# **SECTION 7: APPLICATION FORMS**

#### Before you start

**On-line** An on-line application facility is available from our website at www.memecapital.com.au.

This guided facility includes identification verification and is generally simpler than using

the paper-based forms provided here.

Print If you do wish to use the paper-based forms provided here please print clearly.

Choose a dark pen. Cross out and initial any changes (do not use liquid paper). If

you run out of room please attach the extra information clearly.

**Faxes?** We do not accept emails for initial applications. All paper-based initial applications

(including relevant identification documentation) must be mailed.

**Questions?** Contact us. Our details are in the Contacts section of this IM.

#### The Forms

The forms required to make an application to invest in the Fund will vary depending on the type of investor, and should be completed as indicated below.

Form Application Forms		Investor Type					
				Trust (incl. SMSF)			
		Individual(s)	Company	Individual Trustee	Corporate Trustee		
Part A – Investor & Investment Details	27 - 29	✓	✓	✓	✓		
Part B – Investor Identification							
Section B.1. Companies	30 - 32		✓		✓		
Section B.2. Trusts	33 - 34			✓	✓		
Section B.3. Individuals	35 - 36	✓		✓			
Part C – FATCA & CRS Self-Declaration	37 - 39	✓	✓	✓	✓		
Part D – Declaration & Signature	41 - 42	✓	✓	✓	✓		
Other Forms							
Sophisticated or Professional Investor Certificate (if a wholesale client investing less than \$500,000)		As required	As required	As required	As required		
Adviser's Certificate		As required	As required	As required	As required		
Additional Application Form		As required	As required	As required	As required		
Redemption Request Form	48	As required	As required	As required	As required		

#### Checklist

Ц	complete and sign the appropriate Application and Identification Forms
	attach certified copies of the correct documents to your Identification Form
	attach your cheque or transfer your application monies to:

Theta AML ATF Meme Australian Share Fund – Application Account

☐ give all of this to your financial adviser or send it to our administrator:

Meme Capital Management Pty Ltd Att: Meme – Unit Registry PO Box 191 Cottesloe WA 6911



#### **Examples of correct names and required signatures**

Type of Investor	☑ Correct Name	☑ Incorrect Name	Signature Required
• use full name of each applicant, do not use initials	Alexander John Smith Laura Sue Barden	Alex Smith Laura S Barden	signature of each     applicant
use full company title, do not use abbreviations	ABC Pty Ltd  XYZ Limited	ABC P/L ABC Co. XYZ Inc.	<ul> <li>by two directors, or</li> <li>by a director and a secretary, or</li> <li>if there is only one director by that sole director</li> </ul>
Trusts/minors  use trustee(s)/ individual(s) name(s)  use trust/minor name as designation	Paul Ryan Smith ATF <smith family="" trust=""> Paul Ryan Smith <joel smith=""></joel></smith>	Paul Smith Family Trust Joel Smith	<ul> <li>signature of each trustee/individual</li> <li>if trustee is a company, see above</li> </ul>
Superannuation fund  use trustee(s)personal name(s)  use fund name as designation	Amy Rachel Wood ATF <amy Wood Super Fund&gt; ABC Pty Ltd ATF <smith Superannuation Fund&gt;</smith </amy 	A R Wood Super Fund Smith Super Fund	signature of each     Trustee     if trustee is a company,     see above
Deceased estates  use executor(s) personal names, do not use name of the deceased	John Smith <est a="" c="" jane="" smith=""></est>	Estate of the Late Jane Smith	signature of the executor(s)

#### How to Invest

To invest in the Fund you will need to complete and sign the attached Application Form.

- Supply of Tax File Numbers ("TFN") is discretionary. It is not an offence if you decide not to supply your TFN. If you do not supply your TFN, however, tax will be deducted from your income earned at the highest marginal tax rate (plus Medicare levy) and forwarded to the Australian Taxation Office. These deductions will appear on your statements. A form is attached for your convenience.
- Joint applications must be signed by all applicants. Joint investments will be deemed to be held as Joint Tenants.
- Applications under Power of Attorney must be accompanied by a certified copy or the original of the Power of Attorney with specimen signatures.

The minimum initial investment in the Fund is \$20,000 and the minimum additional investment is \$5,000. Applications lower than these minimums will be at the discretion of the Investment Manager. All investors will need to qualify as a wholesale client (as the Corporations Act defines this) or if a non-wholesale client will be subject to the exceptions provided in Section 1012E of the Corporations Act (see Section 5). The Trustee may vary the minimum investment amounts from time to time. Any interest on monies received prior to processing days is credited to the portfolio generally.



Application monies should be received by 4.00pm Perth time 1 business day prior to the last business day of the week (i.e. normally by 4:00pm Perth time on Thursday) by cheque or by electronic transfer to:

Bank: NAB

Account Name: Theta Asset Management Limited ATF Meme Australian Share Fund –

**Application Account** 

BSB: 082 080 Account number: 941849620

NB: Cash cannot be accepted.

