

APPLICATION FORM

ARGYLE WATER FUND

This Application Form is to be completed by investors who wish to apply for Units as part of the Offer made through this IM for the Argyle Water Fund dated 16 October 2020. This IM supercedes any previous versions. You should read the IM in full before completing this Application Form. It contains important information about the Offer and the Units.

APPLICATION AMOUNT

I/We apply for \$250,000 of Units at the Unit Price.

APPLICATION TYPE

Please X appropriate box

☐ Individual ☐ Joint ☐ Sole Trader ☐ Company ☐ Trust ☒ Super Fund ☐ Partnership ☐ Other

SOURCE OF FUNDS

Please select the origin and source of funds being invested:

☐ Savings ☐ Investment ☒ Superannuation contributions ☐ Commission ☐ Donation/Gift ☐ Inheritance
☐ Normal course of business ☐ Asset sale ☐ Other

What is the purpose of this investment?

☒ Savings ☒ Growth ☐ Retirement ☐ Business account ☐ Income

SECTION 1: NEW INVESTOR DETAILS

Please complete this section in conjunction with the AML/CTF Checklist on page 36 of the IM. If the AML/CTF information requirements are not satisfied, then your application will not be accepted.

A. INDIVIDUAL / INDIVIDUAL TRUSTEE / SOLE TRADER

APPLICANT 1

Title MR First name DONALD Middle name JOHN Last name HILL
 Date of birth 20/11/1966
 Residential address (not PO Box) 39 GERRA ST.
 Suburb, City or Town COORPAROO State QLD Postcode 4151
 Country (if not Australia) AUSTRALIA
 Tax file number or reason for exemption _____
 Country of residence for tax purposes (if not Australia) _____
 Business name (for sole trader) _____ ABN (if any) (for sole trader) _____
 Phone (Work) _____ Phone (Home) _____
 Mobile _____ Facsimile _____

APPLICANT 2

Title	First name	Middle name	Last name
Date of birth			
Residential address (not PO Box)			
Suburb, City or Town		State	Postcode
Country (if not Australia)			
Tax file number or reason for exemption			
Country of residence for tax purposes (if not Australia)			
Business name (for sole trader)		ABN (if any) (for sole trader)	
Phone (Work)		Phone (Home)	
Mobile		Facsimile	

B. COMPANY / CORPORATE TRUSTEE

Full name of company or corporate trustee	BRINSTONES PTY LTD		
Tax file number or reason for exemption	927 217 910	ACN/ABN	151 569 363
Business name (if applicable)			
Registered office address (not PO Box)* 39 GERRA ST.			
Suburb, City or Town	COORPAROO	State	QLD Postcode 4151
Country (if not Australia) AU.			
Principal Place of Business (not PO Box) 39 GERRA ST.			
Suburb, City or Town	COORPAROO	State	QLD Postcode 4151
Country (if not Australia) AU.			

*For registered foreign companies this may be the name (care of) and address of the company's local agent (if any)

Is this a ☐ public company ☐ a majority owned subsidiary of a public company or ☒ private company.

If this entity is a public company, please provide details of the exchange on which it is listed.

If this entity is a majority owned subsidiary of a public company, please provide the following details:

Name of parent company

Details of the exchange on which the parent company is listed

If this entity is a private company you must also provide details of the directors below.

DIRECTORS

Total number of Directors

Director 1	Given Name DONALD	Surname HILL
Director 2	Given Name SUSAN	Surname HILL
Director 3	Given Name	Surname

If there are more than three directors please provide details on a separate sheet.

BENEFICIAL OWNERS

If this entity is a public unlisted or private company, please provide details of all individuals who are beneficial owners through one or more shareholdings of more than 25% of the issued capital of the company.

