

# Application Form

This is an Application Form for investment in the Trilogy Monthly Income Trust ARSN 121 846 722 (Trust) issued by the responsible entity, Trilogy Funds Management Limited ABN 59 080 383 679 AFSL 261425 (Trilogy Funds, we, us, our, or the Responsible Entity). This Application Form accompanies the Product Disclosure Statement (PDS) and needs to be considered with reference to the Target Market Determination (TMD) for the Trust. The PDS contains important information about an investment in the Trust. Information in the PDS and TMD may change from time to time. Where information that changes in the PDS that is not materially adverse to investors, we may update this information by updating the relevant document or by publishing an update at [www.trilogyfunds.com.au](http://www.trilogyfunds.com.au). You can access a copy of the latest version of the PDS and TMD, any updated information and the Application Form free of charge from our website or by contacting us. The information provided in the PDS and TMD is general information only and does not consider your personal financial situation or needs. You should obtain your own financial advice tailored to your personal circumstances. It is important that you read the PDS and TMD in full and the declarations and acknowledgements contained in this Application Form before completing this Application Form. For purposes of all provisions within this Applicant Form the terms Applicant and Investor have the same meaning and are interchangeable.

Please fill in all relevant sections of this Application Form in blue or black pen using BLOCK letters.

Print X in the appropriate boxes to indicate your response. Do not use whiteout on this Application Form. If you need to correct a mistake, cross out the section to be corrected, accompanied with your full signature.

**\*All applicants are required to provide the below information under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.**

Purpose of this investment*	Savings	Income
	Growth	Retirement
Source of application money*	Gainful employment	Financial investments
	Inheritance / gift	Business activity
	Superannuation savings	Other (please specify)

If you are an existing Trilogy Funds Investor, please provide your Investor ID and go to section 5:

## Section 1: Individual details

If you are investing in the name of a superannuation fund, company, or trust you must complete both sections 1 & 2; to include the directors of proprietary companies and trustees. If there are more than 2 individuals to include in this section (including trustees, company directors, partners, or beneficiaries), please download and complete an Additional Individuals Form at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) or call Investor Relations on 1800 230 099.

	Applicant 1	Applicant 2
Individual type	Individual/Joint investor	Individual/Joint investor
	Individual trustee	Individual trustee
	Company director	Company director
	Partner	Partner
	Beneficiary	Beneficiary

Title

Given name(s)

Surname

Preferred name

Date of birth

Details of class, if any (beneficiaries only)

Tax file number (TFN) or specify your exemption category

US citizen or resident of the US for tax purposes (if applicable)

YES

NO

YES

NO

If YES, please download and complete a FATCA form available at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms).

Non-resident of Australia, other than US citizen or tax resident (if applicable)

YES

NO

YES

NO

If YES, please download and complete a Self-Certification Declaration Form available at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms).

Politically exposed person (PEP) details (if applicable)

YES

NO

YES

NO

Please see [www.austrac.gov.au](http://www.austrac.gov.au) for PEP definition

## Address and contact details

Same as Individual /Applicant 1

Residential street address

City, State, and Postcode

Country (if not Australia)

PO Box or Postal address

Only complete if different to your residential address

Primary contact

Primary contact

Phone\*

Email\*

\* A unique mobile and email is required for portal access for each individual.

## Identification requirements

There are two methods that may be used to verify your identity for Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) purposes.

You may either complete the fields within this Application Form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist in Section 8 of the Application Form. Trilogy Funds is required by AML/CTF laws to identify and verify your identity before providing financial services to you. Please see Trilogy Funds' privacy policy on the website [www.trilogyfunds.com.au](http://www.trilogyfunds.com.au) in relation to our use of your personal information.

By completing the fields within this Application Form you confirm that you are authorised to provide the personal information presented and consent to that information being disclosed to the document issuer or official record holder including via third party systems for the purpose of confirming and verifying your identity. All details of the identification type provided below (including name, date of birth and residential address) will be sent via an electronic request to an identity verification service to provide Trilogy Funds with an electronic response indicating that the information provided in the request, either matches or does not match the relevant official record data, or that a system error has been encountered in trying to process that request. If there are any issues verifying your identity, your application will be pending and you will be contacted by Trilogy Funds Investor Relations to complete verification.

## Drivers Licence

Drivers licence no.

Drivers licence expiry date

Card number (must be completed)

State of issue

Your name, exactly as it appears on your licence

## Australian passport

Passport number

Expiry date

Your name, exactly as it appears on your passport

Place of birth (as shown on your passport)

Country of birth

## Section 2: Superannuation fund/company/trust details

If you are investing in the name of a company or trust please complete Section 1 for the directors and beneficiaries (i.e., individuals) relevant to the company (including corporate trustee) or trust, and this Section 2 for the details of the applicant company or trust.