Application forms received and monies received 1 business day prior to the last business day of the week will receive the unit price that is calculated for the next valuation date (for applications). Please send completed Application Forms (and cheques if applicable) to:

Meme Capital Management Pty Ltd Att: Meme – Unit Registry PO Box 191 Cottesloe WA 6911

## How do you qualify as a wholesale client?

If you are applying for \$500,000 or more (and you are not using superannuation sourced monies to invest<sup>5</sup>) you'll be automatically deemed a wholesale client and no additional documentation is required. If you are a wholesale client investing less than \$500,000 additional documentation will be required to certify that you are a wholesale client in the form of:

- 1. An accountant's certificate certifying that you have, or that you control entities that have:
  - net assets of at least A\$2.5million, or
  - gross income for each of the last two financial years of at least \$250,000.

OR

- 2. A statutory declaration that you:
  - are a trustee of a superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 with net assets of at least A\$10 million,
  - control at least A\$10 million (including any amount held by an associate or under a trust that the investing entity manages),
  - are a manufacturer and employ 100 or more people, or the investing entity is not a manufacturer and employs 20 or more people,
  - hold an Australian financial services licence, or
  - are a 'professional investor' as otherwise defined in the Corporations Act.

Please contact the Administrator if you need assistance in providing the appropriate documentation to certify that you are a wholesale client.

## **Regular Information**

Following acceptance of your application, you will be sent an application advice. You should check the details on the advice carefully and contact the Administrator if you have any questions.

<sup>&</sup>lt;sup>5</sup> 'Superannuation-sourced monies' is relatively narrowly defined as those monies which you know the superannuation trustee will pay to a person as a superannuation lump sum or has been paid as an eligible termination payment or lump sum superannuation benefit during the previous 6 months.



#### **Additional Investment**

Additional investments can be made using the Additional Application Form on page 45 of this IM.

### If You Have Any Questions...

If you have any questions about any matter relating to the Fund, please telephone the Trustee, Investment Manager or Administrator as appropriate. Refer to the Contacts page at the end of the IM or at www.memecapital.com.au.

The completed (and signed) application (and cheque for payment of the total application amount, if applicable) should be forwarded to:

Meme Capital Management Pty Ltd Att: Meme – Unit Registry PO Box 191 Cottesloe WA 6911



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# Meme Australian Share Fund Application Form

This Application Form relates to the Information Memorandum dated 30<sup>th</sup> June, 2015 (Information Memorandum) issued by Theta Asset Management Ltd (ABN 37 071 807 684, AFSL 230920). Please read the Information Memorandum in full before completing this Application Form. Unless otherwise specified, terms defined in the Information Memorandum have the same meaning in this Application Form.

**INDIVIDUALS, COMPANIES, TRUSTS & TRUSTEES** 

PART A: INVESTOR & INVESTMENT DETAILS	S						
Is this an application from a new investor or an existing investor	r?						
NEW INVESTOR – please provide the name of the holding (in a format that you want to appear on the Register of unitholders)							
New Investor Name:							
	Please continue below to 1. Contact Details						
EXISTING INVESTOR - If this is an application from an existing Investor Number:	; investor please provide your investor number						
I / We am / are an existing investor and I / we have previou sufficient for Anti-Money Laundering/Counter Terrorism Fin	usly completed the Identification Documentation parts of this document nancing Legislation						
☐ Yes - please continue to next question							
$\square$ No - please complete this form in full including PART B: Ir	nvestor Identification (sections 1 through 3 as applicable)						
If you are an existing investor, have there been any significa application?	ant changes in your circumstances or Identification Documents since your last						
$\square$ <b>No</b> - please complete the Additional Application Form on	n page 45 instead of this form						
Yes - please complete PART B: Investor Identification (sec	ctions 1 through 3 as applicable)						
1. Contact Details							
Full given name(s)	Surname						
Company name / Trustee Name / Account Name							
Telephone	Facsimile						
Email Please provide contact email address that is to be used for all correspondence to ensure more effective communication.							
Mailing Address							
Street or Box no.							
Suburb State	Postcode Country						



2. Investment Details													
Amount AUD \$													
Please note the minimum initial investm	nent amount is \$20,0	000.00 and the minin	num a	<u>dditio</u>	nal in	vestm	ent an	nount	is \$5,	000.0	<u>0.</u>		
3. Payment Details													
Please tick the box to advise how your pa	ayment will be made	:											
☐ Cheque – Please make payable to:	Theta Asset Mana	gement Limited ATF I	Meme	Austr	alian	Share	Fund -	– Арр	licatio	n Acc	ount		
☐ Electronic Funds Transfer (EFT) to:	ctronic Funds Transfer (EFT) to: Bank: NAB BSB: 082 080 Account Number: 941849620 Account Name: Theta AML ATF Meme Australian Share Fund – Application Account												
4. Taxation Details													
Where the investment in the Fund is held j			-				need t	o be p	provide	d. If t	here a	ıre	
more than 2 investors provide details on a	separate sheet of pap	per and attach it to you	ır App	licatio	n Forn	1.							
INVESTOR 1													
Name:  Are you a resident of Australia for taxati	on nurnosas? (Salast	one of the following	ontion										
Yes - please complete the below	on purposes: (select	one of the following	ориоп	5)									
□ <b>No</b> – please provide country of res	idence:												
☐ Tax File Number (TFN) or ☐ Aust	ralian Business Num	ber (ABN)											
Please indicate to whom this TFN or ABN			ns):	<u> </u>				<u> </u>	<u> </u>				
Company													
☐ Trust or Superannuation Fund ☐ Individual													
Other – please specify:													
Exemption Number (if applicable):											Τ		
Exemption Number (if applicable).									<u> </u>				
INVESTOR 2													
Name:													
Are you a resident of Australia for taxati	on purposes? (Select	lacksquare one of the following	option	s)									
Yes - please complete the below													
No – please provide country of res	idence:		ı			1							1
☐ Tax File Number (TFN) or ☐ Austr	ralian Business Numb	per (ABN)											
Please indicate to whom this TFN or ABN  Company	N belongs (Select ☑ o	ne of the following option	ons):										
☐ Trust or Superannuation Fund													
☐ Individual													
Other – please specify:													
Exemption Number (if applicable):													

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN and unless you claim a TFN exemption, the Trustee will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).