Beneficial owner 1	Given Name	DONALD	Surname	HILL	Date of birth	20/7/66
Residential address (not PO Box) Street 39 GERRA ST.						
Suburb		COORPAROO	State	QLD	Postcode	4151 Country AU.
Beneficial owner 2	Given Name	SUSAN	Surname	HILL	Date of birth	15/1/70
Residential Address (not PO Box) Street 39 GERRA ST.						
Suburb		COORPAROO	State	QLD	Postcode	4151 Country AU.
Beneficial owner 3	Given Name		Surname		Date of birth	
Residential address (not PO Box) Street						
Suburb			State		Postcode	Country
Beneficial owner 4	Given Name		Surname		Date of birth	
Residential address (not PO Box) Street						
Suburb			State		Postcode	Country

If there are more than four beneficial owners please provide details on a separate sheet.

C. PARTNERSHIPS

Full Name of Partnership		
Business Name (if applicable)		
Tax file number or reason for exemption		
Country of Establishment		
Registered Office Address (not PO Box) Street		
Suburb, City or Town	State	Postcode
Phone (Business hours)	Facsimile	

PARTNER 1

Title	First name	Middle name	Last name
Date of birth			
Residential address			
Suburb, City or Town	State	Postcode	
Country (if not Australia)			
Tax file number or reason for exemption			
Country of residence for tax purposes (if not Australia)			
Phone (Work)	Phone (Home)	Mobile	

REGULATION INFORMATION

Is the Partnership regulated by a Professional Body?

☐ Yes. Provide the following details:

Association name

Association website

Partner's membership number / reference

☐ No. You must provide details of each partner. If there are more than two partners, please provide details on a different sheet.**PARTNER 2**

Title	First name	Middle name	Last name
Date of birth			
Residential address			
Suburb, City or Town		State	Postcode
Country (if not Australia)			
Tax file number or reason for exemption			
Country of residence for tax purposes (if not Australia)			
Phone (Work)		Phone (Home)	Mobile

D. TRUST / SUPERANNUATION FUNDS

Full name of trust / superannuation fund	BRINSTONES PTY LTD ATF BRINSTONES SUPER
Tax file number or reason for exemption	927217910
Country where trust/superannuation fund was established	AUSTRALIA
Full name (if any) of trustee(s)	

Please ensure that you complete Sections A or B (as appropriate) for the Trustee/s.

BENEFICIARY DETAILS

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

☐ Yes. Provide details of membership classes (unitholders, family members of named person, charitable organisations).☒ No. Please complete the following:

Total number of beneficiaries

Beneficiary 1	Given Name	DONALD JOHN	Surname	HILL
Beneficiary 2	Given Name	SUSAN BELINDA	Surname	HILL
Beneficiary 3	Given Name		Surname	

If there are more than three beneficiaries please provide details on a separate sheet.

REGULATED TRUST

If the Investment is via a Regulated Trust or SMSF, select and complete one of the following 3 options and then go to section E - Politically Exposed Persons.

<input checked="" type="checkbox"/> Self-Managed Superannuation Fund	ABN	70 672 058 306
<input type="checkbox"/> Registered Managed Investment Scheme	ARSN	
<hr/>		
<input type="checkbox"/> Other Regulated Trust	Name of regulator	Registration/licensing details

UNREGULATED TRUST

If the Investment is via a Unregulated Trust, select the Type of Unregulated Trust and Settlor's details and Beneficial Owner details.

Type of Unregulated Trust

- ☐ Unit Trust
 ☐ Discretionary Trust
 ☐ Charitable Trust
 ☐ Testamentary Trust
 ☐ Other

SETTLOR DETAILS FOR UNREGULATED TRUST

This is only required if the amount used to establish the Trust was greater than \$10,000 unless the settlor is deceased.

The full name of the Settlor

BENEFICIAL OWNER(S) / CONTROLLER OF THE TRUST

Please provide details of each individual who (directly or indirectly):

- ☐ Owns more than 25% of the Trust; or
- ☐ Controls the Trust.

If neither of these apply then any individual who holds the power to appoint or remove the Trustee of the Trust ('Appointer').

Beneficial owner 1	Given Name	DONALD	Surname	HILL	Date of birth	20/7/66
Residential address (not PO Box) Street						
39 GEERA ST.						
Suburb		COORPAROO		State	QLD	Postcode 4151 Country AU
Beneficial owner 2	Given Name	SUSAN	Surname	HILL	Date of birth	15/1/70
Residential Address (not PO Box) Street						
39 GEERA ST						
Suburb		COORPAROO		State	QLD	Postcode 4151 Country AU
Beneficial owner 3	Given Name		Surname		Date of birth	
Residential address (not PO Box) Street						
Suburb				State		Postcode Country

If there are more than three beneficial owners please provide details on a separate sheet.

