

# APPLICATION FORM

This application form relates to the application for Units in Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837 ("the Fund") under the PDS dated 26th March 2024 issued by Plantation Capital Limited (ABN 65 133 678 029, AFSL No. 339481) ("PCL"), as the responsible entity of the Strategic Opportunities (Growth & Income) Fund. This form must be accompanied by the PDS when provided to any person. **If you have received this form without the PDS then please immediately download the PDS from [www.sogif.au](http://www.sogif.au).** Unless otherwise defined, capitalised terms in this application form have the meaning given to them in the PDS.

All references to dollar amounts are to Australian dollars.

Please mail this completed application form and relevant form(s) to:

Plantation Capital Ltd  
PO Box 532  
Canterbury VIC 3126

Additional or further information about a key term can be found by looking up the reference number that precedes it in the list of References on page 8.

## 1 Contact Details

**Please provide your contact details. If you have a financial adviser, we may contact your adviser first before contacting you about your application.**

Title .....

Given name(s) .....

Surname .....

Phone .....

Email .....

Postal Address .....

Suburb ..... State ..... Postcode .....

Country (if not Australia) .....

We will upload relevant information, updates, disclosure documents, forms and reports to our website [www.sogif.au](http://www.sogif.au) and/or send to your email address nominated above. Should you wish to opt out of our electronic disclosure, please contact us at [admin@sogif.au](mailto:admin@sogif.au).

You consent to us using your contact details outlined above and other relevant personal information we collect from you for the unit registry (including access to the online Investor Portal) to open and maintain an online account for you.

We will also send you marketing information in relation to this fund or other funds and opportunities that we may have to offer you in the future from time to time. Should you wish to opt out of receiving such communications, please contact [admin@sogif.au](mailto:admin@sogif.au).

Please also refer to our Privacy Policy which can be seen on our website at [www.sogif.au](http://www.sogif.au).

If more space is required when completing this form, please attach a separate page with the details.

## 2 US Fund Investors

If you were an investor in the Passive Income (USA Commercial Property) Fund ARSN 155 770 095 ("US Fund"), on 14th August 2023, and your investment in the Fund is to be in the same name, please provide your US Fund investor identification number.

Please provide your US Fund investor number:

## 3A Sources of Income

To help us meet our AML requirements please nominate your main sources of recurrent income that you will use to invest.

Main source(s) of funds for investment:

- Employment  Superannuation
- Inheritance/Gift  Other (Please specify)
- Investments
- Business activity

This information will be kept strictly private and confidential and will not be used for marketing purposes.

## 3B Initial Investment Details

Minimum **initial** investment: \$10,000

Investment Amount: \$ ..... .00

## 3C Automatic Investment Plan ("AIP")

If, after opening a new Fund account, you would like to participate in the Fund's AIP then please complete the AIP application form (that includes the AIP direct debit authority and the rules of the AIP). The AIP application form can be found at the end of this application form, or at [www.sogif.au](http://www.sogif.au).

## 4 Investor Details

**How did you hear about the Fund?**

.....

.....

Do your investment objectives include receiving regular income?

- Yes  No

Do your investment objectives include some capital growth over a 5 - 10 year horizon?

- Yes  No

Are you seeking to invest in a product that has a minimum suggested timeframe for holding the investment of 5 or more years?

Yes  No

Do you have a medium or high tolerance to investment risk?

Yes  No

If you answered no to any of these questions then the Fund may not be suitable for you. Please refer to the Fund's Target Market Determination available at [www.sogif.au](http://www.sogif.au) for more information.

**What type of investor are you? Complete Section**

Individual / joint holding / minor **AB**

Australian Proprietary Company **CE (or F)**

Australian Public Company **C**

Regulated trust<sup>1</sup> with corporate trustee (i.e. SMSF with a corporate trustee) **CD**

Regulated trust<sup>1</sup> with individual trustees (i.e. SMSF with individual trustees) **D**

Unregulated trust<sup>1</sup> with corporate trustee **CDE (or F)**

Unregulated trust<sup>1</sup> with individual trustee **ADE (or F)**

Other (e.g. foreign companies and partnerships)  
Please contact us.

**A Individual investor**

Title Given name(s)

Surname

Date of Birth / /

Email

Street Address

Suburb State Postcode

Country (if not Australia)

Are you applying for an investment in the name of a sole trader?

Yes  No If yes, please provide:

Business name

ABN

Business street address (not a PO Box)

Are you an Australian resident for tax purposes?

Yes  No If no, specify country

TFN or exemption code<sup>2</sup>

Australian Driver's Licence or Passport No. & Expiry Date

Are you a Politically Exposed Person?<sup>3</sup>  Yes  No

**B Joint Investor / Minor**

Please advise whether the Investor B is:

An adult (joint investor)  A minor

If a minor the account will be opened in the name of Investor A As Trustee For Investor B.

Title Given name(s)

Surname

Date of Birth / /

Email

Street Address

Suburb State Postcode

Country (if not Australia)

Are you an Australian resident for tax purposes?

Yes  No If no, specify country

TFN or exemption code<sup>2</sup>

Australian Driver's Licence or Passport No. & Expiry Date (or Birth Certificate No. & for minors)

Are you a Politically Exposed Person?<sup>3</sup>  Yes  No

**C Australian company or corporate trustee**

Full company name / corporate trustee name

ABN or TFN or TFN exemption<sup>2</sup>

ACN

Registered office street address (not a PO Box)

Suburb State Postcode

Principal place of business street address (if different)

Suburb State Postcode

Business Activities

If the company is listed, please provide the details of the relevant market and details of its listing.

If an Australian company, what type of company is it?

Proprietary (Pty Ltd)  Public (Ltd)

If you are proprietary company, provide the **full name** of each director

Director 1 Name

Director 2 Name

Director 3 Name

Director 4 Name

## D Trusts

Trustee No. 1 Name  
.....  
Trustee No. 1 Date of Birth / /  
.....

Trustee No. 1 Street Address  
.....  
Suburb State Postcode  
.....

Trustee No. 2 Name  
.....  
Trustee No. 2 Date of Birth / /  
.....

Trustee No. 2 Street Address  
.....  
Suburb State Postcode  
.....

Are there additional trustees?

- Yes Please attach a separate page to this application form with the details.  
 No

Trust name  
.....  
ABN  
.....

TFN or TFN exemption#  
.....

Type of Trust  Family Trust  Unit Trust  Other Trust

Country in which trust was established  
.....

Nature of activities or purpose of the trust  
.....

