficiary Type*
Legal Person*	<input type="checkbox"/> By Ownership <input type="checkbox"/> By other means <input type="checkbox"/> Senior Managing Official
Legal Arrangement – Trust*	<input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Protector <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other
Legal Arrangement – Other*	<input type="checkbox"/> Settlor – Equivalent <input type="checkbox"/> Trustee – Equivalent <input type="checkbox"/> Protector – Equivalent <input type="checkbox"/> Beneficiary – Equivalent <input type="checkbox"/> Other – Equivalent

Controlling Person 2 / Beneficial Owner 2

First Name		Family Name/Surname	
<input type="text"/>			
Current Residence Address			
<input type="text"/>			
City/Town	State/Province	Postcode	Country (do not abbreviate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	City/Town of Birth	Country of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country of Tax Residence 1	Taxpayer Identification Number 1		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Country of Tax Residence 2	Taxpayer Identification Number 2		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Country of Tax Residence 3	Taxpayer Identification Number 3		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

TIN Unavailable Explanation(s) – If TIN is not provided above, please provide an explanation.

*Please tick the box/es to select the role types that are relevant to you (i.e. Controlling Person 2/Beneficial Owner 2).

<input type="checkbox"/> Controlling Person* /	<input type="checkbox"/> Beneficiary Type*
Legal Person*	<input type="checkbox"/> By Ownership <input type="checkbox"/> By other means <input type="checkbox"/> Senior Managing Official
Legal Arrangement – Trust*	<input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Protector <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other
Legal Arrangement – Other*	<input type="checkbox"/> Settlor – Equivalent <input type="checkbox"/> Trustee – Equivalent <input type="checkbox"/> Protector – Equivalent <input type="checkbox"/> Beneficiary – Equivalent <input type="checkbox"/> Other – Equivalent

If there are more than 2 Controlling Persons or Beneficial Owners or Country of Tax Residences, please provide the details on a separate page and attach to this Application Form.

7. PRIVACY

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as broadly described in the Privacy statement in this IM.

I/we wish to receive information regarding future investment opportunities.

You may change your election at any time by contacting the Trustee or Investment Manager.

8. EMAIL COMMUNICATION CONSENT

Please tick the box below if you would like to receive all communications, including periodic statements, via email.

I/we would like to receive all communications via email.

If the above box is not ticked, all communications will be posted to you.

9. INVESTOR ACKNOWLEDGEMENTS, DECLARATIONS AND SIGNATURES

ACKNOWLEDGEMENTS, DECLARATIONS AND SIGNATURES

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

- I/we have read and understood the IM to which this Application Form applies, including any supplemental information;
- I/we have received and accepted the offer to invest in Australia;
- The information provided in my/our Application Form is true, correct and complete in all respects;
- I/we agree to be bound by the provisions of the Constitution governing the Fund and the terms and conditions of the IM, each as amended from time to time;
- I/we acknowledge that none of the Trustee, the Investment Manager, their related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Fund, any particular rate of return from the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Trustee or any of its related bodies corporate or associates;
- I/we acknowledge the Trustee and the Investment Manager reserve the right to reject any application or scale back an application in their absolute discretion;
- If applicable, after assessing my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund;
- If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form);
- I am/we are over 18 years of age and I/we are eligible to hold Units/investment in the Fund;
- I/we have all requisite power and authority to execute and perform the obligations under the IM and this Application Form;
- I/we acknowledge that application monies will be held in a trust account until invested in the Fund or returned to me/ us. Interest will not be paid to applicants in respect of their application monies regardless of whether their monies are returned;
- I/we have read the information on privacy and personal information contained in the IM and consent to my/our personal information being used and disclosed as set out in the IM;
- I/we acknowledge that the Issuer may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- I/we confirm that the Trustee and/or the Investment Manager and their agents are authorised to accept and act upon any instructions in respect of this application and the Units to which it relates which I/we give by facsimile or email. The onus is on me/us to ensure that any instructions given by facsimile and/or email are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Trustee and/or the Investment Manager and their agents against any loss arising as a result of any of them acting on facsimile or emailed instructions. Each of them may rely conclusively upon, and will incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument which they believe, in good faith, to be genuine or to have been signed by one or more properly authorised persons;
- I/we acknowledge that the Trustee is authorised to apply the TFN or ABN provided above to all future additional applications for Units, including reinvestment of distributions, unless I/we have notified otherwise;
- If investing as trustee on behalf of a superannuation 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 superannuation fund, I/we also confirm that it is a complying fund under the *Superannuation Industry (Supervision) Act 1993 (Cth)*;
- I/we acknowledge that my/our Units may be redeemed or monies may be deducted from my/our withdrawal proceeds without me/asking in order to pay any fees or other amount owing to any person. I/we authorise the Trustee to redeem such number of Units or deduct such monies as is necessary to meet any fees or other amount I/we owe any person. I/we acknowledge that this may have tax consequences for my/our investment in the Fund;