Entity type	Superannuation fund	Trust
	Company	Other organisation

Full name of the Company or Trust

ABN

Full name of the Individual trustee(s) or the Corporate trustee (where applicable)

ACN for the Corporate trustee or Company

Tax File Number (TFN)

*Required for all Super Funds, Trusts and Companies.*

*If the company or trust is not formed or registered in Australia, please provide the country of formation or registration for tax purposes and download and complete a FATCA form available at [www.trilogyfunds.com.au/forms/](http://www.trilogyfunds.com.au/forms/)*

### Address details

*Do not complete if you are an individual trustee.*

### Registered office

### Principal place of business

Same as the registered office

Street address

City, State, and Postcode

Country (if not Australia)

### Unregulated Trusts

*Those other than superannuation funds or registered managed investment schemes – Settlor of the Trust (meaning the person(s) who settles the initial sum or assets to create the Trust).*

The material assets contribution to the Trust by the settlor at the time the Trust was established was less than \$10,000.

The settlor of the Trust is deceased.

Neither of the above is correct – please provide the full name of the settlor of the Trust.

### Trust beneficiaries

Full Name

Full Name

*If there are more than two beneficiaries for the Trust, please download an Additional Individuals Form at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms/) or call Investor Relations on **1800 230 099**.*

**Class of beneficiary**

### Identification requirements

*There are two methods that may be used to verify your identity for AML/CTF purposes. You may either complete the fields within this Application Form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist in Section 8 of the Application Form.*

#### Company

ACN provided in Section 2      OR      Certified copy of the certificate of registration issued by ASIC is attached.

#### Superannuation funds

ABN provided in Section 2      OR      Certified copy of the Trust Deed showing the name of the Trust attached to this application.

#### Trusts

An original or certified copy of the Trust Deed or if not reasonably available an original or certified extract of the Trust Deed. Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable).

## Beneficial owners

For a company, beneficial owners are all individuals who hold one or more shareholdings of more than 25% of the company's issued capital or otherwise control the company. For a Trust, a beneficial owner is the person who controls the activities of the Trust (directly or indirectly including control by acting as trustee; or by means of Trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the trustees; or the ability to appoint or remove the Trustees).

Please list the beneficial owners below. See [www.trilogyfunds.com.au/faq](http://www.trilogyfunds.com.au/faq) if you are unsure what 'beneficial owner' or 'control' means. If there are more than two (2) beneficial owners, please download and complete the relevant sections of an Additional Individuals Form at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) or call Investor Relations on **1800 230 099**.

### Beneficial owner 1

Same as Individual /Applicant 1

### Beneficial owner 2

Same as Individual /Applicant 2

Title

Given Name(s)

Surname

Date of birth

Tax file number (TFN)

US citizen or resident of the US for tax purposes (if applicable)

YES

NO

YES

NO

If YES, please download and complete a FATCA form available at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms).

Non-resident of Australia, other than US citizen or tax resident (if applicable)

YES

NO

YES

NO

If YES, please download and complete a Self-Certification Declaration Form available at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms).

Politically exposed person (PEP) details (if applicable)

YES

NO

YES

NO

Please see [www.austrac.gov.au](http://www.austrac.gov.au) for PEP definition

## Beneficial owner identification requirements

There are two methods that may be used to verify identity for AML/CTF purposes. You may either complete the fields within this Application Form to have your identification verified online, or attach certified copies of the documents outlined in the further identification checklist in Section 8 of the Application Form.

Trilogy Funds is required by the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) laws to identify and verify your identity before providing financial services to you. Please see Trilogy Funds' privacy policy on the website [www.trilogyfunds.com.au](http://www.trilogyfunds.com.au) in relation to our use of your personal information.

By completing the fields within this Application Form you confirm that you are authorised to provide the personal information presented and consent to that information being disclosed to the document issuer or official record holder including via third party systems for the purpose of confirming and verifying your identity. All details of the identification type provided below (including name, date of birth and residential address) will be sent via an electronic request to an identity verification service to provide Trilogy Funds with an electronic response indicating that the information provided in the request, either matches or does not match the relevant official record data, or that a system error has been encountered in trying to process that request. If there are any issues verifying your identity, your application will be pending and you will be contacted by Trilogy Funds Investor Relations to complete verification.

## Drivers licence

Drivers licence no.