**Only complete the following part of Section D if the trust is NOT a SMSF, registered managed investment scheme, wholesale unregistered managed investment scheme which does not accept retail investors, government superannuation fund or trusts registered and subject to statutory oversight, or if the trustee is not a custodian for the purposes of AML/CTF law. If the trustee is a custodian, please complete Section 5.**

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

- Yes, what are the terms?  
.....  
OR

- No, please provide the **full name** of each beneficiary

Beneficiary 1  
.....

Beneficiary 2  
.....

Beneficiary 3  
.....

Beneficiary 4  
.....

Are there additional beneficiaries?

- Yes Please attach a separate page to this application form with the details.  
 No

Full name of settlor of trust?<sup>4</sup>  
.....

- Please tick if the settlor of the trust is now deceased or if the settlor contributed less than \$10,000 to the trust at the time of its establishment.

## E Beneficial Ownership

**This Section does NOT need to be completed if the entity's activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator (that is, supervision beyond that provided by ASIC as a company), such as Australian financial services licensees, Australian credit licensees, and registrable superannuation entity ("RSE") licensees, or if the trust has a trustee which is a custodian for the purposes of AML/CTF law.**

**Please copy and complete this section for each additional entity required to provide the details of its beneficial owners (for example, a corporate trustee and an unregulated trust).**

If you do not complete this Beneficial Owner information, you are confirming that there are no Beneficial Owners. If you do not have Beneficial Owners, please complete Section F for key decision makers. You are a Beneficial Owner if you are an individual who directly or indirectly owns 25% or more of the company or trust or ultimately controls the company or trust, including through determining the financial or operating policies of the company or trust.

If there are no beneficial owners then please complete Section F.

Beneficial Owner 1 Full name  
.....

Beneficial Owner 1 Date of Birth / /  
.....

Beneficial Owner 1 Street Address  
.....

.....

Suburb State Postcode  
.....

Country  
.....

Is this Beneficial Owner a Politically Exposed Person?<sup>3</sup>  Yes  No

Beneficial Owner 2 Full name  
.....

Beneficial Owner 2 Date of Birth / /  
.....

Beneficial Owner 2 Street Address  
.....

.....

Suburb State Postcode  
.....

Country  
.....

Is this Beneficial Owner a Politically Exposed Person?<sup>3</sup>  Yes  No

Beneficial Owner 3 Full name  
.....

Beneficial Owner 3 Date of Birth / /  
.....

Beneficial Owner 3 Street Address  
.....

.....

Suburb State Postcode  
.....

Country  
.....

Is this Beneficial Owner a Politically Exposed Person?<sup>3</sup>  Yes  No

Beneficial Owner 4 Full name  
.....

Beneficial Owner 4 Date of Birth / /  
.....

Beneficial Owner 4 Street Address  
.....

.....

Suburb State Postcode  
.....

Country  
.....

Is this Beneficial Owner a Politically Exposed Person?<sup>3</sup>  Yes  No

## F Key Decision Makers

**Only complete this Section if the investing entity is a company or trust that does NOT have a Beneficial Owner. Please copy and complete this section for each additional entity that does not have beneficial owners but is required to provide the details of its key decision makers.**

### Companies

Nominate all people who can exercise 25% or more of the company voting rights, including the power of veto. Their voting rights may be direct, or they may be indirect in that they have significant influence over voting rights. If you can't identify an alternative individual who fits this criteria, a reasonable alternative is any executive(s) or senior managing official(s).

### Trustee(s) of a Trust

Nominate any person who can appoint or remove the trustees. The person in this role is usually called the 'appointor', but may also be called the 'custodian' or 'principal' and should be noted in the trust deed.

### Other Entities

Please contact the Responsible Entity for further guidance.

Key Decision Maker 1 Full name

Key Decision Maker 1 Date of Birth / /

Key Decision Maker 1 Street Address

Suburb State Postcode

Country

Is this Key Decision Maker a Politically Exposed Person?<sup>3</sup>  Yes  No

Key Decision Maker 2 Full name

Key Decision Maker 2 Date of Birth / /

Key Decision Maker 2 Street Address

Suburb State Postcode

Country

Is this Key Decision Maker a Politically Exposed Person?<sup>3</sup>  Yes  No

Key Decision Maker 3 Full name

Key Decision Maker 3 Date of Birth / /

Key Decision Maker 3 Street Address

Suburb State Postcode

Country

Is this Key Decision Maker a Politically Exposed Person?<sup>3</sup>  Yes  No

Key Decision Maker 4 Full name

Key Decision Maker 4 Date of Birth / /

Key Decision Maker 4 Street Address

Suburb State Postcode

Country

Are you a Politically Exposed Person?<sup>3</sup>  Yes  No

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## 5 Custodians

**Only complete this section if you are acting in the capacity of custodian.**

Are you a custodian for the purposes of the AML/CTF Rules?

Yes  No

Have you carried out all applicable customer identification procedures and ongoing customer due diligence requirements in accordance with Chapter 15 of the AML/CTF Rules in relation to your underlying customers?

Yes  No

## 6 How We Make Payments To You

Do you want us to reinvest your income distributions back into the Fund (i.e. participate in the Fund's Distribution Reinvestment Plan)?

Yes  No

The terms and conditions of the Fund's Distribution Reinvestment Plan are published at [www.sogif.au](http://www.sogif.au).

Please provide your bank account information in case the DRP is suspended and we pay the distributions via EFT, and / or so we have your bank account information on file for when you ask for some or all of your units to be redeemed.

The bank account must be held in Australia and be in the name of the applicant.

Name of financial institution

Account holder name

BSB Account number

## 7 How To Pay Application Money To Us

### Payment details

These details are required so your payment can be matched to your application form. Please indicate which payment method you have used.

I am paying by (please choose one method only)

#### Electronic funds transfer

Please transfer funds electronically to the following account:

Account name: Perpetual ACF Strategic Fund

BSB: 062000

Account number: 20629806

Reference Instructions:

It is important to include your mobile (or daytime contact) phone number AND as much of your surname (with no spaces) as will fit in the description field as allowed by your bank. If we are unable to match your application to a payment your application may be delayed.

It is recommended that you print a copy of your EFT receipt, and mail it together with your completed application form.

#### Cheque

Make your cheque payable to "Perpetual Corporate Trust Limited" and crossed "Not Negotiable". Please keep a photocopy of your cheque for your files.

## 8 Adviser Details (to be completed by your financial adviser, if applicable)

If you use a financial adviser and/or your financial adviser is providing us with your identification documents, please have them complete, sign and stamp this section to confirm they hold a current AFS License and are authorised to deal in or advise on managed investment products.

Adviser name  
 .....  
 Adviser company  
 .....  
 Assistant name  
 .....  
 Adviser email  
 .....  
 Adviser phone  
 .....  
 AFSL name  
 .....  
 AFSL number  
 .....  
 Authorised representative number  
 .....

