

Lincoln Australian Growth Fund

Application Form

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This Application Form (this form) is part of the Product Disclosure Statement dated 11 January 2019 ('PDS') relating to units in the Lincoln Australian Growth Fund (Fund) issued by Equity Trustees Limited (Equity Trustees) (ABN 46 004 031 298, AFSL 240975).

- The PDS contains information about investing in the Fund. You should read the PDS before applying for units in the Fund.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.
- Lincoln will provide you with a copy of the PDS and the Application Form on request without charge.

US Persons:

This offer is not open to any US Person. Please refer to the PDS and Reference Guide for further information.

General Instructions:

- If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS.
- Use ticks in boxes where applicable ✓
- The applicant(s) must print, complete and sign this form.
- Please ensure you complete **ALL** relevant sections (provided in the table in Section 1) before submitting this form.
- You **MUST** provide all the ID requirements as outlined in the table in Section 1.
- Please see page 2 of this form for details on how to certify your ID documents.
- You **MUST** complete the United States Tax form (FATCA) even if you are not a US citizen or resident for tax purposes (Section 9).
- If you are a **Financial Planner or Adviser** and are completing this form on behalf of your client then please ensure you also **complete Section 7** of this form.
- If you would like to give a **third party authority** on this investment then please ensure you **complete Section 6** of this form.
- If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.
- Keep a photocopy of your completed Application Form for your records.
- Communications will be emailed to you so please ensure you provide a **current email address**.
- **If you have any queries, please contact us on 1300 676 333 or managedinvestments@lincolnindicators.com.au**

Lodging the form:

Please send the completed application form, along with your payment (if it's a cheque) and documents that verify your ID to:

LINK Market Services Limited
PO Box 3721
Rhodes NSW 2138 Australia

Contacting the Fund

Investment Manager:
Lincoln Indicators Pty Ltd
Ph. 1300 676 333
Email: managedinvestments@lincolnindicators.com.au

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Anti-Money Laundering & Counter Terrorism Financing Requirements:

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') program. The AML/CTF program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Please note:

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please contact the Fund

Certified ID documents:

All certified ID documents provided must be original certified documents. This means that you must provide the copy that is actually signed by the certifier and it must be sent by post (cannot be emailed or faxed) with your application.

Who can certify documents?

- Police Officer
- Medical Practitioner
- Pharmacist
- Judge
- Lawyer
- Justice of the Peace
- Notary Public
- Magistrate
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public (eg Post Office employee)
- Full time employee of financial service company (including a bank) or holder of an Australian financial services license (must have 2 or more consecutive years' experience)
- A Registrar or Deputy Registrar of a court
- A member of the Institute of Chartered Accountants in Australia (CPA or National Institute of Accountants membership, with 2 or more consecutive years of membership)

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Section 1 – Introduction

Do you have an existing investment in the Lincoln Australian Growth Fund?

YES – please contact Lincoln Indicators for a different application form.

NO – only complete the sections relevant to you, as indicated below:

Name the account will be held in (eg: J Smith ATF Smith Family Super Fund):