Drivers licence expiry date

Card number (must be completed)

State of issue

Your name, exactly as it appears on your licence

## Australian passport

Passport number

Expiry date

Your name, exactly as it appears on your passport

Place of birth (as shown on your passport)

Country of birth

### Section 3: Communication preferences

Trilogy Funds' preference is to send monthly statement and adhoc communications via email. If you do not have an email address or would prefer to receive correspondence via post, please contact our Investor Relations team - **1800 230 099** or **investorrelations@trilogyfunds.com.au**

Would you like to receive your Annual reports via	Email	Post
SMS distribution notifications	Yes	No

### Section 4: Operating authority

For all applicants, please nominate the number of signatories who can authorise transactions on your investment such as redemptions and changes to investment details. If this section is left blank, then Trilogy Funds will assume all signatures are required to operate the investment.

Authorisation for account changes and redemptions.	One signatory	All signatories	Other (please specify):
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### Section 5: Trust and distribution preference

Please indicate the amount that you would like to invest initially. Please also indicate the payment method via which you will invest your application money. You may elect to have all of your income distributions reinvested or credited into your nominated financial institution account.

Trust name	ARSN	PDS date	Investment amount	Payment method	Distribution preference
Trilogy Monthly Income Trust	121 846 722	3 May 2024	\$	EFT	Reinvest
				BPAY	Cross reinvest into Trilogy Enhanced Income Fund ARSN 614 682 469
				Direct Debit	
				Cheque	Pay into nominated financial institution account

### Trilogy Funds payment details

#### EFT

For identification purposes, please use your surname as the payment description of your transactions OR if you are an existing Investor, please use your Investor ID.

Account name: **Trilogy Monthly Income Trust**

BSB: **034 001**

Account number: **650035**

#### BPAY

Please call us on **1800 230 099** (New Zealand **+800 5510 1230**) to obtain your unique reference number or email **investorrelations@trilogyfunds.com.au**

Bill code:

**357 632**

#### Direct Debit

Please complete the Direct Debit Request on page 9 of the application.

#### Cheque

Your cheque must be in Australian currency drawn on an Australian financial institution and marked '**Not Negotiable**'. Sufficient cleared funds should be held in your financial institution account, as cheques returned unpaid may result in your application being rejected.

Please make payable to:

**The Trust Company (Australia) Limited ACF - TMIT - Application Account**

### Section 6: Nominated financial institution account details – for distributions and redemptions

If you have elected to reinvest your income distributions, your financial institution account details are still required so we can directly credit any redemptions. This financial institution account is also referred to as your nominated financial institution account. If you do not provide this information, income will not be paid to you until such time that we receive details.

Financial institution account holder	Financial institution name
BSB	Financial institution account number

## Section 7: Design & Distribution Obligations (DDO) filtering questions

This section only needs to be completed if you are **INVESTING WITHOUT RECEIVING PERSONAL ADVICE FROM A FINANCIAL ADVISER**. If you are using the services of a Financial Adviser, please proceed to **Section 8: Declarations and acknowledgments**.

From 5 October 2021, financial product issuers need to comply with Design and Distribution Obligations (DDO) as regulated by the Australian Securities and Investments Commission (ASIC). These obligations are intended to help customers obtain the financial products that are appropriate for them. To assist us identify whether you are likely to be within the target market for the Trust, please answer the following questions prior to submitting your application.

- |   |   |  |    |
|---|---|--|----|
| 1 | While the Responsible Entity (Trilogy Funds) expects to process withdrawals on four months' notice, the Trust has a typical minimum holding period of six months for all new investments. Are you prepared to hold units for at least six months from the date of issue of the units?   | Yes  | No |
| 2 | Do you understand that in extreme cases withdrawals from the Trust might be paused temporarily until markets return to normal?  | Yes  | No |
| 3 | Do you understand that the withdrawal terms of Ordinary Units differ to the withdrawal terms of Platform Units under this PDS?  | Yes  | No |
| 4 | While the Trust does not have any current borrowings, the Trust may use some debt to meet liquidity needs as and when required. Do you understand that when the Trust uses debt (or gearing) there is a risk that surplus income might be used to repay borrowings as opposed to being used to make distributions or Trust withdrawals? | Yes  | No |
| 5 | While the unit price of the Trust has historically been \$1.00, capital losses can occur where an asset of the Trust incurs a capital loss. Do you understand the capital value of your investment is not guaranteed?   | Yes  | No |
| 6 | The income paid by this Trust is not guaranteed and may vary. Are you able to accept some fluctuation in your income distributions?   | Yes  | No |
| 7 | Diversification is an important principle of investing. Do you understand you should not invest all your savings in a single investment or asset type and this investment should form part of a broader investment portfolio?   | Yes  | No |
| 8 | In relation to Q7, please indicate the percentage your investment in the Trust represents of the assets you have available for investment, excluding your residential home:   | Up to 10%<br>Up to 25%<br>Up to 50%<br>Up to 75%<br>Up to 100%<br>I prefer not to provide this information |    |