I have considered the target market determination for the product to which this application form relates ("TMD"), and confirm that the applicant is within the target market identified on that TMD

Yes  No

Adviser signature and stamp  
 .....

## 9 Adviser Professional Fee (if applicable)

If you have negotiated a professional fee for service with your financial adviser you need to complete this section.

**I/we request that PCL deducts a professional fee for service from my Application Amount as set out below. I acknowledge that this fee will be paid to my financial adviser as specified in section 8 of this application form and that the balance of my Application Amount will be invested in the Fund.**

### Upfront professional fee for service

Either a percentage of your Application Amount or a fixed amount

% or \$  
 .....

I / We nominate the Adviser as my/our nominated representative to act for me/us in relation to my/our investment(s) described in section 3 of this application form, including (without limitation) investing and withdrawing from the Fund.

Yes  No

Signature 1 .....	Signature 2 .....
Name .....	Name .....
Date / / .....	Date / / .....

## 10 Foreign Account Tax Compliance Act (FATCA) declaration (mandatory)

### All investors MUST complete this section.

If there is more than one investor then copy this form and complete it for every investor.

Investor name  
 .....

### 10.1 Are you an individual who is a United States (US) citizen or resident for tax purposes?

- No (individuals go to Section 11, other entities continue below)  
 Yes (specify the US TIN<sup>5</sup> of each investor)

US TIN<sup>5</sup> (First individual)  
 .....

US TIN<sup>5</sup> (Second individual)  
 .....

### All entities MUST complete all questions below.

### 10.2 Are you a Specified US Person<sup>6</sup>?

- No (continue to section 10.3)  
 Yes (specify the US TIN<sup>5</sup>)

US TIN<sup>5</sup>  
 .....

### 10.3 Are you a Financial Institution<sup>7</sup>?

- Yes Please quote your Global Intermediary Identification Number (GIIN) or (if you do not have a GIIN) your FATCA status:

.....  
 Please notify us if you are a Nonparticipating Financial institution.

- No (continue to section 10.4)

### 10.4 Are you a SMSF?

- Yes You are deemed a non-reporting financial institution for FATCA purposes and no further disclosure is required.  
 No (continue to Section 10.5)

### 10.5 Is the entity (please select one of the following):

- An Active Non-Financial Entity<sup>8</sup>  
 (including listed company or Related Entity<sup>9</sup> of a listed company)  
 A Passive Non-Financial Entity<sup>10</sup>.  
 Please complete question 10.6 for each Controlling Person<sup>11</sup> who is a US citizen or resident of the US for tax purposes.

If required, provide additional details on a separate sheet.

### 10.6 US Controlling Person

Please complete for every US controlling person of the Passive Non-Financial Entity identified in section 10.5 (copy form as required if more than one US controlling person).

Given name(s)  
 .....  
 Surname  
 .....  
 US TIN  
 .....  
 Street address (PO Box is not acceptable)  
 .....  
 .....  
 Suburb State Postcode  
 .....  
 Country  
 .....

## 11 Common Reporting Standard (CRS) Self-Certification (Mandatory)

### All investors MUST complete this section.

If there is more than one investor then copy this form and complete it for every investor.

Investor name

#### 11.1 Investor

Are you a tax resident of Australia?

- Yes  
 Yes and also a tax resident in other country(ies)

Note: Certain countries, including the US, treat all citizens as tax residents for tax purposes.

No

If you are also a tax resident in other country(ies) OR not a tax resident of Australia, please specify your country of tax residence and provide your foreign Tax Identification Number ("TIN").

Country TIN

Country TIN

If you don't have a TIN, please provide Reason A, B or C as appropriate:

- Reason A – The country does not issue TINs to its residents.  
 Reason B – You are otherwise unable to obtain a TIN. Please state why.  
 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).

#### 11.2 Joint / Minor Investor

Are you a tax resident of Australia?

- Yes  
 Yes and also a tax resident in other country(ies)

Note: Certain countries, including the US, treat all citizens as tax residents for tax purposes.

No

If you are also a tax resident in other country(ies) OR not a tax resident of Australia, please specify your country of tax residence and provide your TIN.

Country TIN

Country TIN

If you don't have a TIN, please provide Reason A, B or C as appropriate:

- Reason A – The country does not issue TINs to its residents.  
 Reason B – You are otherwise unable to obtain a TIN. Please state why.  
 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).

### 11.3 Entities

#### All Entities (non-individuals) MUST complete this section.

Is the entity (please select one of the following):

See page 8 for definitions of entity types.

- A Financial Institution.  
 A Non-Reporting Financial Institution (i.e. APRA regulated SMSF).  
 An Active Non-Financial Entity (including listed company or Related Entity of a listed company).  
 A Passive Non-Financial Entity (including an Investment Entity that is not located in a Participating Jurisdiction and is managed by another Financial Institution).

Please complete Controlling Person section below.

#### 11.4 Controlling Person (Complete if indicated above).

Please complete for every controlling person of the Passive Non-Financial Entity identified in section 11.3 (copy form as required if more than one controlling person).

Full Given name(s)

Surname

Date of Birth / /

Street Address (PO Box is not acceptable)

Suburb State Postcode

Country TIN

Country TIN

If you don't have a TIN, please provide Reason A, B or C as appropriate:

- Reason A – The country does not issue TINs to its residents.  
 Reason B – You are otherwise unable to obtain a TIN. Please state why.  
 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).

## 12 Declaration

I/We declare and agree that:

- › I/We have received, read and understood the Product Disclosure Statement dated 26 March 2024 ("PDS") for the Strategic Opportunities (Growth & Income) Fund ("the Fund") to which this Application applies and any website updates for the Fund as made available from time to time on the Fund's website at [www.sogif.au](http://www.sogif.au) and agree to be bound by the Constitution of the Fund (and as amended from time to time) and declare all details given in this Application are true and correct.
- › I/We declare that in making a decision to invest the only information and representations provided by the Plantation Capital Limited ("Responsible Entity") are those contained in the PDS together with the other important information taken to form part of the PDS.
- › I/We have received, read and understood the Fund's Target Market Determination and believe we fall within the target market distribution parameters disclosed in it.
- › I/We declare that I/we have the capacity and power to make an investment in accordance with the Application.
- › If signed under power of attorney, the attorney verifies that no notice of revocation of that power has been received.
- › I/We acknowledge that joint applicants or signatories who allow either investors or signatories to give instructions in relation to an investment in the Fund will bind other investors or signatories for all transactions in connection with the investment including changes to account details.
- › I/We understand that the Responsible Entity may request or require additional personal or entity information in order to fulfill legislative obligations. Failure to supply the information punctually may result in the Responsible Entity being prevented by law from carrying out instructions.
- › I/We understand and agree that, even if all information requested on this application form has been provided and received by the Responsible Entity, the processing of my/our Application may be postponed or delayed while the Responsible Entity verifies and considers information.
- › I/We understand that none of the Responsible Entity or its related entities, directors, officers, employees or agents guarantees the performance of, the repayment of capital, or income invested in, the Fund.
- › I/We agree to reimburse and indemnify the Responsible Entity for all taxes, duties and charges imposed against the Responsible Entity or its agents that may be assessed against the Responsible Entity as a result of my/our entitlement to the capital or distributable income (Taxation Amount) of the Fund.
- › I/We authorise the Responsible Entity to deduct from my/our income distributions payable from the Fund, on account of the Taxation Amount which the Responsible Entity is or may become liable to pay in respect of my/our entitlement to the capital or distributable income of the Fund.
- › I/We release the Responsible Entity from all responsibility and liability whatsoever in connection with any action or inaction by the Responsible Entity which constitutes or gives rise to an inconsistency with, or breach of, this PDS, and will indemnify the Responsible Entity in respect of any such liability.
- › I/We have read the Responsible Entity's Privacy Policy available at [www.sogif.au](http://www.sogif.au) and I/we consent to the handling and disclosure of my personal information as described in the Privacy Policy.
- › I/We agree to receive the PDS and other important information that is taken to form part of the PDS relating to my/our investment/s in the Fund to which this application applies, electronically via email, or on a website designated by the Responsible Entity, or other electronic delivery method. You can access this PDS or any other important information that is taken to form part of the PDS at any time online at [www.sogif.au](http://www.sogif.au).
- › I/We represent and warrant that all statements made and information provided in this Application Form together with any supporting materials (including for the purposes of verification of my/our identity) is true and accurate at the date it is given and is not misleading or deceptive'.

If the application is signed by more than one person, who will operate the account:  Any to sign  All to sign together

Note non-sole director companies usually require two signatures. Minors are not required to sign.

Signature 1

Signature 2

.....  
Name

.....  
Name

.....  
Date / /

.....  
Date / /

.....  
Title

.....  
Title

.....  
If a company officer or trustee, you **MUST** specify your title

.....  
If a company officer or trustee, you **MUST** specify your title

Director  Sole director and  Trustee  Other  
company secretary (please specify)

Director  Sole director and  Trustee  Other  
company secretary (please specify)

**Please mail this completed application form, together with your certified identification and other relevant form(s) to:  
Plantation Capital Ltd, PO Box 532, Canterbury VIC. 3126**

## 13 References

Additional or further information about a reference item or key term is provided below.

### References

1. A "**Regulated Trust**" includes a SMSF, registered retail managed investment scheme and a wholesale managed investment scheme that doesn't accept retail investors. Other trusts are Unregulated Trusts.
2. Applicants are not required to quote their tax file number. However, if a tax file number is not quoted, tax may be deducted from payments of income at the highest marginal tax rate (plus any applicable government levy) if required by law.  
  
Tax will not be deducted if an Australian business number is supplied (if applicable) or an appropriate exemption applies. The use and disclosure of tax file numbers is strictly regulated by tax and privacy laws.
3. A "**Politically Exposed Person**" includes a head of state or government, government minister or senior politician, senior government official, judge, governor of a central bank or any other person who holds a position of influence with a reserve bank, senior foreign representative, high ranking member of the armed forces or board chair or senior executive of a state-owned enterprise or the immediate family member or associate of any such persons.
4. You do not need to provide the name of the settlor if you are an SMSF or if settlor of the trust is now deceased or if the settlor contributed to the trust at the time of its establishment a material asset contribution of less than \$10,000, or if you are a custodian for the purposes of AML/CTF Act.

### FATCA Terms

The following terms are broadly defined as follows. For further clarifications, please refer to the relevant source document and related guidance and/or seek professional advice:

- › <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>
  - › <https://treasury.gov.au/tax-treaties/intergovernmental-agreement>  
<https://www.ato.gov.au/General/International-tax-agreements/>
  - › [In-detail/International-arrangements/Automatic-exchange-of-information---CRS-and-FATCA/](https://www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/Automatic-exchange-of-information---CRS-and-FATCA/)
5. The US "**Taxpayer Identification Number**" (TIN) is an entity's or individual's personal identification number for US tax administration purposes. You can check this with the local government. You can also visit the website [www.oecd.org](http://www.oecd.org) and search for "Taxpayer Identification Number".
  6. Under the US Internal Revenue Code, a US person (which includes certain individuals and entities), is a **Specified US Person** unless it is:
    - a) A corporation, the stock of which is regularly traded on one or more established securities markets;
    - b). Any corporation that is a member of the same expanded affiliated group as a corporation described in 1;
    - c) Any organisation exempt from taxation under section 501(a) or an individual retirement plan as defined in section 7701(a) (37);

- d) Any State, any US territory, any political subdivision of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- e) Any bank as defined in section 581;
- f) Any real estate investment trust as defined in section 856;
- g) Any regulated investment company as defined in section 851 or any entity registered with the US Securities and Exchange Commission under the Investment Company Act of 1940 (15 USC 80a-64);
- h) Any common trust fund as defined in section 584(a);
- i) Any trust that is exempt from tax under section 664(c) or is described in section 4947(a)(1);
- j) A dealer in securities, commodities or derivative financial instruments (including notional principal contracts, futures, forwards and options) that is registered as such under the laws of the United States or any State;
- k) A broker as defined in section 6045(c); and
- l) Any tax-exempt trust under a section 403(b) plan or section 457(g) plan.

### CRS Terms

7. A "**Financial Institution**" means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.
8. An "**Active Non-Financial Entity**" includes:
  - a) An entity that is not a Financial Institution where in the preceding calendar year less than 50% of the entity's gross income was Passive Income; and less than 50% of the entity's assets were held for the production of Passive Income;
  - b) A corporation the stock of which is listed and regularly traded on an established securities market or a Related Entity of such a corporation;
  - c) Holding entity that is a member of a non-financial group; or
  - d) Any other entity that satisfies the definition under CRS or FATCA (as relevant).
9. An Entity is a "**Related Entity**" of another Entity if (among other things) either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.
10. A "**Passive Non-Financial Entity**" includes an entity that is not an Active Non-Financial Entity.
11. The term "**Controlling Persons**" means the natural persons who exercise control over an Entity. In relation to a trust, this includes settlor, trustee, and all beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust.



## Instructions

This form is provided to assist you to meet the identification requirements that are needed pursuant to our Know Your Client ("KYC") obligations under Anti-Money Laundering ("AML") and Counter Terrorism Financing ("CTF") laws.