E. POLITICALLY EXPOSED PERSON (PEP)

Is the investor a Politically Exposed Person?

- ☒ No
☐ Yes. Provide a description of the PEP's Position:

This certification must be completed by all investors to declare their FATCA and CRS status. Please refer to explanations of FATCA terms before completing this form. The Trustee is unable to provide you with tax or professional advice in respect of FATCA or CRS and we strongly encourage you to seek the advice of an experienced tax or professional adviser in relation to completing this form.

SECTION 2: APPLICANT'S TAX RESIDENCY AND CLASSIFICATION - FATCA AND CRS

WHAT ARE FATCA & CRS?

The U.S. Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS) are two ways in which a large number of governments are seeking the same thing - to improve global tax compliance. Both require financial institutions to capture relevant information on foreign tax payers, as follows:

- FATCA promotes cross border tax compliance by U.S. taxpayers, by implementing an international standard for the automatic exchange of information related to those taxpayers. Australia has entered into an inter-governmental agreement (IGA) with the U.S. to implement FATCA in Australia, to be administered through the ATO. The AUS-USA FATCA IGA requires the ATO to obtain detailed account information for U.S. citizens and/or taxpayers on an annual basis. The effect of this is that, to satisfy their FATCA obligations, relevant Australian financial institutions must identify any U.S. taxpayers and report those taxpayers' financial account data to the ATO.
- CRS is a global reporting standard, developed by the OECD, for the automatic exchange of information (AEOI). Its goal is to allow tax authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. Over 88 countries (refer to OECD link in section IV for participating jurisdictions) have agreed to share information on residents' assets and incomes in accordance with defined reporting standards. Once again, this means that financial institutions around the globe must provide tax authorities with taxpayer financial account data, and the financial institutions must therefore collect this information from their customers and pass it on.

I. INDIVIDUAL & JOINT INVESTORS

Please provide details for each individual. If there are more than 2 individuals please provide their details on a separate page.

FATCA

1. Are you a U.S. citizen or U.S. resident for tax purposes?

☐ Yes. Provide your Name & U.S. Taxpayer Identification Number (TIN) below and continue to question 2:

Individual 1	Individual 2
Full Name	Full Name
TIN	TIN

☒ No. Continue to question 2.

CRS

2. Are you a tax resident of any country outside Australia or the US?

☐ No. Skip to section 3 - Distribution Payment Details.

☐ Yes. Provide details below and skip to section 3. If resident is in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

Individual 1		
Country of Tax Residence	Tax Identification Number (TIN or equivalent)	Reason Code if no TIN provided
1		
2		
Individual 2		
Country of Tax Residence	Tax Identification Number (TIN or equivalent)	Reason Code if no TIN provided
1		
2		

continued on next page

If TIN or equivalent is not provided, please provide reason from the following options:

Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents

Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN).

☐ Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

II. SUPERANNUATION FUNDS

Full legal name of the Superannuation Fund

BRINSTONES PTY LTD ATK
BRINSTONES SUPER

3. Are you an Australian Retirement Fund? (refer to FATCA status definitions)

☒ Yes. Skip to section 3 - Distribution Payment Details.

☐ No. Continue to section III.

III. ENTITIES (COMPANY, TRUST, PARTNERSHIP, ASSOCIATION ETC.)

Full legal name of the Entity

FATCA

4. Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.

☐ U.S. person as defined under FATCA and U.S. Internal Revenue Code.

This includes but is not limited to company, trust or partnership that is established under the laws of a U.S. and is considered a U.S. resident for tax purposes.

(a) U.S. federal tax classification. Please confirm entity's U.S. federal tax classification below

☐ Single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company - C corporation ☐ Limited liability company - S corporation

☐ Limited liability company - Partnership ☐ Other. Please provide detail:

(b) Are you exempt from FATCA reporting?