Distributions	Please confirm how you would like to receive any distributions – either paid into an Australian bank accourt or automatically reinvested as additional units in the Fund.								
	Reinvestment Payment into bank account (please provide bank account details below)								
	If no election is made, any distributions will be reinvested.								
Your bank account de	tails								
	Distributions and withdrawal proceeds are generally only paid to an Australian bank account in the name of the unitholder and cannot be paid by cheque or to third party accounts. By completing this section you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.  Please pay distributions and withdrawal proceeds to the following bank account:								
	Beneficiary Bank								
	Branch Name								
	BSB Account Number								
	Account Name								

5. Distributions and withdrawal proceeds



### **PART B: INVESTOR IDENTIFICATION**

If you are a new investor please complete all relevant sections of the Application Form (see page 22), and send all documents to the Administrator at the address below.

If your investor type does not fall into any of the three investor categories in sections 1 - 3 of this form please contact Meme Capital Management to enquire about what information and documentation is required for identification purposes under Anti-Money Laundering/Counter Terrorism Financing legislation.

Our verification procedure and requirements (including certified identification evidence) is included for your reference. If you are an existing investor making an additional investment, you may email a scanned copy of your instruction to the Administrator at <a href="mail@memecapital.com.au">mail@memecapital.com.au</a>. Existing investors whose details have changed must also complete the Identification Documentation section and send all documents to the Administrator at the address below.

Please send your completed Application Form and Identification Documents to:

Meme Capital Management Pty Ltd Att: Meme – Unit Registry PO Box 191 Cottesloe WA 6911

#### SECTION B.1 - INVESTOR TYPE: AUSTRALIAN OR FOREIGN COMPANY

Please note, if you are an Australian Company acting as trustee of a fund, please also complete Section 2.

1.1 Ge	eneral Informatio	n					
Full name as registered registration	d by ASIC or foreign body						
Registration (select ☑ the	number e following categorie	s which apply to th	e company and p	rovide the inforn	nation requested)		
		☐ ACN			☐ ARBN		
		☐ Foreign body	registration numb	per			
		Please also provid	e name of the for	eign registration	body below:		
Country of fo	formation / on / registration						
Registered o	office address (PO Bo	x is NOT acceptabl	e)				
Street							
Suburb			State	Pos	tcode	Country	
Principal pla	ace of business (if any	y) (PO Box is NOT o	acceptable)				
Street							
Suburb			State	Pos	tcode	Country	



<b>1.2 Regulatory/ Listing Details</b> (select ☑ the following categories which apply to the company and provide the information requested)
Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)
Regulator name
Licence Number
Australian listed company or Foreign listed company as defined in the FSC/FPA Guidelines
Name of market / exchange
☐ Majority-owned subsidiary of an Australian listed company
Australian listed company name
Name of market or exchange
☐ Foreign company
Country of formation / incorporation / registration
<b>1.3 Company Type</b> (select ☑ only ONE of the following categories)
Public Section 1 now completed, continue to Section 4
Proprietary/Private Go to Section 1.4 and 1.5 below.
Other Go to Section 1.4 and 1.5 below
1.4 Directors (only needs to be completed for proprietary, private and other companies)
This section does NOT need to be completed for public and listed companies.
How many directors are there?  Provide full name of each director below.
Full given name(s) Surname
2
3
4
If there are more directors, please provide details on a separate sheet of paper and attached it to your Application Form.
$\Box$ If the company is a regulated company (as selected in 1.2 above) Part B is now competed, please continue to Part C.



#### 1.5 Shareholders

(only needs to be completed for proprietary, private or other companies that are not regulated companies as selected in Section 1.2)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Shareholder 1									
Full given name(s)		Surname							
Residential address (PO Box is NOT acceptable)									
Street									
Suburb	State	Postcode	Country						
Shareholder 2									
Full given name(s)		Surname							
Residential address (PO Box is NOT acceptable)									
Street									
Suburb	State	Postcode	Country						
Shareholder 3									
Full given name(s)		Surname							
Residential address (PO Box is NOT acceptable)									
Street									
Suburb	State	Postcode	Country						
If there are more shareholders, provide details	on a separate sheet	of paper and attached it to your	Application Form.						
☐ If the company is an Australian company or Foreign company <b>registered with ASIC</b> Part B is now COMPLETE.									
☐ If the company is a <b>Foreign company not i</b> registration issued by the relevant foreign		<b>IC</b> please also attach certified	copy <sup>1</sup> of the certification of						



 $<sup>^{1}</sup>$  For the definition of certified copy and list of people that can certify documents refer to Part D of this Application Form.