Account type

Select One	Account Type	Sections to Complete	Starting Page Number	Identification Requirements		
<input type="checkbox"/>	Individual(s)	1 2 8 9 10	3 5 14 17 22	<p>Each individual investor, individual trustee, partner, beneficial owner, or individual agent or authorised representative must provide one certified copy of the following primary photographic ID:</p> <ul style="list-style-type: none"> • A current Australian driver's licence (or foreign equivalent) that includes a photo and signature • An Australian passport (not expired more than 2 years previously) • An identity card issued by a State or Territory Government that includes a photo • A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that includes your photograph and signature <p>If you do NOT own one of the above ID documents, please provide one valid option from Column A and one valid option from Column B.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Column A (certified copy)</p> <ul style="list-style-type: none"> • Australian birth certificate • Australian citizenship certificate • Pension card issued by Department of Human Services </td> <td style="vertical-align: top;"> <p>Column B</p> <ul style="list-style-type: none"> • A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address. • A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document. • A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address). • If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school </td> </tr> </table>	<p>Column A (certified copy)</p> <ul style="list-style-type: none"> • Australian birth certificate • Australian citizenship certificate • Pension card issued by Department of Human Services 	<p>Column B</p> <ul style="list-style-type: none"> • A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address. • A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document. • A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address). • If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school
<p>Column A (certified copy)</p> <ul style="list-style-type: none"> • Australian birth certificate • Australian citizenship certificate • Pension card issued by Department of Human Services 	<p>Column B</p> <ul style="list-style-type: none"> • A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address. • A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document. • A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address). • If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school 					
<input type="checkbox"/>	Partnership(s)	1 3 8 9 10	3 8 14 17 22	<p>Provide identification as outlined next to 'Individuals' for each partner(s) and beneficial owner(s) of the Partnership and one of the following:</p> <ul style="list-style-type: none"> • A certified copy or certified extract of the partnership agreement. • A notice issued by the Australian Taxation Office ("ATO") within the last 12 months. • An original or certified copy of a certificate of registration of business name issued by a government agency in Australia. • A certified copy or certified extract of minutes of a partnership meeting. <p>All the above must show the full name of the partnership.</p> <p>The beneficial owners of a partnership include partners with a 25% partnership share or more; partners (if any) who control the partnership; any managing partner. If in doubt, founding partners should be considered beneficial owners.</p>		

table continued over

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Account type continued

Select One	Account Type	Sections to Complete	Starting Page Number	Identification Requirements
<input type="checkbox"/>	Trusts (e.g. SMSF's)	1 2 4 5 8 9 10	3 5 9 14 17 22	<p>Registered Managed Investment Scheme, Regulated Superannuation Fund (including a Self-Managed Super Fund), Government Superannuation Fund or a trust registered with the Australian Charities and Not-for-profit Commission (ACNC).</p> <p>Provide identification as outlined next to 'Individuals' for each Individual Trustee(s) or identification as outlined next to 'Australian Companies', 'Foreign Companies' or 'Agent/ Authorised Representative' for Corporate Trustee(s) and provide one of the following:</p> <ul style="list-style-type: none"> • A copy of the company search of the relevant regulator's website e.g. APRA, ASIC or the ATO database • A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website. • A copy from the ACNC of information registered about the trust as a charity <p>All the above must show the Trust's full name and type (i.e. registered managed investment scheme, regulated superannuation fund (including a self- managed super fund) or government superannuation fund).</p>
<input type="checkbox"/>	Other Trusts (unregulated) (e.g. Family Trusts)	1 4 5 8 9 10	3 9 11 14 17 22	<p>Must provide identification as outlined next to 'Individuals' for each Individual Trustee(s) or identification as outlined next to 'Australian Companies', 'Foreign Companies' or 'Agent/ Authorised Representative' for Corporate Trustee(s) and provide identification as outlined next to 'Individuals' for each beneficial owner of the trust and in relation to the Trust, one of the following:</p> <ul style="list-style-type: none"> • A certified copy or certified extract of the Trust Deed • Annual report or audited financial statements • A certified copy of a notice issued by the ATO within the previous 12 months • Signed meeting minutes <p>All the above must show the full name of the Trust, its trustees, the appointer (the person authorised to appoint or remove trustees) and the settlor of the Trust (if any).</p> <p>A beneficial owner of a trust is any individual who has a 25% or more interest in the trust or controls the trust. This includes the appointor of (who holds the power to appoint or remove the trustees of the trust), the settlor of, and the beneficiaries with at least a 25% interest in, a trust.</p>
<input type="checkbox"/>	Australian Companies	1 5 8 9 10	3 11 14 17 22	<p>Must provide identification as outlined next to 'Individuals' for each beneficial owner(s), and for the Company provide one of the following (must clearly show the Company's full name, type (private or public) and ACN):</p> <ul style="list-style-type: none"> • A copy of information regarding the company's licence or other information held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSE, ACL etc. • A full company search issued in the previous 3 months; • A certificate of Company Registration; • If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code; • If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code for the holding company <p>A beneficial owner of a company is any customer entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official (or equivalent).</p>
<input type="checkbox"/>	Foreign Companies	1 5 8 9 10	3 11 14 17 22	<p>Provide identification as outlined next to 'Individuals' for each beneficial owner/s, and in relation to the foreign company, one of the following:</p> <ul style="list-style-type: none"> • A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction's in which the company was incorporated, established or formed. • A certified copy of the company's articles of association or constitution. • A copy of a company search on the ASIC database or relevant foreign registration body. <p>All of above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.</p> <p>A beneficial owner of a company is any customer entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official (or equivalent).</p>

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You must also complete the following if you are a third party or if you would like to appoint a third party authority:

All Agents and Authorised Representatives must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, Executor or Administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.