Specific identification documentation is required for every applicant. If the applicant is not an individual (i.e. company, SMSF, trust, etc.) then additional identification documentation will be required for the beneficial owners or key decision makers as outlined in the Fund's application form and in the text below.

The identification requirements outlined below tie in with Part 4 - Investor Details of the offline application form. You may also find the diagram on page 3 helpful.

Please ensure that all documentation is appropriately certified, and that the original certified document (i.e. not photocopies of certified documents) is mailed, along with your offline application form, to:

PLANTATION CAPITAL LIMITED  
PO BOX 532  
CANTERBURY VIC. 3126

If you have any questions or need assistance please email [admin@sogif.au](mailto:admin@sogif.au) or call (03) 8592 0270 during business hours.

## Verification / Certification

Where the identification detail needs to be verified either an original document must be provided, or else a print out or photocopy of an original that has been certified as a true copy of the original in wet ink by a person qualified to do so.

Certified copies are true copies of original documents with an original certification from the certifier. A certified copy is a document that has been certified as a true copy of the original document by one of the following persons:

- › an officer with, or authorised representative of, a holder of an AFSL, having two or more continuous years of service with one or more licensees;
- › a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 2018 (Cth));
- › a Justice of the Peace;
- › a notary public (for the purposes of the Statutory Declarations Regulations 2018 (Cth))
- › an agent of Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- › a permanent employee of Australian Postal Corporation with two or more continuous years of service who is employed in an office supplying postal services to the public;
- › an accountant who is a fellow of the National Tax Accountants' Association or a member of Chartered Accountants Australia and New Zealand, CPA Australia, Association of Taxation and Management Accountants or the Institute of Public Accountants;
- › a person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described);
- › a judge of a court; a magistrate;
- › a chief executive officer of a Commonwealth court; a registrar or deputy registrar of a court;
- › a person authorised as a notary public in a foreign country;
- › a police officer; or
- › an Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955 (Cth))

## What must the certifier do?

The certifier must confirm the copy is certified as a true copy of the original documentation and clearly state their name, category and date of certification. An example of appropriate certification wording is:

"I certify this (and the following pages each of which I have signed/initialled) to be a true copy of the document shown and reported to me as the original."

Please note certification is only accepted if it is dated within two years of date of application.

## Electronic Only Documents

If the identification is a print out of a document that was only provided electronically (such as an Annual Company Statement issued by ASIC) then print it out and attest to the certifier that it is an original print out of an electronic-only document. They will then be able to certify it as such.

## Sections A, B and E or F

We are required to collect and verify documentary evidence about an **INDIVIDUAL'S** identification as follows:

Details	Collect	Verify
Full name	✓	✓
Residential address (not a PO Box)	✓	✓*
Date of Birth	✓	✓*

\* Either residential address or date of birth needs to be verified.

And if investing as a sole trader, the following is also required:

Main place of business (not a PO Box)	✓	×
Business name	✓	×
Australian Business Number	✓	×

This obligation can be satisfied for **INDIVIDUALS** who are required to complete any of Sections A, B, E (or F) of Part 4 the Fund's offline application form by providing one of the following identification documents (certified as required if it needs to be verified):

- › Valid Australian state or territory driver's licence containing a photograph of the person; OR
- › Australian passport (a passport expired within the preceding two years is acceptable); OR
- › Card issued by a state or territory for the purposes of providing a person's age containing a photograph of the person; OR
- › Valid foreign passport or similar travel document containing a photograph and the signature of the person (and if applicable, an English translation by an accredited translator); OR
- › Australian birth certificate, birth extract, marriage certificate or citizenship certificate; OR
- › A foreign birth certificate or citizenship certificate; OR
- › A government issued concession card, such as a pensioner concession card, a health care card, or a seniors health care card.

## Section C

We are required to collect and verify documentary evidence about a **COMPANY** as follows:

Details	Collect	Verify
Company Name	✓	✓
Registered office address (not a PO Box)	✓	×
Main place of business (not a PO Box)	✓	×
Australian Company Number	✓	✓
Whether a public or private company	✓	✓

And if the investor is a private company:

The name of each director	✓	×
The company's beneficial owners	✓	✓

This obligation can be satisfied for **COMPANIES** who are required to complete Section C of Part 4 of the Fund's offline application form by providing one of the following identification documents (certified as required if it needs to be verified):

- › The company's latest Annual Company Statement issued by ASIC; OR
- › The company's Certificate of Incorporation; OR
- › A Company Extract from the ASIC Connect website.

Important: Please also note that a private company's directors and beneficial owners must also be verified according to the requirements of an individual.

## Section D

You will need to determine whether the trust is regulated or unregulated. Use the table below as a guide and check with your accountant or legal adviser to be sure.

Type of Trust	Regulated	Unregulated
Self Managed Superannuation Fund (SMSF)	✓	
Family Trust		✓
Private Unit Trust		✓
Hybrid Trust		✓
ASIC Registered Managed Investment Scheme	✓	

We are required to collect and verify documentary evidence about a **REGULATED TRUST (including SMSFs)** as follows:

Details	Collect	Verify
Trust Name	✓	×
Full Business Name	✓	×
Trustee(s) Name	✓	×
Trustee(s) Address	✓	×
Settlor's Name	✓	×
Type of Trust	✓	×
Country Established	✓	×

And either:

Details	Collect	Verify
Full name of each beneficiary; OR	✓	×
Details of each class of beneficiary	✓	×

This obligation can be satisfied for **REGULATED TRUSTS (including SMSFs)** who are required to complete Section D of Part 4 the Fund's offline application form by providing one of the following identification documents (which does not need to be certified):

- › A search extract from the ASIC, ATO or relevant regulator's website (e.g. "Super Fund Lookup" at [superfundlookup.gov.au](http://superfundlookup.gov.au)); OR
- › An original copy or extract of the trust deed (see below for extract requirements).

We are required to collect and verify documentary evidence about an **UNREGULATED TRUST (including family trusts and private unit trusts)** as follows:

Details	Collect	Verify
Trust Name	✓	✓
Full Business Name	✓	×
Trustee(s) Name	✓	✓
Trustee(s) Address <sup>^</sup>	✓	✓
Settlor's Name <sup>*</sup>	✓	✓
Type of Trust	✓	×
Country Established	✓	✓
Beneficial owners	✓	✓

<sup>^</sup> Only needs to be verified if the trustee is an individual

<sup>\*</sup> The Settlor must also be verified unless the Settlor's material asset contribution at the time the trust is established is less than \$10,000; or the Settlor is deceased

And either:

Full name of each beneficiary; OR	✓	×
Details of each class of beneficiary	✓	✓

This obligation can be satisfied for **UNREGULATED TRUSTS** (including family trusts and private unit trusts) who are required to complete Section D of Part 4 the Fund's offline application form by providing one of the following identification documents (which does not need to be certified):

- › A letter from a solicitor or qualified accountant that confirms:
  - The full name of the trust;
  - The full business name (if any) of the trustee;
  - The full names of the trustees of the trust;
  - The address of each trustee (cannot be a PO Box);
  - The full name of the settlor of the trust;
  - The type of the trust;
  - The country in which the trust was established; and
  - The name's of the beneficiaries or class of beneficiaries of the trust.