☐ Yes. Please provide your FATCA exemption code FATCA exemption code

☐ No. Please provide your US TIN US TIN

☐ Financial institution (FFI). Select one of the options from (a) to (e) to confirm which type of FFI are you

☐ (a) Reporting IGA FFI or Participating FFI

Provide entity's GIIN and continue to question 5

GIIN

continued on next page

- ☐ (b) Sponsored FFI or Trustee Documented Trust
Please complete details of the Sponsoring entity or Trustee below and continue to question 5

Name of Sponsoring entity or Trustee

GIIN of Sponsoring entity or Trustee

- ☐ (c) FFI that does not need to register (e.g. Non-Reporting IGA FFI). Please complete details below and continue to question 5.

FATCA status

GIIN (if applicable)

- ☐ (d) Non-participating FFI. Note that information about you will be reported to ATO and IRS. Continue to question 5
☐ (e) Exempt Beneficial Owner. Continue to question 5

- ☐ **Non-Financial Foreign Entity ('NFFE'). Select one of the options from (a) to (c) to confirm which type of NFFE are you**

- ☐ (a) Active NFFE. Continue to question 5
☐ (b) Passive NFFE with no controlling U.S. persons. Continue to question 5
☐ (c) Passive NFFE with controlling persons (refer to FATCA definitions) who are U.S. citizens or U.S. residents for tax purposes. Provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach to this form) and continue to question 5:

US Person 1

US Person 2

☐ Controlling Person ☐ Beneficiary ☐ Trustee ☐ Owner

☐ Controlling Person ☐ Beneficiary ☐ Trustee ☐ Owner

☐ Director ☐ Other - please specify _____

☐ Director ☐ Other - please specify _____

Full Name

Full Name

Residential address (PO box is not acceptable)

Residential address (PO box is not acceptable)

U.S. Taxpayer Identification Number (TIN)

U.S. Taxpayer Identification Number (TIN)

CRS

5. Are you a tax resident of any other country outside of Australia or the US?

- ☐ No. Continue to question 6.
☐ Yes. Provide details below and continue to question 6. If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

Country of Tax Residence

Tax Identification Number (TIN or equivalent)

Reason Code if no TIN provided

1

2

If TIN or equivalent is not provided, please provide reason from the following options:

- ☐ Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents
☐ Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN).

- ☐ Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

6. Are you a Financial Institution for the purposes of CRS?

- ☐ Yes. Continue to question 7.
☐ No. Skip to question 8.

7. Are you an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

- ☐ Yes. Continue to question 9.
☐ No. Skip to section 3 - Distribution Payment Details.

8. Are you an Active Non-Financial Entity (Active NFE)?

- ☐ Specify the type of Active NFE below and then skip to section 3 - Distribution Payment Details.
☐ Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income
☐ Corporation that is regularly traded or a related entity of a regularly traded corporation
☐ Governmental Entity, International Organisation or Central Bank
☐ No. You are a Passive Non-Financial Entity (Passive NFE). Continue to question 9.

9. Controlling Persons – Does one or more of the following apply to you:

- ☐ Is any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?
☐ If you are a trust, is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?
☐ No. Continue to section 3 - Distribution Payment Details.
☐ Yes. Complete details below for these persons and continue to section 3 - Distribution Payment Details.

Code	Name	Date of Birth	Residential Address	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason if no TIN provided
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1

2

If there are more than 2 controlling persons, please list them on a separate piece of paper.

If TIN or equivalent is not provided, please provide reason from the following options:

- ☐ Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents
☐ Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN).

- ☐ Reason C: No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

* TIN is the number assigned by each country, for the purpose of administering tax laws (equivalent of Tax File Number in Australia).

IV. EXPLANATIONS

COMMON TERMS

Financial institution (also referred to as Foreign financial institution or "FFI" under FATCA) – an entity created or organised outside of the U.S. and includes:

- Depository institution – entity that accepts deposits in the ordinary course of banking or similar business (banks, credit unions), or
- Custodial institution – entity that holds financial assets for the account of others as a substantial portion of its business (brokers, custodians), or
- Investment entity – means any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:
 - trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange; interest rate and index instruments; transferable securities; or commodity futures trading;
 - individual and collective portfolio management; or
 - otherwise investing, administering, or managing funds or money on behalf of other persons.