**If you have answered 'NO' to one or more of the above questions or if you are investing more than 25% of your assets available for investment in the Trust, then this Trust may not be suitable for you.**

Before proceeding with your investment, we recommend you do one or more of the following:

- Review the Target Market Determination for the Trust which can be found at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms)
- Review the PDS.
- Seek personal advice from your financial adviser, stockbroker or other professional advisers.

## Section 8: Investor Declarations and acknowledgements

An investment in the Trilogy Monthly Income Trust (ARSN 121 846 722) is offered by Trilogy Funds Management Limited (Trilogy Funds) ABN 59 080 383 679 Australian Financial Services Licence Number 261425. Before signing this Application Form it is important that you have read and understood the PDS and TMD.

### By signing this Application Form I/we declare that:

- All details in this Application Form and any other information provided in support of the application are complete and accurate.
- I/We acknowledge that I/we have read and understood the relevant TMD.
- I/We have read the PDS and TMD to which this Application Form applies and agree to the offer contained in it and to be bound by the terms and conditions and provisions of the Trust's Constitution/Trust Deed (as amended) which governs the Trust.
- If I/we have received the PDS and TMD from the internet or other electronic means, I/we declare that I/we have received it personally, or a printout of it, accompanied by or attached to the Application Form before making an application for investment in the Trust.
- I/We consent to the collection, use and disclosure of my/our personal information as set out in Trilogy Funds' privacy policy when I/we make an investment in the Trust.
- I/We consent to the disclosure of my/our personal information for the purposes of identity verification and fraud prevention, and disclosure of that information to third parties, including the document issuer or official record holder via third party systems, as set out and disclosed in the applicable sections and fields within this Application Form. Where required, I/we authorise Trilogy Funds, as our intermediary, to use and access certain information held about me/us including such information contained in any electronic response via third party systems. I/We are aware that Trilogy Funds may undertake this verification on my/our behalf in accordance with the Australian Privacy Principles and relevant privacy notice(s) and agree that Trilogy Funds may keep full and proper records of all such disclosures, confirmations and consents as necessary or required to comply with its obligations under law.
- I/We acknowledge that Trilogy Funds (or its related entities) may use all information relating to this Application Form or any subsequent information I/we give you relating to my/our investment, for the purpose of administering my/our business relationship with Trilogy Funds and in doing so, Trilogy Funds may disclose my/our information to related entities and to any third party service provider (e.g. mail houses and data processors) to the Trust.
- I/We understand that Trilogy Funds may send me/us additional information from time to time concerning products or services of Trilogy Funds and that this authority will continue unless rescinded in writing by me/us.
- In the case of joint applications, the Joint Investors agree that unless otherwise expressly indicated on this Application Form, the Units will be held as joint tenants.
- If this Application Form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application).
- I/We have all requisite power and authority to execute and perform the obligations under the PDS and this Application Form.
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding a Unit is a tax resident of any country other than Australia including a United States citizen or resident of the United States for taxation purposes (US Person).
- I/We will promptly notify Trilogy Funds of any change to the information I/we have previously provided to Trilogy Funds, including any changes which result in a person or entity controlling, owning or otherwise holding a Unit who is a US Person or a tax resident of any country other than Australia.
- I/We consent to Trilogy Funds disclosing any information it has in compliance with its obligations under intergovernmental agreement between the Government of Australia and the Government of other countries in respect of the exchange of tax and financial account information and any related Australian law and guidance implementing the same (together, the IGA). This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant foreign equivalent.
- I/We acknowledge that the collection of my/our personal information may be required by the OECD's Common Reporting Standard in Australia, Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, Trilogy Funds may not allow me/us to invest in the Trust.
- I/We are not aware and have no reason to suspect that the monies used to fund my/our investment in the Trust have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under any applicable law or regulations or otherwise prohibited under any international convention or agreement.
- I/We will provide Trilogy Funds with all additional information and assistance that Trilogy Funds may request in order for Trilogy Funds to comply with any AML/CTF law, or to comply with the intergovernmental agreements to exchange financial account information.
- I/We acknowledge that Trilogy Funds may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of any investment in the Trust, if Trilogy Funds is concerned that the request or transaction may breach any obligation of or cause Trilogy Funds to commit or participate in an offence, including under any AML/CTF law or any intergovernmental agreement to exchange financial account information.
- I/We confirm my/our answers to the Design and Distribution Obligations (DDO) filtering questions at Section 7 of this Application Form are correct.
- I/We wish to proceed with this investment notwithstanding in Section 7 I/we may have answered 'No' to some or all of the filtering questions or are investing more of my/our available assets than is indicated with the Target Market Determination (TMD) that is issued by Trilogy Funds.