Select One	Account Type	Sections to Complete	Starting Page Number	Identification Requirements
<input type="checkbox"/>	Authorised representative or agent	6	12	Individual agent – must provide identification as outlined in this table next to 'Individuals' on page 2. Corporate agent – must provide identification as outlined next to 'Australian Companies' or 'Foreign Companies' in the table above.
<input type="checkbox"/>	Power of Attorney	6	12	You must attach an original certified copy of a valid Power of Attorney. The document must be signed by the applicant/investor and must be current and complete. The document must permit you to transact on behalf of the applicant/investor (so it must be a financial or enduring Power of Attorney).
<input type="checkbox"/>	Financial Adviser	7	13	Corporate agent – must provide identification as outlined next to 'Foreign Companies' or 'Australian Companies' in the table above.

Section 2 – Individual(s) or Individual Trustee(s)

2.1 Type of investor

Tick one box only and complete the specified parts of this section.

- Individual** – complete 2.2
- Jointly with another individual(s)** – complete 2.2, 2.3 and 2.5
- Individual trustee for a trust** – complete 2.2 and 2.3 (also complete section 4)
- Sole Trader** – complete 2.2 and 2.4
- Individual trustee for an individual** – complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee)

2.2 Investor 1

Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number (including Country Code) (daytime)	Date of Birth (DDMMYY)	Tax File Number (TFN) – or exemption code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	
Reason for TFN Exemption	<input type="text"/>	

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Street Address (not a PO Box)

Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	

What is your occupation?

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No

Yes, please give details

Are you a foreign resident for tax purposes?

No

Yes, please advise country of residence

Do you hold dual citizenship?

No

Yes, please advise which countries

2.3 Investor 2

Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number (including Country Code) (daytime)	Date of Birth (DDMMYY)	Tax File Number (TFN) – or exemption code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	
Reason for TFN Exemption	<input type="text"/>	

Residential Address (not a PO Box)

Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	

What is your occupation?

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Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No

Yes, please give details

Are you a foreign resident for tax purposes?

No

Yes, please advise country of residence

Do you hold dual citizenship?

No

Yes, please advise which countries

2.4 Sole Trader Details

Business Name (if applicable, in full)

Australian Business Number (ABN) (if obtained)

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Unit number

--	--	--	--	--

Street number

--	--	--	--	--

Street name

Suburb

State

--	--	--	--

Postcode

--	--	--	--	--	--

Country

2.5 Signing Authority

Please tick to indicate signing requirements for **future instructions** (e.g. withdrawals, change of account details, etc.)

Only one investor required to sign

All investors must sign

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Section 3 – Partnerships

3.1 General Information

Full Name of Partnership

Registered Business Names of Partnership (if any)

Country where Partnership is established

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption (if applicable)

3.2 Type of Partnership

Is the partnership regulated by a professional association?

(Need only give information below for partners with a 25% or greater interest or, if there are no such partners, for just one partner.)

Yes, please provide details

Name of Association

Membership Details

No, provide number of partners and partner details below:

Number of Partners:

Partner 1

Title

Given Name(s)

Surname

Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Country of Birth

Email

Does this partner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the partner an immediate family member or a business associate of such a person?

No

Yes, please give details

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Partner 2

Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number (including Country Code) (daytime)	Date of Birth (DDMMYY)	
<input type="text"/>	<input type="text"/>	
Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	Country	
<input type="text"/>	<input type="text"/>	
	Email	
	<input type="text"/>	

Does this partner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the partner an immediate family member or a business associate of such a person?

No

Yes, please give details

Section 4 – Trust / Superannuation Fund

4.1 General Information

Full Name of Trust or Superannuation Fund (Full Name of Business, if any)

Country where Trust established

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption (if applicable)

Australian Business Number (ABN)*

* See page 21 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

4.2 Trustee Details

How many trustees are there?