Non-Financial Foreign Entity ("NFFE") – any non-U.S. entity that is not a financial institution. NFFE can be either Active NFFE or Passive NFFE (refer below for more details).

U.S. citizen or U.S. resident for tax purposes – includes:

- 1 anyone born in the U.S. (who hasn't renounced their citizenship)
- 2 anyone living in the U.S.
- 3 a green card holder
- 4 U.S. passport holder
- 5 U.S. companies, trusts or partnerships

Controlling Persons – means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.

GIIN – Global Intermediary Identification Number is an IRS registration number for financial institutions.

TIN – is U.S. Taxpayer Identification Number and may include Social Security Number (SSN) or Employer Identification Number (EIN).

IGA – Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA.

Australian Retirement Fund

- Any plan, scheme, fund, trust, or other arrangement operated principally to administer or provide pension, retirement, superannuation, or death benefits that is a superannuation entity or public sector superannuation scheme (including an exempt public sector superannuation scheme) as defined in the Superannuation Industry (Supervision) Act 1993, or a constitutionally protected fund as defined in the Income Tax Assessment Act 1997.
- A pooled superannuation trust as defined in the Income Tax Assessment Act 1997.
- Any Entity that is wholly owned by, and conducts investment activities, accepts deposits from, or holds financial assets exclusively for or on behalf of one or more plans, schemes, funds, trusts, or other arrangements referred to in subparagraphs (1) or (2) of this paragraph.

FATCA STATUS

FATCA status refers to entity classification under FATCA and may include:

1. Active NFFE – any NFFE that meets following criteria:

- 1 NFFE where less than 50% of income is passive income (i.e. dividends, interest, annuities etc.) and less than 50% of its assets produce passive income; or
- 2 Entity's stock is regularly traded on established securities market (e.g. entity listed on ASX) or affiliated group of such entity; or
- 3 Entity organised in U.S., Territory and owned by its residents, or Foreign government; or
- 4 International organisation; or
- 5 Foreign Central Bank of issue; or
- 6 Any other specifically identified class of entities, including those posing a low risk of tax evasion, as determined by the IRS (e.g. start-up entities, entities in liquidation, not-for-profit entities etc.)

2. Passive NFFE with controlling U.S. persons – any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and has controlling U.S. persons.

3. Passive NFFE with no controlling U.S. persons – any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and where none of the entity's controlling persons are U.S. persons.

4. Participating FFI – an FFI that enters into an agreement with the IRS to undertake certain due diligence, withholding and reporting requirements for U.S. account holders in accordance with FATCA and is generally able to provide GIIN.

5. Exempt Beneficial Owner – this is non-reporting entity under FATCA and may include:

- 1 The Australian Government, State and local governments and local authorities and their wholly owned agencies or instrumentalities, including certain named entities;
- 2 International, intergovernmental and supranational organisations;
- 3 Reserve Bank of Australia and its subsidiaries;
- 4 Complying Australian superannuation funds (including self-managed super funds);
- 5 Investment entity wholly owned by exempt beneficial owners;

6. Non-Reporting IGA FFI – this is non-reporting entity (certified or registered deemed-compliant FFI) under FATCA and may include:

- 1 Financial institution with Australian client base (must satisfy all condition listed in paragraph III. A of Annex II of the IGA, including at least 98% of the U.S. dollar value of all account balances must be held by Australian residents);
- 2 Small local banks that meet criteria listed in the IGA;
- 3 Financial institution that is not an Investment Entity with only Low-Value Accounts (i.e. with value of U.S.\$ 50,000 or less) and with total assets of no more than U.S.\$50 million;
- 4 Qualified credit card issuer (with customer deposits of U.S.\$50,000 or less);
- 5 Trustee-Documented Trust – A trust established under the laws of Australia to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust;
- 6 Sponsored investment entity – an investment entity established in Australia that has a Sponsoring entity;
- 7 Certain Investment Manager and Investment Advisors;
- 8 Certain Collective Investment Vehicles that meet criteria listed in the IGA.