OR

- › An original copy or extract of the trust deed (see below for extract requirements).

## Trust Extract

Instead of providing the whole trust deed, you can elect to provide an extract of the trust deed that provides the following information.

- › the full name of the trust;
- › the full name of the settlor of the trust
- › the full business name (if any) of the trustee
- › the type of the trust;
- › the country in which the trust was established; AND
- › the beneficiaries or class of beneficiaries of the trust.

This is normally accomplished by providing a certified copy of the title page of the trust, and the trust particulars pages. Remember that the trust deed or extract of trust deed must be certified if the trust is an unregulated trust.

## Beneficial Owners & Key Decision Makers

We are also required to identify and verify the beneficial owners of companies and unregulated trusts.

For instance, if the investor is a family trust with a corporate trustee, then we will need to collect and verify information about:

- › the trust, its trustee(s) and beneficiaries
- › the beneficial owners of the trust
- › the corporate trustee
- › the beneficial owners of the corporate trustee

The diagram in Appendix One will help you to understand what information we will need for which investor type.

A beneficial owner is an individual who ultimately owns or controls an entity such as a company, trust or partnership.

'Owns' in this case means owning 25% or more of the entity. This can be directly (such as through shareholdings) or indirectly (such as through another company's ownership or through a bank or broker).

'Controls' in this case means having the power to make decisions about the entity's finances and operations. They may exert control through trusts, agreements, arrangements, understandings, policies or practices.

Note that a customer may have more than one beneficial owner.

Where we are required to identify beneficial owners, our AML / CTF obligations include:

- › determining who the beneficial owners are;
- › assessing the level of money laundering/terrorism financing risk the beneficial owners pose;
- › verifying the identity of the beneficial owners; and
- › keeping records of how you identified each beneficial owner and verified their identity.

In some instances it may not be possible to identify the beneficial owner or owners of an investing entity. For example, there might not be a single individual who owns 25% or more of the entity or there might not be a single individual in control. In these cases we are required to take reasonable steps to identify and verify an alternative individual. 'Reasonable' means what is practical, necessary and appropriate in line with your identified money laundering/terrorism financing risk.

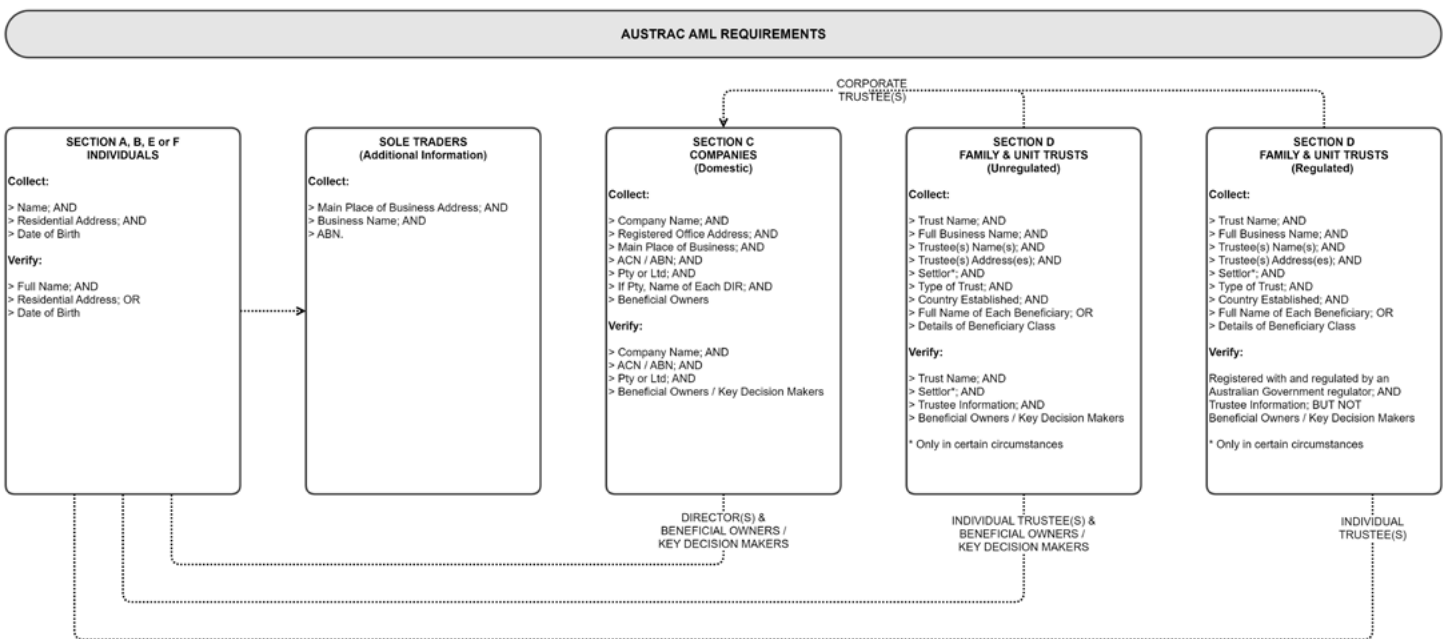
### Alternative individual for a company

If you are a company who cannot identify the beneficial owners by ownership interest, the best reasonable alternative individual is someone who can exercise 25% or more of the company's voting rights, including the power of veto. Their voting rights may be direct, or they may be indirect in that they have significant influence over voting rights.

If you can't identify an alternative individual who fits this criteria, a reasonable alternative is an executive or senior managing official.

### Alternative individual for a trust

If you are a trustee who cannot identify the beneficial owners by ownership interest, a reasonable alternative individual is any person who can appoint or remove the trustees. The person in this role is usually called the 'appointor', but may also be called the 'custodian' or 'principal' and should be noted in the trust deed.