## SECTION B.2 - INVESTOR TYPE: ALL TRUSTS (INCLUDING SUPERANNUATION FUNDS)

2.1 General Inform	ation
Full name of trust	
Full name of the Trustee/(s) of the trust	
Country where trust established	
2.2 Type of Trust (s	elect $arDelta$ only one of the following trust types and provide the information requested)
Registered managed	investment scheme
Provide Australian R	egistered Scheme Number (ARSN)
Regulated trust (e.g.	a Self-Managed Superannuation Fund)
Provide name of the	regulator (e.g. ASIC, APRA, ATO)
Provide the trust's A details	BN or registration / licensing
Government superal	nnuation fund
Provide name of the	legislation establishing the fund
Other trust type	
Trust description (e.	g. unregistered, fixed, family, unit)
For other trust type	please also provide the following documentation:
	r certified extract of the trust deed; or
☐ Notice of assessn	nent or certified copy <sup>1</sup> of assessment issued by the ATO in the last 12 months.
2.3 Trustee Details	
How many trustees are tl	nere?



 $<sup>^{1}</sup>$  For the definition of certified copy and list of people that can certify documents refer to Part D of this Application Form.

#### 2.3 Trustee Details (continued)

# Trustee 1 Full given name(s) or Company name Surname Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable) Street Suburb State Postcode Country Trustee 2 Full given name(s) or Company name Surname Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable) Street Suburb State Postcode Country ☐ If there are more trustees, provide details on a separate sheet of paper and attached it to your Application Form. For all trust types please complete the following additional sections: ☐ If you are completing this form as an *Individual Trustee* please complete 'Section B.3 - Investor Type: Individual' for at least ONE of the trustees in addition to completing applicable sections 2.3 and 2.4. ☐ If you are completing this form as a *Corporate Trustee* please complete 'Section B.1 - Investor Type: Company' in addition to completing applicable sections 2.3 and 2.4. ☐ If you are completing this form both as *Individual* and *Corporate Trustee* please complete 'Section B.3 -Investor Type: Individual' and 'Section B.1 - Investor Type: Company' in addition to completing applicable sections 2.3 and 2.4. **2.4** Beneficiary Details (only complete if "Other trust type" is selected in section 2.2 above) Do NOT complete if the trust is a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund. Do the terms of the trust identify the beneficiaries by reference to membership of a class? ☐ Yes Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose) □ No Provide full name of each beneficiary below: How many beneficiaries are there? Full given name(s) Surname 1 2 3

 $If there \ are \ more \ beneficiaries, \ provide \ details \ on \ a \ separate \ sheet \ of \ paper \ and \ attached \ it \ to \ your \ Application \ Form.$ 



SECTIO	N B.3 - INVESTOR TYPE : INDIVIDUAL	
INVESTO	R 1	
Investor'	name must match investor's ID exactly.	
Full giver	name(s) Surname	Date of Birth (dd/mm/yyyy)
Resident	al address (PO Box is NOT acceptable)	
Street		
Suburb	State Postcode Country	
Suburb	State Postcode Country	
COMPLI	TE THIS PART IF INDIVIDUAL IS A SOLE TRADER	
Full busi	ness name ABN (if any	)
Principal	Place of Business (if any) (PO Box is NOT acceptable)	
Street		
Suburb	State Postcode Country	
INVESTO	DR 2	
Investor'	name must match investor's ID exactly.	
Full give	n name(s) Surname	Date of Birth (dd/mm/yyyy)
Resident	al address (PO Box is NOT acceptable)	
Street		
Suburb	State Postcode Country	
COMPLI	TE THIS PART IF INDIVIDUAL IS A SOLE TRADER	
Full bu	siness name ABN (if any	
Principal	Place of Business (if any) (PO Box is NOT acceptable)	
Street		
Suburb	State Postcode Country	
Japard	Country	

 $If there \ are \ more \ than \ 2 \ joint \ individual \ investors, \ provide \ details \ on \ a \ separate \ sheet \ of \ paper \ and \ attached \ it \ to \ your \ Application \ Form.$ 



#### **IDENTIFICATION DOCUMENTS FOR INDIVIDUAL INVESTOR(S):**

For all Individual investors please provide the following information in addition to completing this section:

- Certified copy <sup>1</sup> of a Primary Photographic Identification Document (see below for definition); or
- Certified copy of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).

#### What are the Identification Documents?

#### Primary Photographic Identification Documents;

- 1) Licence or permit issued by State or Territory of Australia or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued.
- Passport issued by Commonwealth of Australia.
- 3) Passport issued for purpose of international travel that is issued by a foreign government and contains a photograph and the signature of a person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).
- 4) Card issued by a State or Territory of Australia for the purpose of proving a person's age that contains a photograph of the person in whose name the
- 5) National Identity Card issued by a foreign government, for the purpose of identification that contains a photograph of the person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).

#### Primary Non-Photographic Identification Documents;

- 1) Birth Certificate or Birth Extract issued by a State or Territory of Australia.
- 2) Citizenship Certificate issued by Commonwealth of Australia.
- 3) Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by accredited translator where required).
- 4) Birth certificate issued by a foreign government (accompanied by a written translation prepared by accredited translator where required).
- 5) Pension card issued by Centre Link that entitles financial benefits to the person in whose name the card is issued.