7. Non-Participating FFI – an entity that does not comply with FATCA and generally will not fall into any of the below categories:

- 1 Participating FFI; or
- 2 Reporting FFI; or
- 3 Exempt Beneficial Owner

Further information about FATCA & CRS can found at:

<http://www.irs.gov/fatca>

<http://treasury.gov.au/Policy-Topics/Taxation/Tax-Treaties/HTML/Intergovernmental-Agreement>

http://www.pph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1314/GG/FATCA

FATCA <http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/>

<http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/MCAA-Signatories.pdf>

SECTION 3: DISTRIBUTION PAYMENT DETAILS

Investors have the option to reinvest their Distributions or have Distributions paid to their nominated bank account. If no box is ticked, Distributions will be reinvested.

☒ Reinvest Distributions as additional Units in the Fund ☐ Pay Distributions to nominated bank account below

Please make deposits to the following account:

Account Name

BSB Number

Account Number

SECTION 4: METHOD OF PAYMENT

CHEQUE (FOR FULL AMOUNT) \$

Payable to Perpetual Corporate Trust Limited

DIRECT DEPOSIT:

Bank: Commonwealth Bank of Australia
 Account name: Perpetual Corporate Trust Limited acf Argyle Water Fund Applications Account
 BSB: 062-000
 Account number: 16216793

When depositing funds please include the following reference: "Entity/Surname" - Argyle Water Fund to enable us to identify the funds.

Please ensure the amount you pay is net of any taxes or bank fees which may be levied by your bank in connection with your application.

SECTION 5: REPORTING

Please indicate your preferred method to receive communications about your investment:

☒ Email Name: JOHN HILL Email Address: djohnhill@gmail.com
 Mobile: 0412000789

Secondary Contact Name: SUSAN HILL Secondary Contact Email: susanhill@gmail.com

Third Contact Name: _____ Third Contact Email: _____

Fourth Contact Name: _____ Fourth Contact Email: _____

Accountant/Financial Contact Name: Randall Corless

Accountant/Financial Contact Email: randallc@mtaccountants.com.au

If you would like copies of the correspondence emailed to your Financial Adviser, and if you authorise your Financial Adviser to access your investment information (in respect of all your Argyle investments) on the Argyle Investor Portal, please have your Financial Adviser complete the section below.

SECTION 6: ADVISER USE ONLY

By providing your adviser details, you certify that you are appropriately authorised to provide financial services in relation to this product.

ADVISER'S CONTACT DETAILS

Dealer Group	Dealer Group AFSL
Adviser Firm	Adviser Firm AFSL
Adviser Name	Authorised Representative Number
Adviser email address	Adviser contact phone number

Please nominate below whether your client's identification documentation is attached to the Application Form.

☐ Not attached

By ticking this box, I declare that I have completed the AML/CTF identification and verification for this applicant as required by the AML/CTF Act and AML/CTF Rules and I am satisfied that the identity of the applicant is as stated on this Application Form. I have retained a copy of the identification documents obtained and a record of the procedure undertaken to verify the identity of the applicant and I agree to provide a copy of this information upon request to support this declaration.

☐ Attached

CERTIFIED COPIES of the identification documentation specified in the AML section under the relevant investor type are provided with this Application Form.

Adviser Stamp or Signature

DECLARATION AND SIGNING

By completing, signing and lodging this Application Form, you acknowledge and agree that:

