

MANNING PRIVATE DEBT FUND

Income Specialists

2019 FINALIST | Best Private Debt Fund

Hedge Funds Rock
The Australian Alternative Investment Awards



For self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts)

This application form relates to an Information Memorandum dated November 2019 ("Information Memorandum") issued by Manning Asset Management Pty Ltd ("Manning AM"), AFSL 509 561, ACN 608 352 576, for the offer of units in the Manning Private Debt Fund ("Fund"). Terms defined in the Information Memorandum have the same meaning in this application form.

The Information Memorandum contains important information about investing in the Fund, and you are advised to read the Information Memorandum before completing this application form. It is essential that you receive the application form and Information Memorandum in Australia. We may not accept an application from a person who we believe received the documents outside Australia.

This form enables us to create your investment account and provides us with details of the people who are authorised to transact on the account. This form also sets out identification information required from you to enable us to comply with AML/CTF, FATCA, and CRS requirements. In this application form, "I/we", "you", "your" "Unitholder", "Applicant" and "my/our" refers to the investor/ joint investors.

Five steps to make an investment:

1. Complete the relevant sections of this application form
2. Print, sign and date this application form
3. Collect and certify your identification documents
4. Provide cleared funds in the nominated account. Refer to "Investment details and payment method"
5. Post this form and certified copies of your identification documents to the Fund's Administrator, being:

Eticore SD Services Pty Ltd (Ref: Manning PD Fund)

Suite 5.01, Level 5

15 Castlereagh St

Sydney

NSW 2000

Application forms may also be emailed to ManningAM@eticore.com.au however we require an original copy of the form and the certified identification documents to be posted to the above mailing address.

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Details of the Trust

This Section applies to all corporate and individual trustees and superannuation funds.

- 1 Full name of trust:
- 2 Business name of trustee (if applicable):
- 3 Principal business activity:
- 4 Country of establishment:
- 5 Full name of settlor/s¹:
- 6 - TFN of the Trust

7 Type of trust (select one of the following types of trusts):

	Self-managed superannuation fund	Specify the SMSF's ABN: <input type="text"/>
	Registered managed investment scheme	Specify the scheme's ARSN: <input type="text"/>
	Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings to which Section 1012E of the Corporations Act 2001 applies	Specify the unregistered managed investment scheme's ABN: <input type="text"/>
	Government superannuation fund established by legislation	Specify the name of the legislation establishing the fund: <input type="text"/>
	Other regulated trust (i.e. registered and subject to the regulatory oversight of a Commonwealth statutory regulator)	Specify the name of the regulator (e.g. ASIC, APRA, ATO) <input type="text"/> Specify the trust's ABN or registration/licensing details: <input type="text"/>
	Other trust type	Trust description (e.g. family trust, unit trust or charitable trust): <input type="text"/>

8 Beneficiary details – Please complete this section if you have ticked 'other trust type' in 7.

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

Yes No

9 Please describe the class or classes of beneficiaries (e.g. holders of different classes of units, family members or named persons):

10 Please provide details of each beneficiary of the trust:

Beneficiary 1
Given name(s): <input type="text"/>
Surname: <input type="text"/>

Beneficiary 2
Given name(s): <input type="text"/>
Surname: <input type="text"/>

¹ The person who settles the initial sum or assets to create the trust, unless they have contributed less than \$10,000 to the trust at establishment or they are deceased

Beneficiary 3
Given name(s): <input type="text"/>
Surname: <input type="text"/>

Beneficiary 4
Given name(s): <input type="text"/>
Surname: <input type="text"/>

If there are more than 4 beneficiaries, please provide their details on a separate sheet and tick this box

Is the trustee an individual(s) or company? Please select the relevant category below

Individual trustee(s) – please complete the **“Individual”** section below for each individual trustee.

Company (corporate) trustee(s) – please complete the **“Company”** section below for each corporate trustee.

Trustees comprising both corporate and individual trustees – please ensure you complete **both** of the relevant Company and Individual sections.

Individual

This section relates to individual trustees. Where the investing entity has more than one individual trustee, each individual trustee must provide their details:

Trustee 1

Title Given name(s) Surname Date of birth: ___/___/___

Residential address:

(PO Box is not acceptable) State: Postcode:

Trustee 2

Title Given name(s) Surname Date of birth: ___/___/___

Residential address:

(PO Box is not acceptable) State: Postcode:

If there are more trustees, please provide their details on a separate sheet and tick this box

Company

This section applies to corporate trustees. For corporate trusts with multiple corporate trustees please provide full details as set out below for each corporate trustee on a separate sheet.

1 Full company name as registered by ASIC 2 ACN / ABN / ARBN:

3 Registered office address:

(PO Box is not acceptable) State: Postcode:

4 Principal place of business address if different to registered office, or (for registered foreign companies) the full name and address of the company's Australian agent:

(PO Box is not acceptable) State: Postcode:

8 Directors – To be completed for proprietary or private companies

How many directors are there?

Please provide the full name of each director below:

Given name(s)	Surname
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>

If there are more directors, please provide their details on a separate sheet and tick this box:

Beneficial Ownership

Please provide details of each of the individuals who directly or indirectly control the trust:

* includes control by acting as Trustee, or by means of trusts, agreements, arrangements, understandings and practices; exercising control through the ability to direct the Trustees, or the ability to appoint or remove the Trustees (Appointer)

Beneficial Owner 1

Title Given name(s) Surname Date of birth: ___/___/___

Residential address:

(PO Box is not acceptable) State: Postcode:

Role (eg Trustee)

Beneficial Owner 2

Title Given name(s) Surname Date of birth: ___/___/___

Residential address:

(PO Box is not acceptable) State: Postcode:

Role (eg Trustee)

If there are more beneficial owners, please provide their details on a separate sheet and tick this box:

Tax Status

Collection of Tax Status is required by the United States Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS)

Please select **ONE** of the following as the Tax Status and provide the information requested

Financial Institutions or Trust with a Trustee that is a Financial Institution (A trust that is primarily established for custodial or investment purposes, or a Trust that has a Trustee that is a Financial Institution in its own right)

Provide the Trust or Trustee's Global Intermediary Identification Number (GIIN) if applicable

If the Trust or Trustee is a Financial Institution but does not have a GIIN, provide its FATCA status (select only one of the following statuses)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA (Intergovernmental Agreement Financial Institution)

Non-participating Financial Institution

Other (describe FATCA status)

Is the Financial Institution an Investment Entity located in a Non-Participating CRS jurisdiction² and managed by another Financial Institution? Yes No

Australian Registered Charity or Deceased Estate

An Active Non Financial Entity (NFE) – these include entities where during the previous reporting period less than 50% of their gross income was passive income (eg dividends, interest, royalties) and less than 50% of assets held produced passive income

Other – trusts not previously listed – Passive Non-Financial Entities

Foreign Controlling Persons (Individuals)

Are any of the Trust's Controlling Persons³, or if the Trustee is a company, are any of this company's Controlling Persons tax residents of countries other than Australia?

Yes

No

If yes, please provide details of these individuals below:

Controlling Person 1

Full name: Date of birth: ___/___/___

Residential address:

(PO Box is not acceptable) State: Postcode:

Role (eg Trustee)

For each country of tax residence please provide further information as required below:

Country	Tax Identification Number (TIN) ⁴	If no TIN, list reason A/B/C ⁵
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Tax Identification Number (TIN)	If no TIN, list reason A/B/C
<input type="text"/>	<input type="text"/>	<input type="text"/>

² CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction/>

³ A Controlling Person is an individual who directly or indirectly exercises control over the Trust. For a Trust, this includes all trustees, settlors, protector and beneficiaries. For a trustee company this includes a beneficial owner controlling more than 25% of the shares in a company or Senior Managing Officials

⁴ A TIN is the identification number assigned by each country for the purposes of administering tax laws. Eg a Tax File Number in Australia or a Social Security Number in the US

⁵ Reason A: The country of tax residency does not issue TINs to tax residents; Reason B: The individual has not been issued with a TIN; Reason C: The country of tax residency does not require a TIN to be disclosed

Controlling Person 2

Full name: Date of birth: ___ / ___ / ___

Residential address:

(PO Box is not acceptable) State: Postcode:

Role (eg Trustee)

For each country of tax residence please provide further information as required below:

Country	Tax Identification Number (TIN) ⁶	If no TIN, list reason A/B/C ⁷
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Tax Identification Number (TIN)	If no TIN, list reason A/B/C
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of Tax Residency - Trust

Is the trust a tax resident of a country other than Australia? Yes No

If yes, please provide further information as required below for each country of tax residence:

Country	Tax Identification Number (TIN) ⁶	If no TIN, list reason A/B/C ⁷
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Tax Identification Number (TIN)	If no TIN, list reason A/B/C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide their details on a separate sheet and tick this box

Keeping you informed – Investor Communications and Correspondence

Please tick who should be the primary contact to receive investor communications and correspondence relating to the account.

Corporate Trustee

Contact name:

Telephone number: Email address:

Individual Trustee

Contact name:

Telephone number: Email address:

Other (eg Trust beneficiary)

Contact name:

Telephone number: Email address:

Preferred method of communication

Our preferred method for sending you investor correspondence (such as transaction confirmations, periodic, distribution and tax statements, on-going disclosures and other material) is via email. Please indicate your preference below by ticking one of the boxes:

Email – I/we consent to receive all investor correspondence from you by email to the email address(es) provided above.

Post – I/we wish to receive all investor correspondence by post to the address(es) provided in the previous section above.

If you do not tick either of the above boxes, we will send investor correspondence to you by email.

⁶ A TIN is the identification number assigned by each country for the purposes of administering tax laws.
Eg a Tax File Number in Australia or a Social Security Number in the US

⁷ Reason A: The country of tax residency does not issue TINs to tax residents; Reason B: The individual has not been issued with a TIN;
Reason C: The country of tax residency does not require a TIN to be disclosed

Acknowledgment of Wholesale Investor Status

I/we have received and read the Fund's Information Memorandum

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

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

If (b) or (c) applies, please provide an Accountant's Certificate with your Application Form.

If (d) applies, in addition to completing this Form, please contact the Fund Administrator on +61 2 8278 9520 or manningAM@eticore.com.au to discuss the additional information we will require.

Investment Details and Direct Debit Request

Fund	Total value of units applied for (A\$)
Manning Private Debt Fund	<input type="text"/>

I/We request and authorise Manning Asset Management Pty Ltd (AFSL 509561) as Trustee of the Manning Private Debt Fund to arrange, through its own financial institution, to debit the below mentioned bank account for the amount specified in Total value of units applied for (A\$). This debit will be subject to the terms and conditions of the Direct Debit Request Service Agreement available at manningam.com.

Please note that the funds will be debited 4 Sydney business days before the last Sydney business day of the month.

Please note that the bank account details you provide will be held on record and maintained to pay any future withdrawal proceeds and/or income distributions. This account must be in the name of the investor(s). We will not pay to a third-party bank account.

Institution:

Branch:

BSB: Account number:

Account name:

If you wish to make any subsequent changes to these instructions, please contact the Fund's Administrator at ManningAM@eticore.com.au.

Income Payment Instructions

Income from the Units in the Manning Private Debt Fund will be automatically reinvested in additional Units in the Fund unless you indicate here (or by subsequent notice in writing to the Fund Administrator) that you wish your income to be paid to you (tick the applicable box).

Please reinvest my/our income in additional Units in the Fund; or

Please pay income directly to my/our bank account.

Acknowledgment

I/We acknowledge that by signing and/or providing the Fund administrator with a valid instruction in respect of my/our Direct Debit Request, I/we have understood and agreed to the terms and conditions governing the debit arrangement between me/us and Manning Asset Management Pty Ltd as set out in this request and in the Direct Debit Service Agreement.

Signature 1

Name:

Date:

___ / ___ / ___

Signature 2

Name:

Date:

___ / ___ / ___

If debiting from a joint bank account, both signatures are required.

Adviser Details

Do you wish to give your financial adviser access to your Manning Private Debt account details? Yes No

If yes, complete this section with your financial adviser's details.

Adviser name:

Company name:

ABN:

Adviser Representative Number:

Registered Company Address:

State:

Postcode:

Business number:

Mobile number:

Email address:

Advice fee

Do you wish to pay your adviser an upfront or ongoing advice fee? Yes No

If yes, complete the section below.

One-off advice fee

I/we consent to the payment of a one-off advice fee of \$_____ (amount expressed as single dollar amount) being deducted from my/our Manning Private Debt Fund account and paid to the adviser listed previously upon my/our investment in the Fund.

OR

Ongoing advice fees

I/we consent to the payment of an ongoing advice fee of _____ (amount expressed as a % p.a.) of my/our Manning Private Debt Fund account being deducted and paid to the adviser listed previously upon my/our investment in the Fund and annually thereafter.

Applicant acknowledgement of adviser fee arrangements (must be signed by all applicants)

Signature 1

Name:

Date:

___ / ___ / ___

Title:

Director Secretary Sole director & secretary

Other office bearer or attorney (please specify)

Signature 2

Name:

Date:

___ / ___ / ___

Title:

Director Secretary Sole director & secretary

Other office bearer or attorney (please specify)

US Person Beneficial Ownership

Is one or more of the Investors named in this Application Form, directly or indirectly, a U.S. person? Yes No

If yes, approximately what percentage of the beneficial owner distribution is represented by the US Person/s? %

For purposes of this Application Form, the term "U.S. person" means:

- I. any natural person resident of or in the United States or any partnership, corporation or other entity organized or incorporated under the laws of the United States or which has its principal place of business in the United States;
- II. any estate of which any executor or administrator is a U.S. person or the income of which is subject to U.S. income tax regardless of source;
- III. any trust of which any trustee is a U.S. person or the income of which is subject to U.S. income tax regardless of source;
- IV. any agency or branch of a foreign entity located in the United States or the income of which is subject to U.S. income tax regardless of source;
- V. any non-discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary for the benefit or account of a U.S. person;
- VI. any discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary organised, incorporated, or (if an individual) resident in the United States;
- VII. any partnership or corporation if
 - a. organised or incorporated under the laws of any foreign jurisdiction and
 - b. formed by a U.S. person principally for the purpose of
 - i. investing in Units of the Fund or
 - ii. investing in securities not registered under the U.S. Securities Act of 1933, as amended (the "Securities Act"), unless it is organized or incorporated, and owned, by accredited investors (as defined in Rule 501(a) under the Securities Act) who are not natural persons, estates or trusts; and
- VIII. any entity organised principally for passive investment such as a commodity pool, investment company or other similar entity (other than a pension plan for the employees, officers or principals of an entity organised and with its principal place of business outside the United States) in which U.S. persons who do not qualify as qualified eligible persons (as defined in

Rule 4.7 under the U.S. Commodity Exchange Act) hold units of participation representing in the aggregate 10% or more of the beneficial interest in the entity or which has a principal purpose the facilitating of investment by a U.S. person in a commodity pool with respect to which the operator is exempt from certain requirements of Part 4 under the U.S. Commodity Exchange Act regulations by virtue of its participants being non-U.S. persons.

For purposes of the foregoing, the term "U.S." means the United States of America, its territories and possessions, any state of the United States of America, and the District of Columbia.

Investor Identification Documents

Trust

Please attach at least one certified identification document which verifies the identity of the trust.

Select one Trustee/Trust identity document	
	A certified copy of the trust deed or a certified copy of an extract or extracts from the trust deed that identifies the name of the trust, the name(s) of the trustee(s), the place of establishment of the trust and the identity of the beneficiaries, settlor/s and appointers (where applicable)
	For regulated trusts, a copy of an offer document of the managed investment scheme (eg a copy of a Product Disclosure Statement)

Individual trustees, beneficial owners and foreign controlling persons of a trust

Individual trustees, beneficial owners and foreign controlling persons of a trust should each complete this section and provide the relevant documentation.

Please complete either Option 1 or Option 2 for each individual trustee, beneficial owner and controlling person and attach a certified copy of the applicable document(s) Note that, for an applicant that is a natural person, a document produced by you must not have expired (other than in the case of a passport issued by the Commonwealth that has expired within the preceding two years).

Individual Trustee/Beneficial Owner/Foreign Controlling Person

Option 1

Select one Primary photographic identity documents	
	Australian State or Territory driver's licence containing your photograph. If your residential address has changed, please also provide a certified copy of the back of the licence
	Australian passport containing your photograph and signature
	Foreign passport or other international travel document containing your photograph and signature
	Proof of age card issued by an Australian state or territory containing your photograph and signature
	National identity card issued by a foreign government that includes your photograph and signature AND foreign driver's licence that contains your photograph and date of birth

OR

Option 2

Please attach at least one primary non-photographic document AND one secondary non-photographic document

Select one Primary non-photographic identity document	
	Australian birth certificate or birth extract
	Australian citizenship certificate
	A Centrelink Pension card or a Centrelink Healthcare card

AND

Select one Secondary non-photographic identity document	
<input type="checkbox"/>	A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains your name and address
<input type="checkbox"/>	An income tax assessment notice issued within the last 12 months that contains your name and address
<input type="checkbox"/>	A local government notice (e.g. council rates) or utilities notice (e.g. electricity, gas or phone bill) issued in the last 3 months that contains your name and address.

Individual Trustee/Beneficial Owner/Foreign Controlling Person

Option 1

Select one Primary photographic identity documents	
<input type="checkbox"/>	Australian State or Territory driver's licence containing your photograph. If your residential address has changed, please also provide a certified copy of the back of the licence
<input type="checkbox"/>	Australian passport containing your photograph and signature
<input type="checkbox"/>	Foreign passport or other international travel document containing your photograph and signature
<input type="checkbox"/>	Proof of age card issued by an Australian state or territory containing your photograph
<input type="checkbox"/>	National identity card issued by a foreign government that includes your photograph and signature AND foreign driver's licence that contains your photograph and date of birth

OR

Option 2

Please attach at least one primary non-photographic document AND one secondary non-photographic document

Select one Primary non-photographic identity document	
<input type="checkbox"/>	Australian birth certificate or birth extract
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	A Centrelink Pension card or a Centrelink Healthcare card

AND

Select one Secondary non-photographic identity document	
<input type="checkbox"/>	A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains your name and address
<input type="checkbox"/>	An income tax assessment notice issued within the last 12 months that contains your name and address
<input type="checkbox"/>	A local government notice (e.g. council rates) or utilities notice (e.g. electricity, gas or phone bill) issued in the last 3 months that contains your name and address.

If there are additional trustees/beneficiaries/foreign controlling persons, please attach their documents and tick this box:

Company (corporate) trustee

Please attach at least one certified identification document which verifies the identity of the company.

Select	Identity document
	For domestic companies registered with ASIC, a record of the company held by ASIC and accessible on ASIC's website
	For foreign companies not registered with ASIC, a licence or other record issued by a domestic or foreign regulator
	Other (please specify)

Power of Attorney

If you are completing and signing this application form under a power of attorney, please also provide a certified copy of the power of attorney.

Declarations

The Applicants agree, acknowledge and declare that he/she/they:

- a. have received, read and understood the Information Memorandum for the Fund to which this application form applies and agree to be bound by the terms of the Information Memorandum, and the Trust Deed of the Fund, as amended from time to time.
- b. agree to the collection, use and disclosure of his/her/their personal information as set out in the Information Memorandum and the Trustee's Privacy Policy. The Trustee and the Fund Administrator are required to obtain certain information to enable compliance with AML/CTF, FATCA and CRS requirements and the Applicants undertake to provide such additional information or documentation as requested from him/her/them from time to time to ensure the Trustee's compliance with such requirements. The Trustee and the Fund Administrator may also be required to report this information to regulatory or law enforcement agencies, including AUSTRAC and the ATO.
- c. understand that should he/she/they fail to provide any information or documentation requested by the Trustee, the application may be refused.
- d. understand the risks associated with holding Units in the Fund including the risks as they are outlined in the Information Memorandum.
- e. understand that the Trustee reserves the right to reject any application or scale back an application in its absolute discretion.
- f. are not aware of any liquidation or bankruptcy proceedings that have commenced or are intended to be commenced by any person against him/her/them.
- g. understand that none of the Trustee, Investment Manager or any of their related bodies corporate, principals, officers, employees or agents makes any recommendation as to the suitability of the Fund for him/her/them and the Information Memorandum does not contain personal investment or taxation advice. He/she/they have to the extent that he/she/they consider necessary sought his/her/their own financial, investment and taxation advice before deciding to invest in the Fund and making an application.
- h. understand that applications and investments in the Fund are not deposits with or other liabilities of the Trustee, Investment Manager or any other person and are subject to investment risk, including possible loss of income and capital invested. None of the Trustee, Investment Manager or any other person guarantees any particular rate of return or the performance of the Fund, nor do they guarantee the repayment of capital from the Fund.
- i. have provided information as part of this application that is true, correct and complete.
- j. understand that where this Application Form is sent by email, he/she/they must also send the original signed Application Form to the address specified in the Application Form. None of the Trustee, Fund Administrator, Investment Manager or any of their duly appointed agents will be responsible to him/her/them for any loss resulting from the non-receipt or illegibility of any application sent by email or for any loss caused in respect of any action taken as a consequence of such an email believed in good faith to have originated from properly authorised persons.
- k. confirm that the investment is for his/her/their own account (for individuals not acting as nominee).
- l. If this application form is being signed under a power of attorney, have not received notice of revocation of that power.

Signatures

Please print out and sign the completed application form. By signing below, this document is executed by you as a deed.

Each trustee must sign or, if a corporate trustee, then two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary.

I/we certify that the information I/we have provided is true and correct. I/we also understand I/we must re-certify if any of the information provided in this application form changes or becomes invalid.

Signed, sealed and delivered by:

Signature 1

Name:

Date:

___ / ___ / ___

Title:

Director Secretary Sole director & secretary

Other office bearer or attorney (please specify)

Company seal (*if applicable*)

Signed, sealed and delivered by:

Signature 2

Name:

Date:

___ / ___ / ___

Title:

Director Secretary Sole director & secretary

Other office bearer or attorney (please specify)

If there are more than two trustees, please provide their signatures and details on a separate sheet.

Checklist

Before sending this form and certified identification documents, make sure you have:

Completed each section that applies to you, including indicating your investor communication preferences

Signed and dated the form

Provided all applicable certified investor identification documents (including those of any attorney signing under a power of attorney). Instructions as to how to certify your documents are provided on the next page. All foreign language documents must be accompanied by an English translation prepared by an accredited translator.

Once completed

Please post this form and certified copies of identification documents to the Fund Administrator:

Eticore SD Services Pty Ltd (reference: Manning PD Fund)
Suite 5.01, Level 5
15 Castlereagh St
Sydney
NSW 2000

Should you require any assistance completing this form please contact the Fund Administrator on:

+61 2 8278 9520

or should you require any further information about the Fund please contact:

+61(2) 8006 0604

or

info@manningam.com

manningam@eticore.com.au

Certification

A certified copy is a copy of an original document, which has been certified and assigned by a person who is an authorised certifier, as being a true and correct copy of the original document.

To create a certified copy you will need to take your original document, and a clear and legible photocopy of both sides of the original document, to a person who is authorised to certify proof of identity documents.

The person authorised to sight and certify documents must:

- Sight the original and the copy and make sure they are identical; and
- Write or stamp 'certified copy' on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable) and date.

The following people, so long as they are licensed or registered to practice their occupations in Australia, can certify documents (for a full list see the Statutory Declaration Regulations 2018):

- Accountant who is a fellow of the National Tax Accountants' Association or a member of any of the following: Chartered Accountants Australia and New Zealand, the Association of Taxation and Management Accountants, CPA Australia or the Institute of Public Accountants
- Justice of the Peace
- Police Officer
- Teacher (employed on a full-time or part-time basis at a school or territory institution)
- Chiropractor
- Dentist
- Optometrist
- Pharmacist
- Physiotherapist
- Psychologist
- Veterinary Surgeon
- Marriage Celebrant

- Bank Officer (with 5 or more years of continuous service)
- Building Society Officer (with 5 or more years of continuous service)
- Chief Executive of a Commonwealth Court
- Commissioner for Affidavits or Declarations
- Credit Union Officer (with 5 or more years of continuous service)
- Engineer who is a member of Engineers Australia (other than at the grade of student), a Registered Professional Engineers of Professionals Australia, registered as an engineer under a law of the Commonwealth, a State or Territory, registered on the National Engineering Register by Engineers Australia.
- Finance company officer (with 5 or more years of continuous service)
- Judge
- Magistrate
- Australian Consular Officer or Australian Diplomatic Officer
- Member of the Australian Defence Force
- Member of the Parliament of the Commonwealth, the Parliament of a State, a Territory Legislature or a local Government authority