- I/We recognise that should I/we meet the requirements of a retail investor, a cooling off period may be available to me as per the terms of the PDS.
- I/We acknowledge that investment in the Trust is subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested.
- I/We acknowledge that Trilogy Funds does not guarantee the repayment of capital or the performance of the Trust or any particular rate of return from the Trust.
- I/We acknowledge that Trilogy Funds may deliver and make reports, statements and other communications available in electronic form, such as email or by posting on its website.
- I/We acknowledge that I/we hold all necessary approvals I/we require to sign this Application Form to make the investment and hold Units in the Trust.

**To the extent that the European General Data Protection Regulation (GDPR) applies to Trilogy Funds, Applicants located in the European Union make the following additional declarations:**

- I/We acknowledge that the GDPR imposes specific obligations on Trilogy Funds in relation to its customers that are residents in the European Union.
- I/We provide my/our freely given, specific, informed and unambiguous consent for Trilogy Funds to collect, use and disclose my personal information as set out in Trilogy Funds' privacy policy when I/we make an investment in the Trust.
- I/We acknowledge that pursuant to the GDPR, I/we retain the right to refuse or withdraw my/our consent to the collection, use and disclosure of personal information at any time.
- I/We acknowledge that Trilogy Funds is required by law to verify and retain certain information in order to engage in its business activities and that exercising my/our right to refuse or withdraw my/our consent may prevent Trilogy Funds from being able to offer the products or services proposed.

Signature of Applicant 1		Signature of Applicant 2	
Date		Date	
Given name	Surname	Given name	Surname

**Further identification checklist (if needed)**

*If you cannot supply ID information for online verification please supply the following certified documentation (download our document Certifier List at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) to see who can certify your documents). Please provide one document from each of Category A and Category B below. Please note that we will require you to supply the required documentation, in acceptable format, for your application to be considered complete.*

Category A	Category B
<ul style="list-style-type: none"> <li>Australian Birth Certificate</li> <li>Australian Citizenship Certificate</li> <li>Pension Card issued by Department of Human Services</li> </ul>	<ul style="list-style-type: none"> <li>Notice from the Australian Taxation Office that shows your name and residential address (issued within the preceding 12 months)</li> <li>Notice from Commonwealth or State or Territory Government outlining financial benefits that shows your name and residential address (issued within the preceding 12 months)</li> <li>Document from local government body or utilities provider that shows your name and residential address (issued within the preceding 3 months)</li> </ul>



## Section 9: Direct Debit Request

### Bank Information

#### Details of Account to be Debited

BSB Account Number Account name

#### Financial Institution

Institution Name

Street City, State, and Postcode Country

### Investment you are lodging the Direct Debit for

#### Trilogy Monthly Income Trust

Product Disclosure Statement dated 3 May 2024

ARSN 121 846 722

User Preferred Specification - Trilogy TMIT

User ID - 621085

ABN - 12 921 343 543

### Direct Debit Details

I/We request and authorise the debit of my/our account in accordance with the terms and conditions contained within the declarations section of this Direct Debit Request

First Deposit Amount \$

Regular Deposit Amount \$

#### When would you like the deposit to be processed?

Immediately Weekly Fortnightly Monthly Other Date

Day of Week One Off Date

### Declarations

This is your Direct Debit Request Service Agreement with the Trust (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 a copy of this form 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 above. Please refer to the end of the declarations in this section for a list of definitions.

#### By signing this Direct Debit Request you declare that:

- You request and authorise us to debit your nominated account in the name and in the manner specified in the Direct Debit Request.
- You authorise us to arrange with our financial institution the debit payment to be made through the Bulk Electronic Clearing System (BECS).
- By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised and are providing a valid instruction to us, in respect of any investment amount, to arrange for funds to be debited from the account nominated above.
- We will only arrange for funds to be debited from your account as authorised on this Direct Debit Request.
- If the debit day does not fall on a banking day, then a debit payment will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the debit payment will be processed to your account.
- You will need to check with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the BECS.
- You will need to give us at least 14 working days notice in writing if you wish to defer or alter any of the Direct Debit arrangements. This can be done by:
  - emailing [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au); or
  - phoning us on 1800 230 099.