Individual(s) – at least one trustee must complete Section 2 of this form

Company – at least one trustee must complete Section 5 of this form

Combination – at least one trustee from each investor type must complete the relevant section of this form

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4.3 Type of Trust

Regulated Trust (including Self Managed Superannuation Funds)

Name of Regulator (e.g. ATO, ASIC, APRA)

Registered Managed Investment Scheme

Australian Registered Scheme Number (ARSN)

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Other Trust (also complete section 4.4 and 4.5)

Please describe

4.4 Beneficiaries

Complete this section **ONLY** if you ticked 'Other Trust' in 4.3

Does the Trust Deed name beneficiaries?

Yes, how many?

Provide the full name of each beneficiary: (If more than 8, please provide as an attachment)

1	2
3	4
5	6
7	8

No, describe the class of beneficiary: (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name)

4.5 Beneficial Owners

Complete this section **ONLY** if you ticked 'Other Trust' in Section 4.3.

Please provide the full name of any Beneficial owner of the trust. A Beneficial owner of a trust is any individual who has a 25% or more interest in the trust or controls the trust. This includes the appointor of the trust (who holds the power to appoint or remove the trustees of the trust), the settlor of the trust, and beneficiaries with at least a 25% interest in the trust. All beneficial owners will need to provide AML/CTF verification documents as per page 2.

Settlor exemption Please note there is an exemption where deceased settlors or settlors to a trust less than \$10,000 upon establishment, do not require verification.

Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

No

Yes, please give details

Please provide the **full name** of the **settlor** of the trust where the initial asset contribution to the trust was greater than \$10,000 and the settlor is not deceased.

1	2
3	4

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Section 5 – Company / Corporate Trustee

5.1 Company Type

- Australian Proprietary Company or non-listed public company – complete Sections 5.2 and 5.4
- Australian Listed Public Company – complete Section 5.2
- Foreign Company – complete all of Section 5

5.2 Company Details

Company Name

ACN/ABN (if registered in Australia)*

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption

Contact details

Note for non-Australian companies: you must provide a local agent name and address if you do not have a principal place of business in Australia.

Full Name(s) of Contact Person

Telephone No (inc. country code)

Email

Registered Street Address (not a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Principal place of business in Australia

Tick if the same as above, otherwise provide:

Registered Street Address (not a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

5.3 Additional Details for non-Australian Company

Tick if the company is registered with ASIC

Australian Registered Body Number (ARBN)

Tick if the company is registered with a regulatory body

Name of Regulatory Body

Company Identification Number Issued (if any)

Country of formation, incorporation or registration

Company type (eg private company)

Registered Company Address (Not PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

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5.4 Beneficial owner

a. Senior Managing Official and controlling person: All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official and controlling person of the company (such as the managing director or a senior executive who exerts control over the company i.e. authorised to sign on the company’s behalf, make policy, operational and financial decisions):

1	2
3	4

If there are more than 4 directors please provide as an attachment.

b. Shareholders and other beneficial owners: All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each shareholder and those who own directly, indirectly, jointly or beneficially 25% or more of the company’s issued capital.

1	2
3	4

If there are more than 4 directors please provide as an attachment.

Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

- No
- Yes, please give details

If there are more than 2 shareholders that each have at least 25% of the company’s issued capital, provide as an attachment.

** See page 18 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.*

Section 6 – Authorised representative or Power of Attorney

Complete this section if you are giving authority to a third party or if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the applicant that you are acting on behalf of.

6.1 Appointment of Power of Attorney or other authorised representative

- I would like to appoint an authorised representative to operate on this account **OR**
- I am an agent under Power of Attorney or the investor’s legal or nominated representative – complete Section 6.2

Full name of authorised representative / agent	Title of role held with applicant
Signature	

Please ensure you provide the relevant ID requirements as outlined in the table in Section 1 of this form.

6.2 Documentation

You must attach a valid authority such as a Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy trustee etc:

- The document is an original or certified copy
- The document is signed by the applicant / investor or a court official
- The document is current and complete
- The document permits the attorney / agent / representative (you) to transact on behalf of the applicant / investor

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Section 7 – Financial adviser

Completing this section means the named adviser is nominated as the applicant's financial adviser for the purposes of this investment in the Fund. The applicant consents to give the named financial adviser access to their account information unless indicated otherwise in Section 7.3.

