



APPLICATION FORM REALM HIGH INCOME FUND

ORDINARY UNITS AND WHOLESALE UNITS

This Application Form accompanies the Product Disclosure Statement dated 29 September 2022 (**PDS**) issued by One Managed Investment Funds Limited ABN 47 117 400 987 (**Issuer**) in its capacity as responsible entity of the Realm High Income Fund (ARSN 159 673 533) (**Fund**).

A target market determination dated 10 October 2022 (**TMD**) is available on the Fund's website.

It is important that you read the PDS and TMD in full and the acknowledgements contained in this Application Form before applying for Units.

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the PDS.

Please tick one box below and complete the relevant Sections of the Application Form.

Investor Type	Complete
<input type="checkbox"/> Existing Investor	Page 27
<input type="checkbox"/> Individual/Joint Investors/Sole Traders	Sections 1, 2, 5, 6, 7, 8, 9, 10 and 14
<input type="checkbox"/> Company	Sections 1, 3, 5, 6, 7, 8, 9, 10 and 14
<input type="checkbox"/> Trust/Superannuation Fund with Individual Trustee	Sections 1, 2, 4, 5, 6, 7, 8, 9, 10 and 14
<input type="checkbox"/> Trust/Superannuation Fund with Corporate Trustee	Sections 1, 3, 4, 5, 6, 7, 8, 9, 10 and 14
<input type="checkbox"/> Accountant's Certificate	Page 29

If investing via a Financial Adviser

Please ensure both you and your financial adviser also complete 'Section 11. Financial Adviser Details and Customer Identification Declaration'. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 11 of this Application Form.

Application Process:

Step 1 - Complete the Form (i.e. fill in all relevant sections of this form in blue or black pen)

Step 2 - Send your Application

Select your method of delivery below:

Option 1 - Email - Scan and email your application to realm@boardroomlimited.com.au (please include all supporting documents)

Option 2 - Post/Delivery - Please post the completed application form and all supporting documents to:
 Realm High Income Fund
 C/- Boardroom Unit Registry
 GPO Box 3993
 Sydney NSW 2001

Questions

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact the registrar on 1300 737 760 or email realm@boardroomlimited.com.au

You can find more information on the Boardroom Registry Services including its Privacy Policy at <https://boardroomlimited.com.au/corp/privacy-policy/>

Personal Information required in this Application Form and Applicable Laws include for example:

- (i) **Anti-Money Laundering and Counter-Terrorism Financing Rules** - aim to prevent money laundering and the financing of terrorism by imposing a number of obligations on the financial sector;
- (ii) **Corporations Act 2001** - the issuer is required to maintain a register of members' interests; and
- (iii) **The U.S. Foreign Account Tax Compliance Act (FATCA) and OECD Common Reporting Standard (CRS)** - regulatory requirements that aim to deter tax evasion by U.S. and other foreign taxpayers. Internationally, Governments (through their tax offices) have entered into agreements, which mean we must ask you, and you must answer, the questions as set out in Section 6 of this Application Form. Information we gather may be reported to the Australian Taxation Office (**ATO**). In turn, the ATO may report the information to the relevant foreign tax authorities. For more information, visit ato.gov.au. Each investor will need to complete the FATCA and CRS Sections as set out in Section 6 of this Application Form. We have also provided some general guidance for you in Section 13 of this Application Form. If you require any specific information or are unsure of any classification, please contact a legal or accounting professional for further assistance.

Section 8 of this Application Form provides more details on Privacy.

If you do not provide the information requested in this Application Form, we may not be able to process your application and provide you with the services and products described in the PDS or provide you with information about other products and services.

1. INVESTMENT DETAILS

1.1 DETAILS

I/we apply to invest in the Realm High Income Fund.

Amount: AUD \$

(For Ordinary Units, the minimum initial application amount is AUD \$25,000. For Wholesale Units, the minimum initial application amount is AUD \$1,000,000.)

Class of Units

Please select the class of Units you wish to acquire:

ORDINARY UNITS - Please complete Sections 1.3 and 1.4.

Please tick the box beside your chosen payment method and complete the required details.

Electronic Funds Transfer or Direct Deposit

Bank: St George Bank

Reference: 'Investor surname/company or trust name' (as applicable)

Account Name: Boardroom Pty Limited ITF Realm HIF Ordinary Class Applications

BSB: 332-027

Account number: 556094655

Date of Transfer

Reference Used

Direct Debit Request

Please complete Section 14 of this Application Form.