#### Secondary Identification Documents;

- A notice that was issued to an individual by the Commonwealth, a State or Territory of Australia within the preceding 12 months that contains the name
  of the individual and his or her residential address and records the provision of financial benefits to the individual under a law of the Commonwealth,
  State or Territory.
- 2) A notice that was issued to an individual by a local government or utilities provider in Australia within the preceding 3 months that contains the name of the individual and his or her residential address and records the provision of services by that local government body or utilities provider to that address or to that person



<sup>&</sup>lt;sup>1</sup> For the definition of certified copy and list of people that can certify documents refer to Part D of this Application Form.

### PART C: FATCA and CRS Self-Declaration

ALL investors must complete this section

FATCA (a US regulatory requirement) and the CRS (a regulatory requirement developed by the Organisation for Economic Co-operation and Development (OECD)) aim to deter tax evasion. The Australian government has entered into an Inter-Governmental Agreement (IGA) with the US Government for the exchange of US tax payer information and has signed up to the CRS and enacted domestic law to implement the CRS. Under the IGA and domestic laws, Australian financial institutions (including managed investment schemes) must identify all of its account holders (eg. investors) and report account information of foreign tax residents to the Australian Taxation Office (ATO). The ATO may then exchange this information with the foreign jurisdiction of which the account holder is a tax resident (if that jurisdiction is the US or is otherwise participating in the CRS). To meet these obligations, each investor must complete the Self-certification Declaration form included within the application form or provided by the registry. Failure to provide the requested information may result in withholding tax being deducted or penalties imposed by the tax authorities. Neither Theta nor the Manager are able to provide you with any tax or professional advice in respect of FATCA, the IGA, the CRS or domestic tax legislation and we encourage you to seek the advice of a tax or professional advisor in relation to completing the form.

If you are unsure of any of the answers please seek professional advice. Not enough room? Write their details clearly and attach them.

SECTION I –	INDIVIDUALS		
Please fill th	his Section I only if you are an <u>individual</u> . If you are a	n entity, please fill Section II.	
Are you a US	citizen or resident of the US for tax purposes?		
	Yes: Provide your Taxpayer Identification Number (TIN) be	low. Continue to question 2	
	TIN		
	No: Continue to question 2		
Are you a tax	resident of any other country outside of Australia?		
Yes: Provide 1	the details below and skip to question 12. If resident in more	than one jurisdiction please include det	ails for all jurisdictions
	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provide
2 3			
Reason B: The able if you ha Reason C: No	e country/jurisdiction where the entity is resident does not i e entity is otherwise unable to obtain a TIN or equivalent nu ave selected this reason) TIN is required. (Note. Only select this reason if the domesti h jurisdiction)	mber (Please explain why the entity is u	
If Reason B	has been selected above, explain why you are not required t	o obtain a TIN	
	No: Skip to question 12		
SECTION II -	- ENTITIES		
Please fill this	s Section II only if you are an <u>entity</u> . If you are an individual,	please fill Section I.	
Are you an A	ustralian Retirement Fund?		
	Yes: Skip to question 12 No: Continue to question 4		
A. FATCA			
Ara vau a IIC	Porcon?		



Yes: Continue to question 5 No: Skip to question 6

5.		Are you a Specified US Person?		
		Yes: Provide your Taxpayer Identification Number (TIN) b	pelow and skip to question 7	
		TIN		
		No: Please indicate exemption type and skip to question	7	
		Туре:		
6.		Are you a Financial Institution for the purposes of FATCA?		
		Yes: Provide your GIIN below and continue to question 7		
		GIIN		
		If you do not have a GIIN, please provide your FATCA status to Exempt Beneficial Owner  Type:	pelow and continue to question 7	
		Deemed-Compliant FFI (other than a Sponsored FI or a Tr Type:	rustee Documented Trust)	
		Non-Participating FFI Type:		
		Sponsored Financial Institution. Please provide the Sponsor Sponsoring Entity's Name: S		
		Trustee Documented Trust. Please provide your Trustee's Trustee's Name:	name and GIIN. Trustee's GIIN:	
		Other Details:		
	П	No: continue to question 7		
B. CI	RS	To some to question,		
7.		Are you a tax resident of any country outside of Australia?		
		Yes: Provide the details below and continue to question jurisdictions	8. If resident in more than one jurisdic	ction please include details for all
		Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
	2			
	3			
		IN or equivalent is not provided, please provide reason from the	• .	
	0	<ul> <li>Reason A: The country/jurisdiction where the entity is reside</li> <li>Reason B: The entity is otherwise unable to obtain a TIN or ed</li> <li>the below table if you have selected this reason)</li> <li>Reason C: No TIN is required. (Note. Only select this reason if</li> </ul>	quivalent number (Please explain why the	·
		of the TIN issued by such jurisdiction)		
	If Re	eason B has been selected above, explain why you are not req	uired to obtain a TIN	
		No: Continue to question 8		
8.		Are you a Financial Institution for the purposes of CRS?		
		Yes: Specify the type of Financial Institution below and c	ontinue to question 9	
		Reporting Financial Institution		
		☐ Non-Reporting Financial Institution: Specify the type of ☐ Trustee Documented Trust	Non-Reporting Financial Institution below	ı
		Other: Please Specify		