## Certified Documents

### What is a certified copy?

Certified copies are true copies of original documents with an original certification from the certifier. A certified copy is a document that has been certified as a true copy of the original document by one of the following persons:

- › an officer with, or authorised representative of, a holder of an AFSL, having two or more continuous years of service with one or more licensees;
- › a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 2018 (Cth));
- › a Justice of the Peace;
- › a notary public (for the purposes of the Statutory Declarations Regulations 2018 (Cth));
- › an agent of Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- › a permanent employee of Australian Postal Corporation with two or more continuous years of service who is employed in an office supplying postal services to the public;
- › an accountant who is a fellow of the National Tax Accountants' Association or a member of Chartered Accountants Australia and New Zealand, CPA Australia, Association of Taxation and Management Accountants or the Institute of Public Accountants;
- › a person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described);
- › a judge of a court; a magistrate;
- › a chief executive officer of a Commonwealth court; a registrar or deputy registrar of a court;
- › a person authorised as a notary public in a foreign country;
- › a police officer; or
- › an Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955 (Cth))

### What must the certifier do?

The certifier must confirm the copy is certified as a true copy of the original documentation and clearly state their name, category and date of certification. An example of appropriate certification wording is:

"I certify this (and the following pages each of which I have signed/initialled) to be a true copy of the document shown and reported to me as the original."

Please note certification is only accepted if it is dated within two years of the date of application.

### Need assistance?

For more information about how to have documents certified please visit: <https://www.justice.vic.gov.au/certifiedcopies>.

Alternatively please call the office on 03 8592 0270 during business hours or email [admin@sogif.au](mailto:admin@sogif.au).

# Automatic Investment Plan Direct Debit Request ("DDR")

## Instructions

After reading the accompanying terms and conditions of Strategic Opportunities (Growth & Income) Fund's ('Fund') ARSN 668 357 837 Direct Debit Service Request Agreement and Automatic Investment Plan, please complete Sections 1, 2, 3 and 4 of this DDR form.

Once complete, please send only this original completed DDR form (i.e. this page) with wet ink signatures (i.e. electronic signatures are not permissible) to:

Plantation Capital Ltd  
PO BOX 532  
CANTERBURY VIC 3126

Once received we will process your DDR and provide confirmation of receipt by email once completed.

## 1 Request and Authority to Debit

Please select one:

Initial request for AIP       Amendment to Existing AIP

**Please provide your contact details. If you have a financial adviser, we may contact your adviser first before contacting you about your application.**

SOGIF Investor Number

Account Name .....

Phone .....

Email .....

Postal Address .....

Suburb    State    Postcode

Country (if not Australia) .....

You request and authorise Plantation Capital Limited ("PCL") User ID 640253 to arrange, a debit to your nominated account to pay for your participation in the Strategic Opportunities (Growth & Income) Fund ("the Fund").

This debit or charge will be arranged by PCL's financial institution and made through the Bulk Electronic Clearing System ("BECS") from your nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

## 2 Amount of Debit

Monthly Amount (minimum \$250)    \$    .00

Frequency: on the 21st of every month, until further notice.

Preferred Commencement Month .....

## 3 Account to be Debited

Account name .....

(as shown on your bank statement) .....

Financial Institution name .....

BSB (must be 6 digits)       -

Account number   

## 4 Confirmation

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have confirmed that:

- › you are authorised to operate on the nominated account; and
- › you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.

### Signing for a Company

You must be authorised to sign on behalf of the company AND you must have authority to operate the Company's bank account.

### Authority

Signed in accordance with the account authority on your account:

Signature .....

.....  
Date

.....  
Print name

.....  
Position held  
(if applicant is a non-individual)

.....  
Contact details: as identified in Section 1

.....  
**Second Account Signatory** (if required)

.....  
Signature

.....  
Date

.....  
Print name

.....  
Position held  
(if applicant is a non-individual)

.....  
Contact details: as identified in Section 1 or complete below:

.....  
Postal Address

.....  
Suburb    State    Postcode

.....  
Country (if not Australia)

.....  
Email

.....  
Phone

# Automatic Investment Plan

## Direct Debit Request Service Agreement

### Important

This is your Direct Debit Service Agreement with Plantation Capital Limited ("PCL") ABN 65 133 678 029 AFSL No. 339481 as Responsible Entity for the Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837 User ID 640253 ("the Debit User"). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

**Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request ("DDR") and should be read in conjunction with your DDR authorisation.**

### Definitions

**account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

**agreement** means this Direct Debit Request Service Agreement between *you* and *us*.

**banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**debit day** means the day that payment by *you* to *us* is due.

**debit payment** means a particular transaction where a debit is made.

**Direct Debit Request** means the written, verbal or online request between *us* and *you* to debit funds from your account.

**us** or **we** means Plantation Capital Limited ("PCL") ABN 65 133 678 029 AFSL No. 339481 as Responsible Entity for the Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837 User ID 640253 ("the Debit User") you have authorised by requesting a Direct Debit Request.

**you** means the customer who has authorised the *Direct Debit Request*.

**your financial institution** means the financial institution at which *you* hold the account *you* have authorised *us* to debit.

## 1 Debiting your Account

- 1.1 By submitting a Direct Debit Request, you have authorised us to arrange for funds to be debited from your Account. The Direct Debit Request and this Agreement set out the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your Account as authorised in the Direct Debit Request; or  
  
We will only arrange for funds to be debited from your Account if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.
- 1.3 If the Debit Day falls on a day that is not a Banking Day, we may direct your financial institution to debit your Account on the following Banking Day. If you are unsure about which day your Account has or will be debited you should ask your financial institution.

## 2 Amendments by us

- 2.1 We may vary any details of this Agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice sent to the preferred email or address you have given us in the Direct Debit Request.

## 3 How to cancel or change direct debits

- 3.1 You can:
  - a) Cancel or suspend the Direct Debit Request; or
  - b) Change, stop or defer an individual payment, or at any time by giving us at least 14 days' notice.  
  
To do so
    - email us at [admin@sogif.au](mailto:admin@sogif.au); or
    - telephone us on (03) 8592 0270; or
    - Contact your own financial institution.

## 4 Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your Account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 4.2 If there are insufficient clear funds in your Account to meet a debit payment:
  - a) you may be charged a fee and/or interest by your financial institution;
  - b) we may charge you reasonable costs incurred by us on account of there being insufficient funds; and
  - c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your Account by an agreed time so that we can process the debit payment.
- 4.3 You should check your Account statement to verify that the amounts debited from your Account are correct.