7.1 Financial adviser

I am a financial adviser completing this application form as an authorised representative or agent.

Name of Adviser

AFSL Number

Dealer Group

Name of Advisory Firm

Postal Address

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Email Address of Advisory Firm (required)

Email Address of Adviser

Business Telephone

Facsimile

7.2 Financial Adviser Declaration (only tick if applicable)

I/We hereby declare that I/we are not a US Person as defined in the PDS

I/We hereby declare that the investor is not a US Person as defined in the PDS

I have completed an appropriate Customer Identification Procedure (CIP) on this investor which meets the requirements (per type of investor) set out above.

AND EITHER

I have attached the relevant CIP documents

OR

I have not attached the CIP documents however I will retain them and agree to provide them to Equity Trustees on request. I also agree to forward these documents to Equity Trustees if I ever become unable to retain the documents.

I have provided personal financial advice to the investor(s) named in this Application taking into account their personal needs, objectives, financial and taxation situation (having regard to the nature and any complexities of this product), have complied with all requirements of the Corporations Act and applicable law in relation to this investment by the investor(s) and have provided the Investor with a statement of advice. If I cease being the financial advisor for the Investor I will notify the Administrator at that time.

Financial Adviser Signature

Date (DDMMYY)

7.3 Access to Information (applicant to complete)

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

Please tick this box if you **DO NOT** want your financial adviser to have access to information about your investment.

Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your adviser.

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Section 8 – INVESTMENT INSTRUCTIONS (All investors MUST complete)

8.1 Primary Contact Details (this is who we will contact for all investment related matters and who statements will be sent to)

Title	Given Names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number (including Country Code)	Mobile Telephone Number	Date of Birth (DDMMYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Registered Street Address

Unit number	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address			
<input type="text"/>			
Business Telephone			
<input type="text"/>			

If you would like to add a secondary contact to your account, please contact Lincoln on 1300 676 333.

8.2 Investment Details

Fund

- Investments \$20,000 - \$250,000 - Lincoln Retail Australian Growth Fund (APIR ETL0089AU)
- Investments \$250,000 and above – Lincoln Wholesale Australian Growth Fund (APIR ETL0043AU)

Investment Amount

\$

The minimum initial investment in the Fund is \$20,000

8.3 Distribution Instructions (Please tick ONE option. If you don't select an option all distributions will be reinvested)

We will automatically reinvest your distribution in units of your chosen fund if you do not make a selection between “reinvest distributions” and “credit bank account”. If you select to “credit bank account” for your distributions, please provide your bank details in section 8.4.

- Reinvest distributions
- Pay distributions to the bank account in Section 8.4 (Australian investors only)
- Pay income to the bank account in Section 8.4 but reinvest any net realised capital gains (AUD-denominated bank account with an Australian domiciled bank)

8.4 Investor Banking Details for Redemptions and Distributions (where we pay you)

Account name	<input type="text"/>
Financial Institution	<input type="text"/>
Branch (including Country)	<input type="text"/>
BSB	Account Number
<input type="text"/>	<input type="text"/>

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8.5 Payment Method

PAYMENT DETAILS

Please indicate how your investment will be made:

- Cheque made payable to **Equity Trustees Limited**
- Electronic Funds Transfer (please find our bank account details below)

Electronic Funds Transfer Details

Bank Name	Westpac Banking Corporation
Account Name	Equity Trustees Limited – Lincoln Funds Application Account
BSB Number	033 002
Account Number	860 574
Reference	You MUST provide your account name in the reference/description for the transfer
Time of payment	Funds need to be received no later than the day after we receive the application. As such, please ensure you transfer the investment amount to us on the same day you send in this form. If you can't do this, please let us know by calling 1300 676 333.

REGULAR SAVINGS PLAN (complete only if you want to set up a regular savings plan, otherwise leave blank)

Our Regular Savings Plan allows you to add a nominated amount to your investment each month. The amount will be direct debited from the specified bank account on the 20th of each month.

How much would you like to add each month?