Please note funds will be applied three business days after the request has been completed.

WHOLESALE UNITS

Please note that you can only apply for Wholesale Units if you are a 'wholesale client' - as that term is defined in the Corporations Act 2001 (Cth). Please complete Section 1.2.

Please tick the box beside your chosen payment method and complete the required details.

Electronic Funds Transfer or Direct Deposit

Bank: St George Bank

Reference: 'Investor surname/company or trust name' (as applicable)

Account Name: Boardroom Pty Limited ITF Realm HIF Wholesale Class Applications

BSB: 332-027

Account number: 556094671

Date of Transfer

Reference Used

Direct Debit Request

Please complete Section 14 of this Application Form.

Please note funds will be applied three business days after the request has been completed.

Source of Investment Funds

Please identify the source of your investable assets or wealth:

Gainful employment

Inheritance/gift

Business activity

Superannuation savings

Financial Investments

Other - please specify

What is the purpose of this investment?

Savings

Growth

Income

Retirement

Business account

Please confirm that before completing this Application Form you have:

Read the PDS (including any supplemental information) relevant to the Fund.

Yes

No*

Read the TMD relevant to the Fund.

Yes

No*

**If you answer no to either of these questions, we may not be able to process your application.*

Please read the PDS and TMD fully before proceeding with your application.

1.2 WHOLESALE CLIENT

I acknowledge that one of the following circumstances apply to me (please indicate):

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

If (b) or (c) applies, please provide an Accountant's Certificate with your Application Form (a template can be located at the end of this form).

*If you consider yourself a 'professional investor' please contact the Registrar on the number provided in order to complete the appropriate forms.

1.3 WHAT FINANCIAL ADVICE HAVE YOU RECEIVED? - ORDINARY UNITS ONLY

Have you received financial advice before applying to invest in Ordinary Units?

- Yes I/we have received **personal advice** in relation to my/our investment in this Fund.
Have your Financial Adviser complete Section 11, you do not need to complete Section 1.4.
- Yes I/we have received **general advice** in relation to my/our investment in this Fund.
Complete Section 1.4: Failure to complete Section 1.4 may result in your application being rejected.
- Yes I/we have not received any advice in relation to my/our investment in this Fund.
Complete Section 1.4: Failure to complete Section 1.4 may result in your application being rejected.

1.4 ARE YOU IN THE TARGET MARKET FOR THIS PRODUCT? - ORDINARY UNITS ONLY

Failure to complete the following questions may result in your application being rejected or processed on a different date to the one you expected.

Failure to provide any of an email address, phone number or bank account details may cause additional delays and inconvenience to you in the processing of your application.

Acceptance of your application is not confirmation by the Issuer that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.

When answering the questions below, you should refer to the TMD (including the terms defined in that TMD and used below).

What is your primary investment objective, are you looking for an investment which:

(You can select more than one)

Offers capital growth?

- Yes No

Aims to preserve capital?

- Yes No

Is capital guaranteed?

- Yes* No

Aims to pay regular income distributions?

- Yes No

*Note: investment in the Fund is not capital guaranteed. If you select "Yes", this product will not be suitable for your likely objectives, financial situation or needs. You should not proceed further with this application.

Please select the intended use of this Fund in your investment portfolio.

(Please tick **ONE** box from the list below)

- Standalone - 75 %-100% of investment portfolio
- Core Component - 25%-75% of investment portfolio
- Satellite/Small allocation - <25% of investment portfolio

How long do you intend to hold the investment for?

(Please tick **ONE** box from the list below)

- Short Term - Less than 2 years
- Medium Term - Between 2 and 5 years
- Long term - Longer than 5 years

What is your risk tolerance, that is your appetite to lose the capital invested?

(Please tick **ONE** box from the list below)

- Low
- Medium
- High
- Very High

How quickly will you need to gain access to your invested capital*?

(Please tick **ONE** box from the list below)

- Daily
- Weekly
- Monthly
- Quarterly
- Annually or longer

*Please note even funds that accept withdrawals or redemption daily, may take up to a month to return your invested capital to you.

2. INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS/INDIVIDUAL TRUSTEES - APPLICATION FORM

Complete this section if you are investing in your own name, including as a sole trader.