Signed			representative			
			Name of authorised			
erein to	ke to provide a suitably upda become incorrect. the information above to be		within 30 days of any change in circumstar	nces which causes t	he information co	ontained
12.	Signature					
. DECL	ARATION					
	No: Continue to quest	ion 12				
If F	Reason B has been selected al	pove, explain why you	are not required to obtain a TIN			
		N issued by such juris	•	2.2.2		,
	a TIN in the below	table if you have sele	·		•	
	o <b>Reason A:</b> The cou	intry/jurisdiction whe	ere the entity is resident does not issue TIN e to obtain a TIN or equivalent number (P		he entity is unabl	e to obtair
'			de reason from the following options:			
3	If there are more than 3 cont	rolling nersons inleas	e list them on a separate piece of paper.			
2						
1						provided
	Name	Date of Birth	Residential Address	Country of Tax Residence	TIN or equivalent	Reason Code if no TIN provide
	Yes: Complete details	below and continue t	o question 12			
	ultimately own 25% or o If you are a trust, is any	more of the share ca natural person inclu	over you (for corporations, this would incl pital) a tax resident of any country outside ding trustee, protector, beneficiary, settlo x resident of any country outside of Austr	e of Australia? or or any other natu		
11.	Does one or more of the fo					
CONT		NOTI-FITIATICIAI ETITILY (	rassive NFE). Continue to question 11.			
	_		Passive NFE). Continue to question 11.			
	_		nisation or Central Bank			
	during the precedi	ng calendar year are regularly traded or a	assets held for the production of passive in related entity of a regularly traded corpor	ncome		
	Yes: Specify the type of		nd skip to question 12 income from the preceding calendar year i	is nassiva incoma a	nd less than 50%	of its asse
10.	Are you an Active Non-Fin	ancial Entity (Active	NFE)?			
. NON-F	INANCIAL ENTITIES					
	No: Skip to question 1	2				
	Yes: Skip to question 1	1				



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#### PART D: DECLARATION AND SIGNATURE

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

- I/We have received and read the Information Memorandum to which this Application Form applies and have received and
  accepted the offer to invest in Australia or otherwise in a jurisdiction in which it is lawful for me/us to receive and accept the
  offer to invest.
- I/We am/are at least 18 years of age.
- I/We declare that I/we am/are a wholesale client as defined in sections 761G or 761GA of the Corporations Act 2001 (Cth)
- If I/we have received the Information Memorandum from the internet or other electronic means that I/we received it personally or a print-out of it, accompanied by this Application Form.
- All details provided by me/us in this Application Form are true and correct.
- I/We agree to be bound by the terms and conditions of the current Information Memorandum and of the Deed of the Fund, as amended.
- That the Trustee is authorised to apply the TFN or ABN provided by me/us to all future applications for units, including reinvestments, unless I/we notify the Trustee otherwise.
- None of the Trustee, the Investment Manager or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund nor any particular return from the Fund and I/we understand the risks involved in investing in the Fund
- I/We acknowledge that the Fund is not currently registered with the Australian Securities and Investments Commission but may be at some future point in time. By investing in the Fund, I/we consent to the Fund being registered at some future point should the Trustee consider it appropriate. I/We also consent to registration taking place without the Trustee holding a meeting of investors to approve the application for registration.
- I/We acknowledge that units may be redeemed or monies deducted from my/our withdrawal proceeds without me/us asking in order to pay any performance fees owing to the Investment Manager and authorise the Trustee to redeem such number of units or deduct such monies as is necessary to meet any performance fees I/we owe the Investment Manager. I/We acknowledge this may have tax consequences for my/our investment in the Fund.
- I/We acknowledge that the Trustee may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML laws (AML Act). I/We will provide such information and assistance that may be requested by the Trustee to comply with its obligations under the AML Act and I/we indemnify it against any loss caused by my/our failure to provide such information or assistance.
- The monies used to fund my/our investment in the Fund are not derived from or related to any money laundering, terrorism
  financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and
  the proceeds of my/our investment in the Fund will not be used to finance any illegal activities.
- $\bullet \qquad \hbox{I/We am/are not a 'politically exposed' person or organisation for the purpose of the AML Act.}\\$
- I/We consent to details about my/our application and holdings being disclosed in accordance with the *Privacy* section of the Information Memorandum.
- I/We confirm that the Trustee and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me/us by facsimile. If instructions are given by facsimile, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/We indemnify the Trustee and Administrator against any loss arising as a result of any of them acting on facsimile instructions. The Trustee and Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/We acknowledge that the Trustee reserves the right to reject any application.

Account operating instruction  Any individual to sign	ns (if no selection is made, all individuals to sign will be assumed)	
Any two individuals to sign		
☐ All individuals to sign		
Other (please specify):		
Signature	Name and title (block letters please)	Date
Signature	Name and title (block letters please)	Date



	Signature	Name and title (block letters please)	Date
3			
	Signature	Name and title (block letters please)	Date
4			

#### **CERTIFIED COPY OF AN ORIGINAL DOCUMENT**

Certified copy means a document that has been certified as a true copy of an original document.

**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 in the sub-paragraphs below.

People who can certify documents or extracts are:

- a lawyer a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a judge of a court;
- a magistrate;
- a chief executive officer of a Commonwealth court;
- a registrar or deputy registrar of a court;
- a Justice of Peace;
- a notary public (for the purposes of the Statutory Declaration Regulations 1993);
- a police officer;
- a postal agent an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- the **post office** 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;
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- an **officer** with 2 or more continuous years of service with one or more **financial institutions** (for the purposes of the StatutoryDeclaration Regulations 1993);
- 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);
- 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; and
- an accountant 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.