**Declaration and Acknowledgements continued on next page**

- You will need to advise us in writing if you wish to stop a payment being processed (Debit Item) or cancel a Direct Debit Request. Such notice should be delivered to us at least 14 working days before the debit day or as otherwise stipulated in our terms and conditions. All requests for stops or cancellations must be referred to us in the first instance.
- We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the Direct Debit arrangement in place between us.
- It is your responsibility to ensure that there are sufficient clear funds available in your account to enable a debit payment to be made in accordance with the Direct Debit Request.
- If there are insufficient clear funds in your account to meet a debit payment:
  - you may be charged a fee and/or interest by your financial institution;
  - you may also incur fees or charges imposed or incurred by us; and
  - 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.
- Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
- If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit Request.
- If you believe that there has been an error in debiting your account, you should notify us directly on 1800 230 099 and confirm that notice in writing with us as soon as possible so that we can resolve your query swiftly. Alternatively, you can take it up directly with your financial institution.
- If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging 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.
- 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.
- If we cannot resolve the dispute, you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
- 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. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.
- 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).
- By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:
  - you are authorised to operate the nominated account; and
  - you have understood and agreed to the terms and conditions set out in this Direct Debit Request and in your declaration.

### Definitions

- **account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.
- **declaration** 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 direct 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** or **our** means the Debit User, that 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 is maintained you have authorised us to debit.

Signature of Applicant 1		Signature of Applicant 2	
Date		Date	
Given name	Surname	Given name	Surname

## Only complete from Section 10 onwards if you are using the services of a Financial Adviser

If you are investing in the Trilogy Monthly Income Trust with the assistance of a Financial Adviser, please have your Financial Adviser complete this section. By signing this section, you acknowledge your consent for us to arrange your Financial Adviser to receive and be able to access information about your investment, product updates and all your financial records in relation to your investment(s). If this Section 10 is not completed, then please ensure you answer the Design and Distribution Obligations (DDO) filtering questions at Section 7.

### Section 10: Financial Adviser details *(Financial Adviser clients only)*

#### Adviser to complete

Licensee name

Business name

AFSL number

Adviser full name

Authorised representative number

Contact name

Business address

Contact phone

Contact email

#### Licensee financial institution account details

Financial institution  
account holder

Financial institution  
name

BSB

Financial institution  
account number

#### As the licensed Financial Adviser of the Applicant, and by signing below, I declare that:

- My dealer group is lawfully authorised to advise on, and deal in, the financial product offered in the PDS (the target market for which is described in the TMD) under an AFSL as required by ASIC and the Corporations Act 2001.
- I hold the necessary authorisations under my authorised representative appointment as required by ASIC and the Corporations Act 2001 and I have complied with the financial services laws in respect of advice provided.
- I have identified the Applicant pursuant to the anti-money laundering and counter-terrorism financing (AML/CTF laws) and will make available to Trilogy Funds, on request, original verification and identification records in respect of the Applicant.
- I have in place measures to protect and comply with the privacy laws (including the Privacy Amendment (Notifiable Data Breaches) Act 2017) in respect of any personal client data that may be shared by Trilogy Funds Management Limited in respect of my client.
- I have reviewed the TMD in providing personal advice to the Applicant in relation to their investment in the Trust and I further represent that I:
  - have product governance arrangements in place to ensure compliance with my distribution obligations in Part 7.8A of the Corporations Act 2001;
  - will provide to Trilogy Funds the reports specified in the TMD within the timeframes specified in the TMD;
  - will not knowingly do anything to put Trilogy Funds in breach of Part 7.8A of the Corporations Act 2001; and
  - will notify Trilogy Funds immediately if I become aware of anything that would, or may potentially, put Trilogy Funds in breach of Part 7.8A of the Corporations Act 2001.

#### Signature of the Financial Adviser

Date

Given name

Surname

## Certification by Investor – consent to provide information to your Financial Adviser

In relation to my/our Financial Adviser as noted on this Application Form, and by signing below, I/we declare that:

- I/We received personal financial product advice and wish to nominate my/our Financial Adviser to represent my/our investment.
- I/We hereby release, discharge and agree to indemnify Trilogy Funds from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from Trilogy Funds and/or the acting upon the instructions of my/our Financial Adviser.
- I/We authorise the disclosure to my/our Financial Adviser of any information in relation to this Application Form or my/our investment.
- I/We acknowledge that Trilogy Funds will provide all correspondence including reports, statements, personal information and data about my/our investment to my/our Financial Adviser and/or his or her dealer group, and that Trilogy Funds takes no responsibility for the compliance of my/our Financial Adviser/dealer group in respect of the privacy laws.

