14 Application form

ARGONAUT NATURAL RESOURCES FUND

This application form is given solely to the recipient of the attached Information Memorandum and used to apply for Units pursuant to the Offer under the terms set out in the Argonaut Natural Resources Fund (**Fund**) Information Memorandum dated 3 February 2020 (**IM**).

Application checklist

Your application will not be processed without the following:

☐ Application form

☐ Identification requirements (Part 11)

☐ Wholesale Investor Declaration

☐ Application funding (EFT or cheque)

Return the documentation listed above to:
Argonaut Funds Management
GPO Box 2553
PERTH WA 6001

How to complete this form

Write in BLOCK letters, using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Individuals: complete part 1, part2, and part 5 onwards.

Companies: complete part1, part 3, and part 5 onwards.

Trusts/Superannuation funds:

- if you are an individual trustee – complete part 1, part 2 with the details of the trustee, and then part 4 onwards.
- if you are a trust with a company as a trustee – complete part 1, part 3 with the details of the corporate trustee, and then part 4 onwards.

PART 1. New or existing

Do you have an existing investment in the Argonaut Natural Resources Fund?

☐ **No.**

☐ **Yes.** Please provide the Unitholder name and Unitholder number below.

**Note: If you are a current Unitholder you only need to complete Part 2 to 5 of the application form if your details or preferences have changed.*

PART 2. Individuals

Complete if you are investing individually, jointly or you are an individual or joint trustee.

**Note: Please complete this section using your full name. Initials will not be accepted.*

Investor 1

Title

Surname

Given name(s)

Date of birth

Residential address *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

Country of birth

Country of Citizenship or lawful permanent residency

Tax File Number

Or exemption

Investor 2

Title

Surname

Given name(s)

Date of birth

Residential address *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

Country of birth

Country of Citizenship or lawful permanent residency

Tax File Number

Or exemption

If there are more than two individual investors or trustees, please provide the full name, date of birth and residential address of each on a separate sheet and attach to this form.

PART 3. Companies

Complete if you are investing as a company or as a trust with a corporate trustee.

(a) Company details

Company name

ABN / ACN

Country of Incorporation

Company Type ☐ Proprietary ☐ Public

Number of Directors

Tax File Number

ARBN or Foreign Registration Number

Registration Body

Full street address of registered office *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

Full street address of principal place of business

State

Postcode

Country

(b) Director details

If there are additional Directors, please supply details on a separate page.

Director 1

Title

Surname

Given name(s)

Date of birth

Residential address *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

Country of birth

Country of Citizenship or lawful permanent residency

Director 2

Title

Surname

Given name(s)

Date of birth

Residential address *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

Country of birth

Country of Citizenship or lawful permanent residency

Director 3

Title

Surname

Given name(s)

Date of birth

Residential address *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

Country of birth

Country of Citizenship or lawful permanent residency

(c) Beneficial owners

If there are additional Beneficial Owners, please supply details on a separate page.

List individuals who, whether directly or through other companies or trusts, own 25% or more of the Company.

Owner 1

Title

Surname

Given name(s)

Date of birth

Residential address *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

Owner 2

Title

Surname

Given name(s)

Date of birth

Residential address *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

Owner 3

Title

Surname

Given name(s)

Date of birth

Residential address *(This must be a physical street address and cannot be a post box)*

State

Postcode

Country

PART 4. Trust or superannuation funds

Complete if you are investing as a trust or superannuation fund. Individual trustees must also complete section 2.
Corporate trustees must also complete section 3.

Trust or superannuation fund details

Name of trust or superannuation fund

ABN *(Applicable if you are a trust or a self-managed superannuation fund registered with the Australian Tax Office)*

Tax File Number

PART 5. Status of applicant

Are any of the Applicants, Directors, Responsible Officials, Partners, Authorised Representatives , Trustees, Beneficial Owners or any other Beneficiaries of this Application: affiliated with a government official; government entity, or having dealings with a government official or any government related entity of any country?