2.1 INVESTOR DETAILS

INVESTOR 1

Title				Date of Birth	
Given Names				Surname	
Place of Birth (City/Town)				Country of Birth	
Residential Address (not a PO Box)					
Suburb	State	Postcode	Country		
Email					
Mobile Number			Telephone		
Occupation					

INVESTOR 2 (only applicable for joint investors)

Title				Date of Birth	
Given Names				Surname	
Place of Birth (City/Town)				Country of Birth	
Residential Address (not a PO Box)					
Suburb	State	Postcode	Country		
Email					
Mobile Number			Telephone		
Occupation					

If there are more than two individuals please provide details and attach to this Application Form.

ADDITIONAL INFORMATION FOR SOLE TRADERS (only applicable if applying as a Sole Trader)

Full Business Name (if any)					
Australian Business Number (if obtained)					
Address of Principal Place of Business (not a PO Box). If same as residential address given above, mark 'As Above'.					
Suburb	State	Postcode	Country		

2.2 IDENTIFICATION DOCUMENTS

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (**AML/CTF**) legislation, we must collect certain information from prospective investors and their beneficial owners supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Certification date must be no more than 12-months-old.

Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify each investor and Beneficial Owner.

- Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

3. COMPANY/CORPORATE TRUSTEE - APPLICATION FORM

Complete this section if you are investing for, or on behalf of, a company.

3.1 COMPANY DETAILS

Full Company Name

Country of Formation, Incorporation or Registration

ARBN (if registered with ASIC)

ACN/ABN (if registered in Australia)

Tax File Number or Exemption Code (Australian residents)

AFS Licence Number (if applicable)

Name of Regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator)

Registered Business Address in Australia or in Country of Formation

Suburb

State

Postcode

Country

Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

If an Australian Company, registration status with ASIC.

- Proprietary Company Public Company

If a Foreign Company, registration status with the relevant foreign registration body.

- Private/Proprietary Company Public Company Other - Please Specify

Name of Relevant Foreign Registration Body

Foreign Company Identification Number

Is the Company listed?

- No Yes - Name of Market/Stock Exchange

Is the Company a majority-owned subsidiary of an Australian listed company?

- No Yes - Name of Australian Listed Company

- Name of Market/Stock Exchange

3.1.1 DIRECTORS OF THE COMPANY/CORPORATE TRUSTEE

If the company is **registered as a proprietary company by ASIC** or a **private company by a foreign registration body**, please list the name of each director of the company.

Director 1 - Full Name

Director 4 - Full Name

Director 2 - Full Name

Director 5 - Full Name

Director 3 - Full Name

Director 6 - Full Name

If there are more than six directors please provide their full names on a separate page and attach to this Application Form.

3.1.2 BENEFICIAL OWNERS OF THE COMPANY/CORPORATE TRUSTEE

Please provide details of the Beneficial Owner of the company who directly or indirectly controls the company in Section 6.7. Please refer to Section 13 if you are unsure as to what Beneficial Owner means.

3.2 CONTACT PERSON DETAILS (*Financial Adviser details not accepted*)

Given Names

Surname

Postal Address

Suburb

State

Postcode

Country

Email

Mobile Number

Telephone

3.3 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain identification documents from prospective investors and their beneficial owners supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Certification date must be no more than 12-months-old.

Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

To verify the company.

- Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company - private or public).

Select one of the following options to verify the Officeholders who have signed the Application Form and Beneficial Owners identified in Section 6.7.

- Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

4. TRUST/SUPERANNUATION FUND

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

4.1 TRUST/FUND DETAILS

Full Name of Trust/Superannuation Fund

Country of Establishment

Tax File Number or Exemption Code

Australian Business Number (if any)

4.1.1 TYPE OF TRUST

(Please tick **ONE** box from the list below to indicate the type of Trust and provide the required information)

Type A: Regulated Trust (e.g. self-managed superannuation fund)

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

Registration/Licensing details

Type B: Government Superannuation Fund

Name of the legislation establishing the fund

Type C: Foreign Superannuation Fund

Name of Regulator

Registration/Licensing Details

Type D: Other Type of Trust/Unregulated Trust

Trust Description (e.g. family, unit, charitable)

4.2 ADDITIONAL INFORMATION FOR TYPE C AND TYPE D TRUSTS

4.2.1 SETTLOR OF THE TRUST

Tick this box if the initial contribution was less than AUD \$10,000.

Tick this box if the settlor of the trust is deceased.