**Signature of Applicant 1**

**Signature of Applicant 2**

**Date**

**Date**

**Given name**

**Surname**

**Given name**

**Surname**

## Only complete from Section 11 onwards if you are choosing to pay your Financial Adviser an Upfront or Ongoing Financial Adviser Fee

If you are not choosing to pay your Financial Adviser any Upfront or Ongoing Adviser Fee in connection with this Trilogy Funds Product, then the following sections are not required to be completed. Please refer to the end of this Application Form for the *Application checklist* and instructions on *How to submit your form*.

### Section 11: Upfront Adviser Fee payment instruction (*Financial Adviser clients only*)

If you choose to pay your Financial Adviser an Upfront Adviser Fee for the financial advice that they provide to you, please nominate that fee here. The Upfront Adviser Fee, if nominated, will be collected from your application money and paid by Trilogy Funds (following the end of the calendar month in which units are issued) as an agent of the Financial Adviser in accordance with this instruction. If you wish to put in place an Ongoing Adviser Fee arrangement between you and your Financial Adviser please complete Section 12.

Upfront Adviser Fee amount (inclusive of GST) \$

### Investor declarations

In relation to the Upfront Adviser Fee payment instruction, and by signing below, I/we declare that:

- I/We give my/our express consent and instruction to direct Trilogy Funds to pay the Upfront Adviser Fee amount above, out of my/our application money to my/our Financial Adviser's dealer group (to the Licensee financial institution account details nominated above).
- I/We have received the personal financial advice to which the Upfront Adviser Fee relates.
- I/We confirm that I/we have read and understood the PDS and TMD and agree to be bound by the terms and conditions and provisions as amended in the PDS and TMD and the Constitution/Trust Deed of the Trust.
- I/We understand that I/we may revoke this adviser fee payment instruction at any time by giving written notice to Trilogy Funds.
- I/We indemnify Trilogy Funds for the actions taken to direct the payment in accordance with the instructions on this Application Form to the Financial Adviser nominated by me/us.

**Signature of Applicant 1**

**Signature of Applicant 2**

**Date**

**Date**

**Given name**

**Surname**

**Given name**

**Surname**

## Section 12: Ongoing Adviser Fee payment instruction *(Financial Adviser clients only)*

If you choose to pay your Financial Adviser a monthly Ongoing Adviser Fee for the financial advice that they provide to you, please complete this section. The Ongoing Adviser Fee, if nominated, will be paid by Trilogy Funds following the end of each calendar month in accordance with this instruction.

By signing below, I/we acknowledge that Trilogy Funds has agreed to lower its management fees to me/us via a rebate (calculated based on my/our daily unitholding, paid monthly), which I/we would usually receive at the time monthly distributions are paid; and

Option 1 I/We request and instruct Trilogy Funds to pay my/our Adviser's Licensee, on my/our behalf, an Ongoing Adviser Fee of 0.50%pa inclusive of GST (being the whole amount of the fee rebate, calculated based on my/our daily unitholding, paid monthly), to be paid following the end of each calendar month, until I/we otherwise advise.

**OR**

Option 2 I/We request and instruct Trilogy Funds to pay my/our Adviser's Licensee, on my/our behalf, an Ongoing Adviser Fee of %pa inclusive of GST (being all or part of the rebate together with a deduction from my/our distribution to the extent required, calculated based on my/our daily unitholding, paid monthly), to be paid following the end of each calendar month, until I/we otherwise advise.

### Investor declarations

**In relation to any monthly Ongoing Adviser Fee payment instruction for the Trust, and by signing below, I/we declare that:**