- 1 You have read in full and understood the IM to which this Application Form relates.
- 2 You acknowledge that none of The Trust Company (Australia) Limited or any of their related entities, officers or employees or any related company or any of the appointed service providers including the Investment Manager, Custodian and administrator guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund, nor do they make any recommendation as to the suitability or taxation consequences of investing in the Fund.
- 3 The details you have inserted into the Application Form are complete and accurate and where applicable reflects your tax status for purposes of FATCA/CRS.
- 4 You will promptly notify the Trustee of any change to the information you have previously provided to the Trustee, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in the Fund.
- 5 You consent to the Trustee disclosing any information it has in compliance with its obligations under FATCA and the 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.
- 6 You acknowledge that the collection of your 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*.
- 7 You will provide the Trustee with all additional information and assistance that the Trustee may request in order for the Issuer to comply with the AML Act, FATCA and CRS.
- 8 You will be bound by the Trust Deed and the terms on which the Units are being issued (as explained in the IM).
- 9 If you are sole signatory signing on behalf of a company, you confirm that you are signing as sole director and sole secretary of the company or as duly authorised representative or agent of the company.
- 10 If you are investing as a trustee, on behalf of a superannuation fund or a trust, you confirm that you are acting in accordance with your designated powers and authority under the trust deed. In the case of a superannuation fund, you also confirm that it is a complying fund under the *Superannuation Industry (Supervision) Act*.
- 11 If you sign this Application Form under a power of attorney, then a certified copy of the power of attorney is submitted with this Application Form, which as at the date of this application, has not been revoked.
- 12 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 for taxation purposes.

- 13 You are over the age of 18.
- 14 You have made an offer for Units in the Fund and that offer cannot be revoked.
- 15 The Trustee may accept or reject this application in whole or in part.
- 16 You may not be allocated any Units, and the Trustee has absolute discretion to allocate Units as it sees fit.
- 17 You have had the opportunity to seek independent professional advice regarding the legal, taxation and financial implications of investing in the Units and in the Fund generally.
- 18 You have not relied on any statements or representations made by anybody (including the Trustee, Investment Manager or their officers, employees or agents) prior to applying, other than those representations made in this IM.
- 19 Monies invested in the Fund do not represent an investment in or a deposit of or other liability of the Trustee or Investment Manager and an investment is subject to investment risk, including possible delays in the repayment and loss of income and capital investment.
- 20 You have provided all documentation requested for AML/CTF investor identification purposes (see page 36 of the IM).
- 21 If your investment is via a trust that is not a registered managed investment scheme or a government superannuation fund and you have not provided details of the name of each beneficiary or class of beneficiary, you certify that the trust is an unregistered managed investment scheme that only has wholesale clients as beneficiaries and does not make small scale offerings under section 1012E of the *Corporations Act*.
- 22 If an adviser's details are provided on page 48 of the IM, the Trustee is authorised to provide information directly to that adviser.
- 23 You have read and understood the privacy section contained in the Information Memorandum.

PRIVACY NOTICE

Perpetual Corporate Trust Limited (the 'Custodian') may collect your personal information for the primary purpose of providing custodial services to the Trustee and for ancillary purposes detailed in the Privacy Policy. The Custodian may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, the Trustee, professional advisers, the land titles office and/or as otherwise instructed by the Trustee. We are also permitted to collect and disclose your personal information when required or authorised to do so by law. The Custodian is not likely to disclose your personal information to overseas recipients. Your personal information will be used in accordance with the Custodian's Privacy Policy. The Privacy Policy contains information about how you may access or correct your personal information held by The Custodian and how you may complain about a breach of the Australian Privacy Principles. You may obtain a copy of the Privacy Policy at www.perpetual.com.au/privacy-policy.

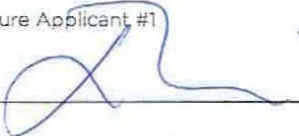
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DONALD JOHN HILL

Name of Applicant #1

Signature Applicant #1



22/10/21

DD/MM/YYYY

Position of applicant (if applicable)

☐ Sole Director

☒ Director

☐ Trustee

SUSAN BELINDA HILL

Name of Applicant #2

Signature Applicant #2



22/10/21

DD/MM/YYYY

Position of applicant (if applicable)

☐ Company Secretary (for company investments only)

☒ Director

☐ Trustee

Please complete in black or blue pen and use CAPITAL letters.

Fund Name: ARGYLE WATER FUND

Class (only if fund has multiple classes): Lead Series

1. INVESTOR DETAILS

Investor Name: Brinstones Pty Ltd <Brinstones Super>

Investor Number: I00932

CONTACT DETAILS

Contact Name: John Hill

Contact Number: 0412000789

Contact Email: djohnhill@ydot.com.au

2. APPLICATION AMOUNT

APPLICATION AMOUNT: \$ 200000.00

Investment funding: Deposit Funds electronically into Fund's application account.