## 5 Dispute

- 5.1 If you believe there has been an error in debiting your Account, you should notify us directly on [admin@sogif.au](mailto:admin@sogif.au) or by phone on (03) 8592 0270. Alternatively you can contact your financial institution for assistance.
- 5.2 If we conclude as a result of our investigations that your Account has been incorrectly debited we will respond to your query by arranging within a reasonable period for your financial institution to adjust your Account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your Account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your Account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.
- 

## 6 Accounts

- 6.1 You should check:
- with your financial institution whether direct debiting is available from your Account as direct debiting is not available through BECS on all accounts offered by financial institutions.
  - your Account details which you have provided to us are correct by checking them against a recent account statement; and
  - with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.
- 

## 7 Confidentiality

- 7.1 We will keep any information (including your Account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
- to the extent specifically required by law; or
  - for the purposes of this Agreement (including disclosing information in connection with any query or claim).
- 

## 8 Contacting each other

- 8.1 If you wish to notify us in writing about anything relating to this Agreement, you should write to:
- Plantation Capital Ltd  
PO Box 532  
CANTERBURY VIC 3126
- 8.2 We will notify you by sending a notice to the preferred address or email you have given us in the Direct Debit Request. Any notice will be deemed to have been received on the second Banking Day after sending.
-

In accordance with the Constitution, Plantation Capital Limited ABN 65 133 678 029 AFSL No. 339481 in its capacity as responsible entity of the Fund ('Responsible Entity') has determined the following terms and conditions that will apply to the Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837 Automatic Investment Plan ("AIP").

## Definitions

**AIP** means the automatic investment plan established by these terms and conditions.

**AIP Money** means the amount of money withdrawn by direct debit on a monthly basis from a Unitholder's bank account pursuant to the Direct Debit Authority that is to be applied towards the issue of Units in the Fund.

**AIP Record** means a register kept by the Responsible Entity of Unitholders' participation in the AIP

**Application** means the application form attached to these terms and conditions and includes the Direct Debit Authority.

**Business Day** has the same meaning as in the Constitution.

**Constitution** means the constitution for the Fund dated 12 May 2023, as amended from time to time.

**Direct Debit Authority** means the authority provided by the Participant allowing the Responsible Entity to withdraw the AIP Money, a copy of which is attached to these terms and conditions.

**Issue Price** has the meaning given to it in the Constitution.

**Participant** means a Unitholder who participates in the AIP.

**PDS** means the product disclosure statement for the Fund issued by the Responsible Entity on 14th August 2023 as amended or reissued from time to time.

**Responsible Entity** means Plantation Capital Limited ACN 133 678 029 AFSL No. 339481.

**Rules** means these terms and conditions establishing the AIP.

**Termination Date** means the day on which the participation of a Participant in the AIP is terminated pursuant to these Rules.

**Unit** means a unit in the Fund and includes a partly paid Unit.

**Unitholder** means a holder of Units in the Fund.

## 1 Participation in the AIP

- (a) Subject to clause 1(b), each Unitholder may apply to participate in the AIP pursuant to which AIP Money will be invested by the Responsible Entity on the Unitholder's behalf as consideration for the issue of Units in the Fund.
- (b) A Unitholder with a registered address in a country other than Australia may not be eligible to participate in the AIP because of the legal requirements of that country. The issue of Units to Unitholders pursuant to the AIP who at the time of issue are not resident in Australia will be subject to all necessary Australian Government approvals. It will be the responsibility of each Unitholder to obtain any such approvals and to ensure compliance with the laws of their home jurisdiction.

## 2 Application to Participate

To participate in the AIP, an Application must be completed (or such other written form acceptable to the Responsible Entity) and sent to PO Box 532 Canterbury VIC 3126. Applications may be lodged at any time. The Application must be received at least fourteen days before the AIP is intended to commence.

## 3 Degree of Participation

The Participant must contribute a minimum amount of \$250 per month under the AIP.

## 4 Operation of the AIP

- (a) The Responsible Entity must hold the AIP Money on behalf of the Participant.
- (b) The Responsible Entity must use the AIP Money for the purpose of:
  - (i) subscribing for further Units to be issued in the name of that Participant; or
  - (ii) transferring Units held by the Responsible Entity or its affiliates to the Participant.
- (c) The number of Units to be issued or to be transferred to the Participant in accordance with clause 4(a) is the number (rounded down to the nearest whole Unit) obtained by dividing the AIP Money held by the Responsible Entity on behalf of that Participant under clause 4(a), less any applicable fees - such as contribution fees, by the Issue Price calculated in accordance with clause 5.
- (d) Any amount remaining following the issue or transfer of Units in accordance with clause 4(a) will be retained by the Fund.
- (e) The Trustee must make available to Participants a holding statement listing the number of Units issued or transferred to the Participant, the price per Unit and the total amount invested in Units on behalf of the Participant (Holding Statement). Holding Statements will be made available via the investor portal available at [www.sogif.au](http://www.sogif.au).



## 5 Issue Price of Units

The Issue Price for each Unit issued or transferred pursuant to the AIP will be the Issue Price as calculated in accordance with clause 8.1(c) of the Constitution.

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## 6 Units to be Allotted Under the AIP

The issue or transfer of Units under the AIP will take place on the next Business Day on which an Issue Price is struck in accordance with clause 8.1(c) of the Constitution after the AIP Money has been received by the Responsible Entity. Holding Statements will usually be issued within 60 days of the date of issue or transfer of the Units under the AIP.

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## 7 Costs to Participants

Each Participant must pay the fees and costs outlined in the PDS from time to time as if the Participant was applying for additional Units in the Fund in respect of the Units issued or transferred under this AIP.

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## 8 Variation or Termination of Participation

- (a) A Participant may at any time give the Responsible Entity 14 days written notice that the Participant wishes to terminate its participation in the AIP.
- (b) The Participant may at any time give the Responsible Entity 14 days written notice of any changes to be made to the Participant's participation in the AIP, including variation in the amount of the AIP Money to be deducted and invested in the Fund.

Participation in the AIP will automatically terminate if the Responsible Entity receives notice that the Participant has died, or in the case of joint Participants, notice that one joint Participant has died.

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## 9 Reduction or Termination of Participation Upon Disposal of Units

If the Participant transfers all or part of the Units held by that Participant without terminating participation in the AIP in accordance with clause 9, that Participant will be deemed to have terminated their participation in the AIP on the date of registration of the transfer (unless, in the case of a partial transfer, the Participant advises the Responsible Entity otherwise).

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## 10 Modification and Termination of the AIP

- (a) The Responsible Entity may modify, suspend or terminate the AIP at any time by giving at least one month's written notice to all Unitholders.
  - (b) Where the Responsible Entity modifies the AIP, existing Participants will continue under the modified AIP unless the Participant notifies the Responsible Entity in writing that they wish to terminate their participation in the AIP.
  - (c) The non-receipt of any notice by a Unitholder will not invalidate the modification, suspension or termination of the AIP.
- 

## 11 Taxation

The Responsible Entity takes no responsibility for the taxation liabilities of Participants, including stamp or other duties payable on the issue of Units under this AIP.

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## 12 General

The AIP, its operation and the terms and conditions contained in this document are governed by the provisions of the Constitution and the laws of Victoria, Australia.

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