☐ Yes ☐ No

If Yes, please provide details

PART 6. Contact details and communication

Contact details

Provide a primary contact for the account. Note that the email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

Contact name

Postal address

Suburb | State | Postcode

Telephone | Mobile number | Fax number

Email address

PART 7. Investment details

Please specify the amount you wish to invest in the Argonaut Natural Resources Fund

INVESTMENT AMOUNT

$

Please note that the minimum investment amount is $50,000 (unless otherwise agreed to by the Investment Manager).

The Fund accepts payment via electronic transfer to:

Bank account name: Certane CT ACF Argonaut Natural Resources Fund - Applications Account
Bank name: ANZ
BSB: 012 361
Account number: 838 299 878
Reference: Please include the applicant name in narration reference section when making an electronic transfer.

PART 8. Distributions payment instructions

Please indicate how you would like your distributions to be paid by ticking **one** box only.

☐ Reinvest all distributions into additional units in the Fund; or

☐ Reinvest ☐ % and pay balance into my/our Australian bank account as follows.

☐ Pay all distributions into my/our Australian bank account as follows.

Bank/Institution

Branch

Account name

BSB

Account number

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

PART 9. Financial adviser details

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. You can also use this section to authorise us to pay your financial adviser their fees. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Email address

Notice to financial adviser: by completing this section fo the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Financial adviser details

Dealer group name

Adviser Name

AFSL Number

Authorised representative number *(if any)*

Postal Address

State

Postcode

Country

Contact details

Business number *(include country and area code)*

Mobile number *(include country code)*

Adviser signature

Customer Identification Declaration *(Financial adviser to complete)*

I confirm that I have completed an appropriate Customer Identification Declaration (CID) on this investor and/or the beneficial owners which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (**AML/CTF Act**).

Please select the relevant options below:

☐ I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners; OR

☐ I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the issuer or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to the issuer.

I agree to provide the issuer or its agents with any other information that they may require to support this Application.

PART 10. Declaration and acknowledgements

I acknowledge, declare and agree that by signing this application form:

I have provided all the accompanying information as required in Part 11.

I have provided a Wholesale Investor Declaration.

I am a professional investor under the Corporation Act or other investor than does not require disclosure under the *Corporations Act 2001*, including in respect of each additional investment application (unless I/ we notify the Investment Manager.

I am an individual over 18 years of age or I am a duly incorporated body.

I have read carefully and understood I am applying solely on the basis of the Fund Information Memorandum provided and this completed application form. I understand that the information contained in the Information Memorandum is not legal, financial or tax advice nor a recommendation that the Fund is suitable to my/our needs.

I agree to be bound by the terms of the Trust Deed governing the Fund, this completed application form and the current Fund Information Memorandum, as amended or issued from time to time. The Trustee and Licensee reserves the right to not accept any application at its discretion.

That the Trustee / is authorised to apply the Tax File Number or ABN provided above and it will be applied to all future applications for Units, including re-investments, unless I otherwise advise the Trustee.

That the Units in the Fund do not represent deposits with, or other liabilities of the Trustee or Investment Manager.

That holding units in the Fund is subject to investment risk, including possible delays in repayment, loss of income and principal invested.

That I/we have such knowledge and experience in financial and business matters or we have obtained advice from a financial adviser such as I am capable of evaluating the merits and risks of my/our acquisition of the Units.

That the performance of the Fund, nor any particular return from, or any repayment of capital invested in, the Fund is guaranteed by the Trustee, Investment Manager, the Custodian, the Auditor, or any of their subsidiaries or any other person or organisation and I/we understand the risks involved in investing in the Fund.

I/We acknowledge that due to anti-money laundering requirements, the Administrator and/or the Investment Manager may require proof of identity before the application can be processed and the Investment Manager and/or the Administrator be held harmless and indemnified against any loss ensuing due to the failure to process this application, if such information has been required by the parties hereto has not been provided by me/us.

I/We consent to details relating to my/ our application and holdings being disclosed to companies associated with the Trustee or Investment Manager which perform marketing and investor servicing duties.

I/ We understand the Fund is currently an unregistered managed investment scheme and agree to any future registration of the Fund with ASIC without the need of a Unitholder meeting.