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 this is a true copy of the original document".

For photographic documents, the certified copy must include the statement, "I certify this is a true copy of the original document and the photograph is a true likeness".

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



# SOPHISTICATED OR PROFESSIONAL INVESTOR CERTIFICATE

If you are a wholesale client investing less than \$500,000 you will need to complete this form or submit an equivalent qualified accountant's certificate to satisfy the Trustee that you are a wholesale client/sophisticated investor

<b>To:</b> Theta	Asset Management Limited									
☐ Com	plete <b>Section 1</b> ; and plete <b>Section 2</b> – either com and Date <b>Section 3</b>	plete <b>O</b> p	<b>otion B</b> and l	nave your accou	intant sign i	it C	OR complete <i>Option A</i> ; and			
SECTION	1: INVESTOR DETAILS									
Full give	n name(s) or Company name	e			Surna	me	e			
Residential a	ddress if an investor or comp	oany reg	istered offic	e address <i>(PO B</i>	ox is NOT a	асс	ceptable)			
Suburb			State		Postcode	e	Country			
Telephone		Fax			Email					
	<ul> <li>(c) I may be required to observe certain selling restrictions in Australia in relation to securities offered to me as a registered Sophisticated Investor;</li> <li>(d) If I have completed Section 2 Option A, Theta Asset Management Limited is authorised to send the renewal certificate to my certified accountant on my behalf; and</li> </ul>									
OPTION A:	Professional Investor Cate	gory								
☐ A pe	hat I am (tick whichever box erson who controls at least \$ he purpose of investment in erson who is a licensed or exe	10 millio securiti	on (includin				sociate or under a trust that the person manages)  o.: ; or			
_							trust, or a public sector superannuation scheme within the			
_	= :						neme has net assets of at least \$10 million; or and, an approved deposit fund, a pooled superannuation			
	t or a public sector superanni			·						
`	erson who is a body registere			•	,					
	☐ The trustee of a superannuation fund, approved deposit fund, pooled superannuation trust or a public sector superannuation scheme under the Superannuation Industry (Supervision) Act 1993 (Cth) with net assets of at least \$10 million; or									
_	ted entity or a related body of									
_	lated body corporate of a bo	dy corp	orate who q	ualifies as a wh	olesale clie	nt;	t; or			
_	exempt public authority; or									
inte	· ·	nents, a	nd for those	purposes inves	ts funds re	cei	usiness of investment in financial products, eived following an offer or invitation to the public or those purposes; or			
_	·						ed by one of the preceding paragraphs.			



Details of the	Mana	ged Fund or Superannua	tion Fun	d/Trust/Sc	heme (block l	etters pleas	se)			
Name										
Address										
Street										
Suburb				State		Postcode	e		Country	
Telephone			Fax			Email [				
	NOTE: Theta Asset Management Limited may require independent verification of your professional investor status.  OPTION B: Qualified Accountant's* Certification									
Details of the	Quali	fied Accountant* (block l	etters ple	ease):						
Accountant's	name	1								
Name of firm	1									
Address										
Street										
Suburb				State		Postcode	e		Country	
Telephone			Fax			Email				
I certify tha	it the i	following is true and corre	ect in eve	ery particul	lar:					
	(a)	I am a qualified accoun				ion 9 of the	e Co	orporations Act 20	001 (Cth);	
	(b) This certificate is given at the request of the investor described in Section 1 of this certificate ("Investor");									
	(c) This certificate is given for the purpose of section 761G of the Corporations Act 2001 (Cth); and									
	(d) The Investor** (or the person who controls the Investor where that Investor is a company or trust***) has:									
	• Net assets of at least \$2,500,000; or									
		<ul> <li>A gross incom</li> </ul>	e for eac	ch of the la	st 2 financial	years of at	lea	st \$250,000 a yea	ır	
Signature Name and title (block letters please) Date						Date				

- \* "Qualified accountant" means a member of a professional body that is approved by ASIC in writing for the purpose of the definition. ASIC has indicated that it will approve any member of:
  - (a) The Australian Society of Certified Practicing Accountants ("ASPCA"), who is entitled to use the post-nominals "CPA" or "FCPA", and is subject to and complies with the ICAA's continuing professional development requirements;
  - (b) The Institute of Chartered Accountants in Australia ("the ICAA"), who is entitled to use the post-nominals of "CA", "ACA" or "FCA", and is subject to and complies with the ICAA's continuing professional education requirements; or
  - (c) The National Institute of Accountants ("the NIA"), who is entitled to use the post-nominals "MNIA" or "FNIA", and it subject to and complies with NIA's continuing professional education requirements.
- \*\* In calculating the net assets of at least \$2.5 million or the gross income of at least \$250,000, the Investor can include the net assets or gross income (as relevant) of any company or trust the Investor controls [see Corporations Regulation 7.6.02AC].
- \*\*\* Where the Investor is a company or trust controlled by someone who has a certificate from a qualified accountant, the Investor may be considered wholesale [see Corporations Regulation 7.6.02AB]



SECTION 3: INVESTOR'S SIGNATURE									
I declare that I have read and understood this form, and that the information set out is true and correct.									
Please sign below:									
Signature	Name of investor (block letters please)	Date							