\$

DIRECT DEBIT AUTHORITY FOR REGULAR SAVINGS PLAN (complete only if you want set up a regular savings plan, otherwise leave blank)

I/we request and authorise Equity Trustees Limited as detailed in the payment details in this form, to arrange, through its own financial institution for the amount specified in this form to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User (ID number "477105") subject to the Terms and Conditions (and any further instructions provided below).

- Same as account provided in 8.4

OR

- Please provide relevant bank details for Direct Debit below

Account name

Financial Institution

Branch

BSB

Account Number

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DECLARATION AND SIGNATURE (to allow us to Direct Debit your account for Regular Savings Plan)

I/We declare that:

- By signing, I/we have understood and agreed to the terms and conditions governing the debit arrangements between you and Equity Trustees as set out in this Request and in the Direct Debit Request service agreement on Page 4 of the Reference Guide.
- I/we have read and understand the current (and any Supplementary) PDS.
- All details provided in this Application form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur.
- If signing under power of attorney, the attorney declares that he/she has not received notice of revocation of that power, and I/we may be required to provide additional proof of identification for the purposes of AML/CTF Law.

Signature

Date (DDMMYY)

Signature

Date (DDMMYY)

8.6 Elections

Annual Financial Report

- The annual financial report for the Fund will be available on www.eqt.com.au/institutional.aspx from 30 September each year, however, if you would like a hard copy of the annual financial report sent to you please tick the box.

Privacy

Do you wish to receive marketing information from Equity Trustees (and Equity Trustees' related bodies corporate) about products and services that may be of interest to you? This information may be distributed by mail, email or other form of communication.

- Yes
- No

8.7 Purpose of Investment and Source of Funds

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc)

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc) and expected level of funding activity or transactions.

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Section 9 – Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standard (CRS) Self-Certification Form - Australia (All investors MUST complete)

9.1 Individuals

Please fill this Section 9.1 only if you are an **individual**. If you are an entity, please fill Section 9.2

(a) Are you a US citizen or resident of the US for tax purposes?

Yes: Provide your Taxpayer Identification Number (TIN) below. Continue to (b) below.

	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
Investor 1	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>

No: Continue to (b) below

(b) Are you a tax resident of any other country outside of Australia?

Yes: Provide the details below and skip to question 9.7. If resident in more than one jurisdiction please include details for all jurisdiction.

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
Investor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

If TIN or equivalent is not provided, please provide reason from the following options:

- Reason A: The country/jurisdiction where the entity is a resident does not issue TINs to its residents
- Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If Reason B has been selected, explain why you are not required to obtain a TIN

Investor 1	<input type="text"/>
Investor 2	<input type="text"/>

No: Skip to section 9.7

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9.2 Entities

Please fill this Section 9.2 only if you are an **entity**. If you are an individual, please fill Section 9.1.

Are you an Australian complying superannuation fund?

- Yes: Skip to question 9.7
- No: Continue to question 9.3

9.3 FATCA

(a) Are you a US citizen or resident of the US for tax purposes?

- Yes: Continue to (b) below
- No: Continue to (c) below

(b) Are you a Specified US Person?

- Yes: Provide your Taxpayer Identification Number (TIN) below and skip to question 9.4

TIN

- No: Please indicate exemption type and skip to question 9.4

Type

(c) Are you a Financial Institution for the purposes of FATCA?

- Yes: Provide your GIIN below and continue to question 9.4

GIIN

If you do not have a GIIN, please provide your FATCA status below and continue to question 9.4

- Exempt Beneficial Owner

Type

- Deemed-Compliant FFI (other than a Sponsored FI or a Trustee Documented Trust)

Type

- Non-Participating FFI

Type

- Sponsored Financial Institution. Please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name

Sponsoring Entity's GIIN

- Trustee Documented Trust. Please provide your Trustee's name and GIIN

Trustee's Name

Trustee's GIIN

- Other

- No: Continue to question 9.4

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9.4 CRS

(a) Are you a tax resident of any country outside of Australia and the US?

Yes: Please provide the details below. If resident in more than one jurisdiction please include details for all jurisdictions.

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
Investor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

If TIN or equivalent is not provided, please provide reason from the following options:

- Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents
- Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If Reason B has been selected above, explain why you are not required to obtain a TIN

No: Continue to (b) below

(b) Are you a Financial Institution for the purposes of CRS?