I declare that the Tax Information provided above is, to the best of my knowledge and belief, accurate and complete.

I acknowledge that the Tax Information contained in this application will be reported to the tax authorities of the country in which the information is maintained, and exchanged with tax authorities of another country or countries in which I may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the Fund's Administrator promptly, and provide an updated Self-Certification form, where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

All parties must sign for joint applications. If signed under Power of attorney, the attorney must enclose a certified copy of the Power of Attorney and declare that he / she has not received notice of revocation of that power. The Power of Attorney must also enclose a certified copy of their driver's licence or passport proof of identity. If the application is for a company two directors or a director and secretary must sign unless the company is a sole director company in which case the sole director only must sign.

Signature of investor 1 or director

Signature

Full name

Date

Signature of investor 2 or director/company secretary

Signature

Full name

Date

PART 11. Additional information for AML/CTF purposes

Identification Requirements

The Administrator is obliged to comply with the Know Your Customer policy in addition to Australian anti-money laundering legislation which dictates that we identify each investor in the fund and retain supporting documentation as evidence of the same.

In order to satisfy the above we require the following documents:

1. INDIVIDUALS/ COMPANY DIRECTORS / INDIVIDUAL TRUSTEES

   A current certified* copy of an Australian Passport.
   or
   A current certified* copy of an Australian drivers licence.
   or
   A current certified* copy of foreign driver's licence, passport or similar travel document containing applicant signature.

2. COMPANY

   A full company extract from ASIC.
   or
   A ASIC certificate of incorporation/registration.

3. TRUST/ SUPERANNUATION FUND

   A certified* copy of the full Trust Deed and any Deed of Variations, showing full name of the trust, type of trust, country of establishment, full business name of the trustee, full name of beneficial owners, name of settlor and name of all trustee's.

If these documents are unavailable, please contact Argonaut Funds Management for alternatives.
Phone: (08) 9224 6888
Email: argonautfundsmanagement@argonaut.com

**Certified: A certifier must be a suitable person, such as a justice of the peace, lawyer, accountant, director or manager of a regulated credit or financial institution, a notary public, a member of the judiciary or a senior civil servant. The certifier should sign the copy document (printing his/her name clearly underneath) and clearly indicate his/her position or capacity on it together with a contact address and phone number and date of certification. The certifier must indicate that the document is a true copy of the original and that the photo is a true likeness of the person.*

Argonaut reserves the right to request further documentation and has absolute discretion to accept or reject any application subject to the receipt of full documentation. Where any document is in a language that is not English it must be accompanied by an English translation prepared by an accredited translator.

USA Foreign Account Tax Compliance Act (FATCA)

Are you:

- ☐ An individual who is a US Citizen or resident for tax purposes
- ☐ A trust that is established under the laws of the US or a US Taxpayer or a trust that has its trustee, beneficiaries or settlor as a US Citizen or Taxpayer
- ☐ A company established under the laws of the US or a US Taxpayer or a company whose beneficial owners through one or more shareholdings own more than 25% of the company's issued capital
- ☐ A trust with a trustee that is a financial institution with a Global Intermediary Identification Number (GIIN) or has FATCA status (your tax status, as nominated by you, under the US Foreign Account Tax Compliance Act. E.g. you are deemed compliant Foreign Financial Institutions (FFI), excepted FFI, non-participating IGA FFI, exempted beneficial owner or GIIN applied but not yet issued)
- ☐ A financial institution (e.g. custodial or depository institution, investment entity or insurance company) that has a GIIN or has FATCA status.

If you have ticked any of the above, please provide the name(s) and US Taxpayer Identification Number (TIN), GIIN or FATCA status of each owner, trustee, beneficial owner or settlor who is a US Citizen or resident of the US for tax purposes.

Name	Indicate if an individual, company, trust, trustee, beneficial owner or settlor	US TIN, GIIN or FATCA status

Additional information about FATCA can be found at:

http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-(FATCA); and http://www.aph.gov.au/About_Parliament/Parliamentary_DEpartments/Parliamentary_Library/pubs/rp/rp1314/QG/FATCA