Provide the full name and address of the settlor of the trust.

Given Names

Surname

Postal Address

Suburb

State

Postcode

Country

4.2.2 BENEFICIARY DETAILS

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

Yes - Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes)

No - Provide the full names of each beneficiary in respect of the trust in Section 6.7 (includes beneficial owners who ultimately own 25% or more of the trust). Refer to Section 13 if you are unsure as to what Beneficial Owner means.

4.3 TRUSTEE DETAILS

If a trustee is an individual, please also complete Section 2. If a trustee is a company, please also complete Section 3.

4.4 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficial owners, supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Certification date must be no more than 12-months-old.

Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format, otherwise we may not be able to process your application for investment.

For Trusts identified under 4.1.1 as Type A & Type B – select one of the following options to verify the Trust.

- Perform a search of the relevant regulator’s website e.g. ‘Super Fund Lookup’ (unit registry to perform on behalf of the investor);
- Provide a copy of an offer document of the managed investment scheme e.g. a copy of a Product Disclosure Statement; or
- Provide a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

For Trusts identified under 4.1.1 as Type C & Type D – select one of the following options to verify the Trust.

- Provide a certified copy or a certified extract of the Trust Deed containing the cover page, recitals and signature page;
- Provide an original letter from a solicitor or qualified accountant that confirms the name of the Trust and full name of the settlor of the Trust; or
- Provide a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).

For Trusts identified under 4.1.1 as Type C & Type D – select one of the following options to verify the Beneficiaries and the Beneficial Owners identified in Section 6.7.

- Provide a certified copy of a driver’s licence that contains a photograph of the licence/permit holder; or
- Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

AND relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).

5. PAYMENT INSTRUCTIONS DISTRIBUTIONS AND WITHDRAWALS

Please indicate how you would like your distributions to be paid by ticking one box only. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:

- Reinvest in the Fund; or
- Pay to my/our account (Please provide your financial institution account details as per below).

Financial Institution Account Details (must be an Australian financial institution)

Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.

Bank/Institution

Branch

Account Name

BSB

Account Number

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

6. ACCOUNT HOLDER'S TAX RESIDENCY AND CLASSIFICATION - FATCA & CRS

The certification is being used to comply with the U.S. Foreign Account Tax Compliance Act (**FATCA**) and OECD Common Reporting Standards (**CRS**).

The account holder is the person listed or identified as applicant in Sections 2, 3 and 4 (**Account Holder**).

The Account Holder's Country of Tax Residence, Tax payer Identification Number (**TIN**) or Tax File Number (**TFN**), Global Intermediary Identification Number (**GIIN**), FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) must be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders, this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

Please refer to Section 13 for the relevant definitions and FATCA/CRS classifications.

If you are unable to complete this form please seek appropriate advice relating to the tax information required. For further details relating to the implementation of FATCA and CRS, please refer to the Australian Taxation Office's guidance material link:

<https://www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/Automatic-exchange-of-information---CRS-and-FATCA/>

If you are applying:

- i. **As an Individual/Joint Investors/Sole Trader** please complete Section 6.1 and 6.6.
- ii. **All other types of entities** please complete Sections 6.2, 6.3, 6.4, 6.5, 6.6 and 6.7 (if required).

6.1 TAX RESIDENCE - INDIVIDUAL/SOLE TRADER

6.1.1 INVESTOR 1

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes (including Australia).

If no TIN is available, please select one of the reasons below against the appropriate country.

Reason A - The country where the Account Holder is liable to pay tax does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number.

(If you select this reason below, please explain why you are unable to obtain a TIN.)

Reason C - No TIN is required. *(Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.)*

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

If **Reason B** has been selected above, please explain why you are unable to obtain a TIN?

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

6.1.2 IS THE ACCOUNT HOLDER A U.S. PERSON?

A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

- Yes** If 'Yes', the Account Holder's U.S. country of residence and U.S. Tax Identification Number must be provided above.
- No**

(If individual, proceed to Section 6.6. If Joint Investor, proceed to Section 6.1.3)

6.1.3 INVESTOR 2

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes (including Australia).

If no TIN is available, please select one of the reasons below against the appropriate country.

Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number.
(If you select this reason below, please explain why you are unable to obtain a TIN.)

Reason C – No TIN is required. (Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.)