- I/We give my/our express consent and instruction to direct Trilogy Funds to pay the Ongoing Adviser Fee amount, on a monthly basis, as selected and set out above.
- I/We acknowledge that I/we may have agreed with my/our Financial Adviser to pay an Ongoing Adviser Fee for personal financial advice provided for this Trilogy Funds Product.
- I/We acknowledge that Trilogy Funds will not pay the Ongoing Adviser Fee if to do so would be a breach or potential breach of the Constitution/Trust Deed of the Trust, the Corporations Act 2001 or any other law to which Trilogy Funds is or becomes subject.
- I/We acknowledge that any further contributions (or redemptions) which add to (or reduce) my/our unit balance will increase (or decrease) the basis of the Ongoing Adviser Fee payment, calculated as at the date that Trilogy Funds processes the addition to (or redemption of) units.
- Trilogy Funds and/or its related entities will not be liable to me/us or other persons (including my/our Financial Adviser) for any loss suffered (including consequential loss) where Ongoing Adviser Fee payments are delayed or applications for or redemptions of units in the Trust become frozen or suspended or where there is a refusal to process a transaction, or where Trilogy Funds does not accept an application or redemption from me/us for any reason.
- I/We acknowledge that where the aggregate of the Ongoing Adviser Fee and the management fee is greater than the distribution in a month, I/we will not receive a distribution for that month.
- I/We acknowledge that the basis for the calculation of any Ongoing Adviser Fee is dependent on my/our unitholding and the management fee rebate, therefore I/we acknowledge the Ongoing Adviser Fee payment will increase (or decrease) with any further contributions (or redemptions) which add to (or reduce) my/our unit balance, calculated as at the date that Trilogy Funds processes the addition to (or redemption of) units, and the Ongoing Adviser Fee payment will cease if Trilogy Funds does not receive a management fee for that month for any reason and is therefore unable to pass on a rebate.
- I/We confirm that I/we have read and understood the PDS and TMD and agree to be bound by the terms and conditions and provisions as amended in the PDS and TMD and the Constitution/Trust Deed of the Trust.
- I/We understand that I/we may revoke this Ongoing Adviser Fee payment instruction at any time by giving written notice to Trilogy Funds.
- I/We indemnify Trilogy Funds for the actions taken to direct the payment in accordance with the instructions on this Application Form to the Financial Adviser nominated by me/us.

**Signature of Applicant 1**

**Signature of Applicant 2**

**Date**

**Date**

**Given name**

**Surname**

**Given name**

**Surname**

## Section 13: Financial Adviser Fee declarations and acknowledgements

*(Financial Adviser to complete - where the Investor is paying any Upfront or Ongoing Adviser Fee)*

**As the licenced Financial Adviser of the Applicant, and by signing below, I declare that:**

- I am only authorised to submit applications that I am the nominated Financial Adviser at the time of application and on an ongoing basis (where I am receiving any Ongoing Adviser Fee). Under no circumstances will I submit applications on behalf of others.
- Trilogy Funds is appointed as my agent to collect and direct payments of any Upfront Adviser Fee nominated in Section 11.
- I acknowledge that any monthly Ongoing Adviser Fee described in this Application Form is paid to the Adviser's Licensee by the Investor and the Investor may cancel or revoke the Ongoing Adviser Fee payment by providing written notice to Trilogy Funds at any time, in which case Trilogy Funds will only arrange for payment of the fee to my Licensee up until the date the Investor's notice is received by Trilogy Funds and Trilogy Funds is not liable to my Licensee for any future payments or any other amounts.
- I acknowledge that the basis for the calculation of any Ongoing Adviser Fee is dependent on the Investor's unitholding and the management fee rebate, therefore I acknowledge the fee will increase (or decrease) with any further contributions (or redemptions) which add to (or reduce) the Investor's unit balance, calculated as at the date that Trilogy Funds processes the addition to (redemption of) units, and the fee will cease if Trilogy Funds does not receive a management fee for any reason and is therefore unable to pass on a rebate.
- Trilogy Funds and/or its related entities will not be liable to my Licensee or other persons for any loss suffered (including consequential loss) where adviser fees are delayed or applications for redemptions of units in the Trust become frozen or suspended or where there is a refusal to process a transaction, or where Trilogy Funds does not accept an application or redemption from the Investor for any reason.
- Trilogy Funds will not be liable to me for invoicing the Investor for any adviser fee and for any GST responsibility under A New Tax System (Goods and Services Tax) Act 1999 (Cth) as any taxable supply is between me and the Investor, with Trilogy Funds appointed as my agent for the limited purpose of collection and directing the Investor's payment of any Upfront or Ongoing Adviser Fee only.

### Signature of the Financial Adviser

Date

Given name

Surname

### Application checklist

**Before submitting this Application Form, please ensure that you:**

Have completed all relevant Sections.

Have where indicated signed all relevant Sections.

Have enclosed certified copies of any identification required.

### How to submit your form

**Please email or post your form and all required documents to:**

Trilogy Funds Management Limited

investorrelations@trilogyfunds.com.au

GPO Box 1648,

BRISBANE QLD 4001

**Please contact us if you have any questions about the process.**

Phone Investor Relations on 1800 230 099 (New Zealand callers phone +800 5510 1230) or email investorrelations@trilogyfunds.com.au