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- I/we indemnify the Trustee and the Investment Manager and each of their related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the **Indemnified Parties**) and to hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a **Loss**) due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to the Trustee and/or the Investment Manager, their agents or other parties in connection with my/our investment in the Fund. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Trustee and/or the Investment Manager and the issue and/or sale of the investment;
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the IM or my/ our investment;
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States or any other country for taxation purposes;
- I/we will promptly notify the Trustee and/or the Investment Manager of any change to the information I/we have previously provided to the Trustee and/or the Investment Manager, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us;
- I/we consent to the Trustee disclosing any information it has in compliance with its obligations under the US Foreign Tax Compliance Act (**FATCA**) and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information (**CRS**) and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required;
- I/we acknowledge that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, the FATCA and CRS (includes any related Australian law and guidance) and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, the Trustee and/or the Investment Manager may not allow me/us to invest in the Fund;
- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (**AML/CTF Law**);
- I/we will provide the Trustee and/or the Investment Manager with all additional information and assistance that the Trustee and/or the Investment Manager may request in order for the Trustee to comply with the AML/CTF Law, FATCA and CRS;
- I/we acknowledge that the Trustee and/or the Investment Manager may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the Trustee and/or the Investment Manager is/are concerned that the request or transaction may breach any obligation of, or cause the Trustee and/or the Investment Manager to commit or participate in an offence (including under the AML/CTF Law, FATCA and CRS).

Signature 1* _____

Signature 2* _____

Full Name _____

Full Name _____

Date _____

Date _____

Tick capacity (mandatory for companies):

Sole Director and Company Secretary

Director

Secretary

Tick capacity (mandatory for companies):

Sole Director and Company Secretary

Director

Secretary

Company Seal (if applicable) _____

*Joint applicants must both sign;

*Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Section 3.1; or

*For trust/superannuation fund applications each individual trustee must sign.

Post your original signed Application Form, Accountant's Certificate (if applicable) and original certified copies of

your identification document(s) to: Seer Mega Trends Fund Unit Registry

11-13 Bentham Street

Adelaide SA

Please ensure that you have transferred your application monies and provided details of the date of transfer and reference used in Section 1.1.

DOCUM NT

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:

1. 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).
2. A judge of a court.
3. A magistrate.
4. A chief executive officer of a Commonwealth court.
5. A registrar or deputy registrar of a court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the *Statutory Declaration Regulations 1993*).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*).
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*).
13. A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the *Statutory Declaration Regulations 1993*).
14. 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.
15. 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.

POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person (‘PEP’). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child’s spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with a PEP we may request additional information from you.

BENEFICIAL OWNER

To comply with AML/CTF laws, we require you to disclose the Beneficial Owners. Beneficial Owner means an individual who ultimately owns or controls (directly or indirectly) the investor.

‘Owns’ means ownership (either directly or indirectly) of 25% or more of the investor.

‘Controls’ includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies.

ADDITIONAL FORMS

Seer Asset Management Limited is able to provide upon request additional forms which may be useful for your application for investment including:

- Wholesale Client Accountant's Certificate
- Financial Adviser Customer Identification Form
- Additional Investment Form.