## POST OR SCAN AND EMAIL THIS FORM

Please return the completed certificate to the postal address provided below:

MAIL: Meme Capital Management Pty Ltd,

Attention: Meme – Unit Registry,

PO Box 191, Cottesloe WA 6911

EMAIL: mail@memecapital.com.au



# **ADVISER'S CERTIFICATE**

The holder of an Australian financial services licence (AFSL), and those who represent them (such as financial advisers) can use this form to certify a person is a "wholesale client"

To: Theta Asset Management Limited

Full giv	ven name(s)					Surna	me			
Client	Signature									
(a) (b) (c)	them as a retail client (such a	roduct Dis other doos s a statem er obligation	sclosure S cument t nent of ac on to ther	Statemen hat would dvice or fi m under (	t (PDS d have nanci	5) in relatio e been req al services	n to the uired to I guide);	be given t and		m if units in the Fund were issued to (Cth) than we or they would have
SECTIO	N 2: ADVISER CERTIFIC	CATION								
Advisers' r	name									
Dealer nar	me									Dealer AFSL number
Address										
Street										
Suburb			State			Postcode			Cou	intry
Telephone		Fax				Email				
(a) t (b) t (c) t (d) tl	der of the AFSL or on behalt experience in using financial se the merits of the relevant invalue of the interests in the the risks associated with holo the client's own information in the adequacy of the informati	ervices and estment; he relevar ling intere needs; and	l investing nt investr sts in the	g in finan ment; e relevant	cial pi	oducts tha				asonable grounds that the client hasess:
I confirm t	hat the client has been given	a written	statemer	nt of my r	easor	s for being	so satisf	fied.		
Advise	er Signature			_	Date	!				



# Meme Australian Share Fund Additional Application Form

This form should be used by existing unit holders provided your details have not changed.

Investor Number										
Investor Name										
AMOUNT OF AD	AMOUNT OF ADDITIONAL INVESTMENT									
Please indicate how much you wish to invest \$AUD										
	Please note the minimum additional investment amount is \$5,000.00. Please make payment net of all bank changes. Only the net amount received will be invested in the Fund.									
PAYMENT DETAI	PAYMENT DETAILS									
Please tick the box to a	dvise how your payme	ent will be mad	le:							
☐ Cheque – Please m	ake payable to: T	heta AML ATF	Meme Australian	Share Fund – Appli	cation Account					
☐ Electronic Funds T	Bank: BSB: Account Numbe Account Name:	082 080 unt Number: 941849620								
IMPORTANT: All EFT p investor account is pro	•	companied by a	a notification ema	il to <u>mail@memec</u>	apital.com.au in c	order t	o ensure that the			
CONTACT DETAIL	LS									
Contact Name				Contact Number						
DECLARATION A	ND AUTHORISAT	ION								
Please make sure you have completed the section above. In signing, I/we:  • authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Trustee will affect it according to the terms and conditions of the current Information Memorandum  • restate the original declarations provided in section 4 of the Application Form as if they were set out in full in this form.										
Signature		Name	and title of Signat	ory (block letters ple	ease)		Date			
Signature		Name	and title of Signat	ory (block letters ple	ease)		Date			

#### POST OR SCAN AND EMAIL THIS FORM

The cheque and accompanying Additional Application Form is to be mailed to:

MAIL: Meme Capital Management Pty Ltd, Attention: Meme – Unit Registry, PO Box 191, Cottesloe WA 6911

**EMAIL:** mail@memecapital.com.au

NOTE: No investment will be allocated to an investor until the application funds, a valid Application Form and valid identification documents (where applicable), have been received by the Administrator.



# Meme Australian Share Fund Redemption Request Form

Investor Number					
Investor Name					
FULL OR PARTIAL WI	THDRAWAL				
Please indicate if you wou		a total amount of vo	ur invostment o	r a partial amoun	+
_	Partial withdrawal, pl	•		-	ι.
	\$AUD		OR		UNITS
Please note there is gene a minimum balance of \$2		rawal amount of \$5	,000. To remain	invested in the Fu	und, you must maintain
CONTACT DETAILS					
Contact Name			Contact Num	ber	
PAYMENT OF PROCE	EDS				
IMPORTANT INFOR your redemption p investment or if you Australian bank accessection you confirm	eeds into the following MATION: Additional securoceeds if the bank accordingly with a securous the securous the securous to the securous the securou	urity checks to verify unt provided does no k account details. Dis unitholder and canno nd withdrawal proce	et match the bank etributions and wi t be paid by chequeds sent by EFT to y on you.	k account that is cu thdrawal proceeds ue or to third party	ormed before the payment of urrently recorded under your are generally only paid to an accounts. By completing this ank account are sent at your
Account Name					
DECLARATION AND A	AUTHORISATION				
Please make sure you have c In signing, I/we authorise the Trustee will affect it ac Signature	that these instructions be	made on my/our beh	alf and acknowled plicable current In	formation Memora	
Signature POST OR SCAN AND	EMAIL THIS FORM	Name and title of S	ignatory (block let	ters please)	Date

Meme Capital Management Pty Ltd, Attention: Meme – Unit Registry, PO Box 191, Cottesloe WA 6911



mail@memecapital.com.au

MAIL: EMAIL: