

# Initial Application Form



The Trust Company (RE Services) Limited ACN 003 278 831

Swell Global Fund ARSN 649 827 921

## This form is for new investors only

This Initial Application Form relates to the Product Disclosure Statement dated 23 August 2021 (“PDS”) issued by The Trust Company (RE Services) Limited ACN 003 278 831, AFSL 235150, for the offer of units in the Swell Global Fund (“Fund”). Terms defined in the PDS have the same meaning in this Initial Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Initial Application Form.

If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Application Form.

If you are an existing Unitholder(s) and this investment is NOT in the same name(s) and fund as your existing account, please complete this Initial Application Form and the identification Forms noted below. If you have not been provided with the identification form with this application, you can obtain this at [www.swellasset.com.au](http://www.swellasset.com.au).

Section 1	<a href="#">Investor type</a>
Section 2	<a href="#">Individual and joint account holders investor details</a>
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## 1. Investor Type

Investor Type		Complete Sections	Identification Form required
Individual and Joint investors	A natural person or persons	2,4,5,6,7,8	Form A - Individuals
Sole trader	A natural person operating a business under their own name with a registered business name	3,4,5,6,7,8	Form A - Individuals
Companies	A company registered as an Australian public company or an Australian proprietary company, or a foreign company	3,4,5,6,7,8	For a Company complete the relevant form based on company type either Forms B or C All Beneficial Owners named on Form B or C must also complete Form A
Trusts	Types of trusts include 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)	3,4,5,6,7,8	For the Trust complete either Form D or E; and For an Individual Trustee complete Form A; or For a Company Trustee complete Form B or C All Beneficial Owners named on Form D or E must also complete Form A

**Please complete the required identification Form (A, B, C, D or E)  
and provide certified copies of the identification requested on the identification form**

**Please post your signed form and documents to Client Services Registry Team (see page 9)**

## 2. Individuals And Joint Account Holders Investor Details

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### Applicant 1

Investor Type:

Individual

Title:

Given Name:

Surname:

Occupation:

Australian Tax File Number:

#### **Residential Address:**

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

#### **Postal Address if different to Residential Address:**

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Phone Number (Business Hours):

Phone Number (After Hours):

Mobile Number:

Email Address:

Preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided.

I wish to receive all investor correspondence by post to the address provided in this Application Form.

I nominate my financial adviser as noted in section 6 to receive all investor correspondence.

**Applicant 2 (if applicable)**

Investor Type:

Individual

Title:

Given Name:

Surname:

Occupation:

Australian Tax File Number:

**Residential Address:**

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

**Postal Address if different to Residential Address:**

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Phone Number (Business Hours):

Phone Number (After Hours):

Mobile Number:

Email Address:

Preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided.

I wish to receive all investor correspondence by post to the address provided in this Application Form.

I nominate my financial adviser as noted in section 6 to receive all investor correspondence.

### 3. All Other Account Holders Investor Details

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Investor Type/Capacity:

- Company
- Sole Trader
- Trust

Full Name of Company/ Business if Sole Trader/Trust (including Trustee details) :

Tax File Number:

ABN (if applicable):

Principle Business Activity:

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Phone Number (Business Hours):

Mobile Number:

Fax Number:

Email Address:

Preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided.

I wish to receive all investor correspondence by post to the address provided in this Application Form.

## 4. Authorised Representative Details

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Complete this section if you wish to appoint a person to act in a legal capacity as your authorised representative and to operate your investment in the Fund on your behalf. In general, an authorised representative can do everything you can do with your investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until you advise us in writing that the appointment of your authorised representative has terminated. We may also terminate or vary an appointment of an authorised representative by giving you 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any director of the company is individually deemed to have the powers of the authorised representative.

**Please attach a certified copy of your Power of Attorney.**

**For information on how to certify your document please refer to the information sheet.**

Given Name:

Surname:

Signature of Authorised Representative:

Date:

## 5. Investment Details

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Please specify a class if applying into a specific class (if applicable):

Investment Amount: (greater than \$25,000)

### Source of funds being invested (choose most relevant)

- Retirement income
- Employment income
- Business activities
- Sale of assets
- Inheritance/gifts
- Financial investments
- Other

### Payment Method:

Cheque marked not negotiable made payable to **Swell Global Fund – Name of Applicant**

Direct Credit/Electronic Funds Transfer using your name (or part of your name) in the EFT description

Institution:	National Australia Bank 500 Bourke Street Melbourne Vic 3000
Account name:	Swell Global Fund Application Account
BSB:	082 401
Account Number:	88 651 8756

### Distribution payment instructions (choose one payment instruction):

Please reinvest my distributions in the Fund

Please pay my distributions directly to my nominated bank account

Your **Distribution Bank Account** Details:

Bank: \_\_\_\_\_ Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

If you wish to have a separate bank account for redemption payments please complete the sections below:

Your **Redemption Bank Account** Details:

Bank: \_\_\_\_\_ Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

## 6. Financial Adviser Details

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By filling out this section you nominate and consent to give the named Financial Adviser access to your information.

Adviser Name (Full Name):

Name of Advisory Firm:

Name of Dealer Group:

AFSL or AFSL Representative Number:

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Phone Number (Business Hours):

Mobile Number:

Fax Number:

Email Address:

If you have elected your financial adviser to receive all investor correspondence, please confirm the financial advisers preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided in section 6.

I wish to receive all investor correspondence by post to the address provided in section 6.

## 7. Declaration

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I/we declare and agree each of the following:

- I/we have read the current PDS to which this application applies and have received and accepted the offer in it.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- I/we certify that if I am/we are retail investors, that I am/we are making this application after receiving relevant personal advice from an authorised adviser.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of The Trust Company (RE Services) Limited ACN 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the PDS. I/we agree to provide further information or personal details to The Trust Company (RE Services) Limited and the custodian if required to meet their obligations under any anti-money laundering and counter-terrorism law and regulations, and acknowledge that processing or my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified.
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/we agree to provide further information or personal details to The Trust Company (RE Services) Limited and the custodian if required to meet their obligations under any anti-money laundering and counter-terrorism law and regulations. I/we further acknowledge processing of my/our application may be delayed until all required information has been received and verified. In that case I/we understand my/our application will be processed at the unit price applicable for the business day on which my/our application is verified.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company (RE Services) Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or The Trust Company (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- I/we certify that the information provided in the separate ID forms, including information relating to tax-related requirements, is reasonable based on verifiable documentation.

I/we acknowledge and agree that:

- The Trust Company (RE Services) Limited may be required to pass on my/our personal information or information about my/our investment to relevant regulatory authorities, including for compliance with anti-money laundering and counter-terrorism law and regulations as well as any tax-related requirements for tax residents of other countries.



## 8. Signatures

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Joint applicants must both sign. For Individual Trustee, Trust or Superannuation Funds, each individual Trustee must sign. For Corporate Trustee, Trust or Superannuation Funds, two Directors, a Director and Secretary, or Sole Director must sign.

### Applicant 1

Signature	Full Name	Date
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Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary
- Non-corporate trustee
- Partner

### Applicant 2

Signature	Full Name	Date
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Tick capacity (mandatory for companies):

- Director
- Secretary
- Non-corporate trustee
- Partner

**Post your original signed Initial Application Form, Identification Forms, certified copies of your identification and cheque to:**

Client Services Registry Team  
 GPO Box 4968  
 Sydney NSW 2001

**If you are paying by direct credit, please ensure you have transferred your funds using your name as reference (see page 6).**

For enquiries please email [registry@mainstreamgroup.com](mailto:registry@mainstreamgroup.com). Please do not send your application by email.