Yes: Specify the type of Financial Institution below and continue to (c) below

Reporting Financial Institution

Non-Reporting Financial Institution: Specify the type of Non-Reporting Financial Institution below

Trustee Documented Trust

Other: Please Specify

No: Skip to question 9.5

(c) Are you an Investment Entity resident in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

Yes: Skip to question 9.6

No: Skip to question 9.7

9.5 NON-FINANCIAL ENTITIES Are you an Active Non-Financial Entity (Active NFE)

Yes: Specify the type of Active NFE below and skip to question 9.7

Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income (e.g. dividends, distribution, interests, royalties and rental income) and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

Corporation that is regularly traded or a related entity of a regularly traded corporation

Governmental Entity, International Organisation or Central Bank

Other: Please Specify

No: You are a Passive Non-Financial Entity (Passive NFE). Continue to question 9.6

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9.6 CONTROLLING PERSONS Does one or more of the following apply to you:

- Is any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?
- If you are a trust, is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

Yes: Complete details below and continue to question 9.7

	Name	Date of Birth	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided
Investor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more than 2 controlling persons, please list them on a separate piece of paper.

TIN or equivalent is not provided, please provide reason from the following options:

- Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents
- Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If Reason B has been selected above, explain why you are not required to obtain a TIN

No: Continue to question 9.7

9.7 Declaration (All investors to sign)

Signature

I undertake to provide a suitably updated self-certification within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

I declare the information above to be true and correct.

Investor 1

Signature

Date

Name of entity/individual

Name of authorised representative (if applicable)

Investor 2

Signature

Date

Name of entity/individual

Name of authorised representative (if applicable)

[Please also complete Section 10 on page 22.]

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Additional Information

In most cases, the information that you provide in this form will satisfy the AML/CTF Act, the US Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standards ('CRS'). However, in some instances the Responsible Entity may contact you to request further

information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

Declarations

When you complete this Application Form you make the following declarations:

- I/We have received the PDS and made this application in Australia.
- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund in which I/we have chosen to invest.
- I/We have considered our personal circumstances and, where appropriate, obtained investment and / or taxation advice.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.
- I/We acknowledge that (if a natural person) I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/we have chosen to invest.
- I/We acknowledge and agree that Equity Trustees have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the Equity Trustees Group Privacy Statement.
- I/We consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services for which I/we have engaged the services of Equity Trustees or its related bodies corporate and to foreign government agencies for reporting purposes (if necessary).
- I/we hereby confirm that the personal information that I/we have provided to Equity Trustees is correct and current in every detail, and should these details change, I/we shall promptly advise Equity Trustees in writing of the change(s).
- I/We agree to provide further information or personal details to the Responsible Entity if required to meet its obligations under anti-money laundering and counter-terrorism legislation, US tax legislation or reporting legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We acknowledge that Equity Trustees does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of Equity Trustees and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- I/We acknowledge that Equity Trustees is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- If I/we have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Equity Trustees acting on the instructions of my/our authorised representatives, agents and/or nominees.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
 - I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
 - I/we owe any amounts to Equity Trustees, then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.

Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements. For more information about the use of TFNs for investments, contact the enquiries

section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

When you sign this Application Form you declare that you have read and agree to the declarations above.

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Section 10 – DECLARATIONS (All Investors MUST complete)

Applicant 1

Applicant's Full Name

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director/Secretary
- Third Party Authorised Signatory

Signature

Date (DDMMYY)

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Company Seal (if applicable)

Applicant 2

Applicant's Full Name

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director/Secretary
- Third Party Authorised Signatory

Signature

Date (DDMMYY)

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Company Seal (if applicable)

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Application Checklist

- Have you completed all sections relevant to you (as set out in the introduction)?
- Have you nominated your financial adviser in section 7 (if applicable)?
- Have you provided certified copies of your identification documents or has your financial adviser completed this for you?
- Have you completed all other relevant details and SIGNED sections 9.7 & 10 of the Application Form?

Lodging the form:

Please **express post** the completed application form, along with your payment (if it's a cheque) and certified documents that verify your ID to:

LINK Market Services Limited
PO Box 3721
Rhodes NSW 2138 Australia