Country of Tax Residence 1 <input type="text"/>	TIN 1/TFN 1 <input type="text"/>	Reason if no TIN: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable) <input type="text"/>	TIN 2/TFN 2 (if applicable) <input type="text"/>	Reason if no TIN: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable) <input type="text"/>	TIN 3/TFN 3 (if applicable) <input type="text"/>	Reason if no TIN: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

If **Reason B** has been selected above, please explain why you are unable to obtain a TIN?

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

6.1.4 IS THE ACCOUNT HOLDER A U.S. PERSON?

A U.S. person includes a U.S. citizen or resident alien of the U.S. even if residing outside the U.S.

Yes If 'Yes', the Account Holder's U.S. country of residence and U.S. Tax Identification Number must be provided above.

No

(Proceed to Section 6.6)

6.2 ACCOUNT HOLDER'S GIIN (IF ANY) - COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Account Holder's GIIN (if any)

Sponsoring Entity's Name (if the Account Holder is a sponsored entity, please provide the sponsor's GIIN)

6.3 TAX RESIDENCE OF THE ACCOUNT HOLDER - COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes (including Australia).

If no TIN is available, please select one of the reasons below against the appropriate country.

Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number.
(If you select this reason below, please explain why you are unable to obtain a TIN.)

Reason C – No TIN is required. (Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.)

Country of Tax Residence 1 <input type="text"/>	TIN 1/TFN 1 <input type="text"/>	Reason if no TIN: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable) <input type="text"/>	TIN 2/TFN 2 (if applicable) <input type="text"/>	Reason if no TIN: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable) <input type="text"/>	TIN 3/TFN 3 (if applicable) <input type="text"/>	Reason if no TIN: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

If **Reason B** has been selected above, please explain why you are unable to obtain a TIN?

I/we certify the tax residence countries provided represent all countries in which the Account Holder is considered a tax resident.

If the Account Holder has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

6.4 FATCA STATUS - COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

6.4.1 U.S. PERSON CERTIFICATION

Is the Account Holder a specified U.S. person?

- Yes** Provide a U.S. Taxpayer Identification Number (TIN): (Proceed to Section 6.5)
- No** (Proceed to Section 6.4.2)

6.4.2 NON U.S. PERSON CERTIFICATION

Select a classification that matches your FATCA status:

Select only a single category.

- Exempt Beneficial Owner (includes self-managed superannuation fund)** (Proceed to Section 6.5)
- Active NFFE** (Proceed to Section 6.5)
- Passive NFFE** (Proceed to Section 6.5 and also Complete 6.7)
- Direct Reporting NFFE** (Provide GIIN in Section 6.2 then proceed to Section 6.5)
- Participating FFI** (Provide GIIN in Section 6.2 then proceed to Section 6.5)
- Local/Partner Jurisdiction FFI** (Provide GIIN in Section 6.2 then proceed to Section 6.5)
- Deemed-Compliant FFI**
Select deemed-compliant category:
- Trustee Documented Trust (Provide Trustee GIIN and Trustee name in Section 6.2 then proceed to Section 6.5)
- Sponsored Investment Vehicle (Provide GIIN and Sponsor's name in Section 6.2 then proceed to Section 6.5)
- Registered-Deemed Compliant FFI (Provide GIIN in Section 6.2 then proceed to Section 6.5)
- Other Deemed-Compliant Category (Proceed to Section 6.5)
- Non-participating FFI** (Proceed to Section 6.5)
- Sponsored Direct Reporting NFFE** (Provide GIIN and Sponsor's name in Section 6.2 then proceed to Section 6.5)
- Other - describe the FATCA status**

(Proceed to Section 6.5)

6.5 CRS STATUS - COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES

6.5.1 FINANCIAL INSTITUTION

Are you a Financial Institution for the purpose of CRS?

- Yes** Reporting Financial Institution
 Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle and Trustee Documented Trust)
(Proceed to Section 6.5.2)
- No** (Proceed to Section 6.5.3)

6.5.2 INVESTMENT ENTITY

Are you an Investment Entity managed by another Financial Institution?