Bank: Commonwealth Bank of Australia

Account name: Perpetual Corporate Trust Limited acf Argyle Water Fund Applications Account

BSB: 062-000


Account number: 16216793

Reference: Entity/Surname - Argyle Water Fund

3. AUTHORISATION

I/we instruct Argyle Capital Partners Pty Ltd to effect the additional investment in accordance with the completed instructions set out above.

Signature

 Digitally signed by Donald John Hill
DN: cn=Donald John Hill, o, ou,
email=djohnhill@gmail.com, c=AU
Date: 2021.11.29 09:20:02 +10'00'

Print Name


John Hill

Title: ☐ Individual ☐ Sole ☐ Director ☒ Director Trustee

Date

29/11/2021

Signature

 Digitally signed by Susan B. Hill
DN: cn=Susan B. Hill, o, ou,
email=djohnhill@gmail.com, c=AU
Date: 2021.11.29 09:14:33 +10'00'

Print Name

Susan Hill

Title: ☐ Individual ☐ Sole ☐ Director ☒ Director Trustee

Date

29/11/2021

Please note: it is up to the investor to ensure Argyle Capital Partners Pty Ltd have been notified of authorised signatories on this account.
Where we cannot match the signature to the initial application form or signatory list provided there may be delays in the processing of this request.

4. COMPLETED FORM

Please scan and email this completed form to:

Investor Services

investorservices@argylegroup.com.au

Attn: Funds Administration

If you have any questions about this form please contact us on (07) 3077 7910 or investorservices@argylegroup.com.au.

DECLARATION AND SIGNING

By completing, signing and lodging this Application Form, you acknowledge and agree that:

- n You have read in full and understood the IM to which this Application Form relates.
- n You acknowledge that none of The Trust Company (Australia) Limited or any of their related entities, officers or employees or any related company or any of the appointed service providers including the Investment Manager, Custodian and administrator guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund, nor do they make any recommendation as to the suitability or taxation consequences of investing in the Fund.
- n The details you have inserted into the Application Form are complete and accurate and where applicable reflects your tax status for purposes of FATCA/CRS.
- n You will promptly notify the Trustee of any change to the information you have previously provided to the Trustee, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in the Fund.
- n You consent to the Trustee disclosing any information it has in compliance with its obligations under FATCA and the 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.
- n You acknowledge that the collection of your 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*.
- n You will provide the Trustee with all additional information and assistance that the Trustee may request in order for the Issuer to comply with the AML Act, FATCA and CRS.
- n You will be bound by the Trust Deed and the terms on which the Units are being issued (as explained in the IM).
- n If you are sole signatory signing on behalf of a company, you confirm that you are signing as sole director and sole secretary of the company or as duly authorised representative or agent of the company.
- n If you are investing as a trustee, on behalf of a superannuation fund or a trust, you confirm that you are acting in accordance with your designated powers and authority under the trust deed. In the case of a superannuation fund, you also confirm that it is a complying fund under the *Superannuation Industry (Supervision) Act*.
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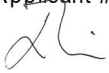
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Name of Applicant #1 **D. John Hill**

Signature Applicant #1

 Digitally signed by Donald John Hill
DN: cn=Donald John Hill, o, ou,
email=djohnhill@gmail.com, c=AU
Date: 2021.11.29 09:49:33 +10'00'**29/11/2021**

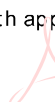
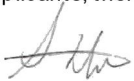
DD/MM/YYYY

Position of applicant (if applicable)

☐ Sole Director☒ Director☐ TrusteeName of Applicant #2 **Susan Hill**

Signature Applicant #2

(if joint applicants, then both applicants must sign)

 Digitally signed by Donald John Hill
DN: cn=Donald John Hill, o, ou,
email=djohnhill@gmail.com, c=AU
Date: 2021.11.29 09:50:26 +10'00'**29/11/2021**

DD/MM/YYYY

Position of applicant (if applicable)

☐ Company Secretary (for company investments only)☒ Director☐ Trustee