- Yes** If any tax residence country provided is not a participating CRS jurisdiction, then complete Section 6.6 and Section 6.7.
- No** (Proceed to Section 6.6)

6.5.3 NON-FINANCIAL ENTITY (NFE)

If the Account Holder is a Non-Financial Entity (NFE), select a classification that matches your CRS status:

Other Active NFE (Proceed to Section 6.6)

Passive NFE (Proceed to Section 6.6 and also Complete 6.7)

Government Entity, International Organisation and Central Bank (Proceed to Section 6.6)

A corporation, the stock of which is regularly traded on an established securities market (or entity related to such a corporation):

Name of Securities Market:

OR

Name of Related Entity:

(Proceed to Section 6.6)

Other - describe the CRS Status

(Proceed to Section 6.6)

6.6 DECLARATIONS AND SIGNATURE

- I/we acknowledge and agree that information contained in this form and information regarding the account(s) set out above may be reported to the Australian Taxation Office (ATO) as required under the relevant laws and the ATO may provide the information to the country or countries in which I/we/Account Holder am/are/is resident for tax purposes.
- I/we undertake to advise the relevant trustee/responsible entity and/or their relevant agent of any change in circumstances which causes the information contained herein to become incorrect and to provide them with a suitably updated certification within 30 days of such change in circumstances.
- I/we certify that I am/we are the Account Holder (or I am/we are authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- I/we declare that all statements made on this form/in this declaration are, to the best of my/our knowledge and belief, true correct and complete.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name of Signer	<input type="text"/>	Name of Signer	<input type="text"/>
Capacity in which Signing (if not signed by account holder)	<input type="text"/>	Capacity in which Signing (if not signed by account holder)	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

6.7 CONTROLLING PERSONS (INCLUDES BENEFICIARY DETAILS UNDER SECTIONS 3.1.2 AND 4.2.2)

This section is considered an integral part of the self-certification to which it is associated. In case of uncertainty relating to the Controlling Persons/Beneficial Ownership, please seek professional tax or legal advice. If there is a change in Controlling Persons/Beneficial Ownership, please submit an updated form within 30 days.

6.7.1 CONTROLLING PERSON 1 AND/OR BENEFICIAL OWNER 1

First Name Family Name/Surname

Current Residential Address

City/Town State/Province Postcode Country (do not abbreviate)

Date of Birth (DD/MM/YYYY) City/Town of Birth Country of Birth

Please provide details for all jurisdictions in which the Controlling Person is resident for tax purposes (including Australia).

If no TIN is available, please select one of the reasons below against the appropriate country.

Reason A - The country where the Controlling Person is liable to pay tax does not issue TINs to its residents

Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number.
(If you select this reason below, please explain why you are unable to obtain a TIN.)

Reason C - No TIN is required. (Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

If **Reason B** has been selected above, please explain why you are unable to obtain a TIN?

I/we certify the tax residence countries provided represent all countries in which the Controlling Person is considered a tax resident.

If the Controlling Person has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

6.7.2 **CONTROLLING PERSON 2** AND/OR **BENEFICIAL OWNER 2**

First Name	Family Name/Surname		
<input type="text"/>	<input type="text"/>		
Current Residential Address			
<input type="text"/>			
City/Town	State/Province	Postcode	Country (do not abbreviate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	City/Town of Birth	Country of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please provide details for all jurisdictions in which the Controlling Person is resident for tax purposes (including Australia).

If no TIN is available, please select one of the reasons below against the appropriate country.

Reason A - The country where the Controlling Person is liable to pay tax does not issue TINs to its residents

Reason B - The Controlling Person is otherwise unable to obtain a TIN or equivalent number.
(If you select this reason below, please explain why you are unable to obtain a TIN.)

Reason C - No TIN is required. (Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.)

Country of Tax Residence 1	TIN 1/TFN 1	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	TIN 2/TFN 2 (if applicable)	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	TIN 3/TFN 3 (if applicable)	Reason if no TIN:
<input type="text"/>	<input type="text"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

If **Reason B** has been selected above, please explain why you are unable to obtain a TIN?

I/we certify the tax residence countries provided represent all countries in which the Controlling Person is considered a tax resident.

If the Controlling Person has any additional countries of tax residence, please attach a statement to this form containing the Country and TIN for each additional country.

If there are more than 2 Controlling Persons, please provide their Country of Tax Residence details on a separate page and attach to this Application Form.

7. POLITICALLY EXPOSED PERSON (PEP) – Refer to Section 13 for details

Are there any PEPs under this Application Form?

Yes

No

If yes, please provide the name of anyone that is named in this Application Form as a PEP (includes investors, company directors and beneficial owners) or is an immediate family member or close associate of a PEP.

Name of the PEP

Description of PEP's position

Name of the PEP

Description of PEP's position

If there are more than 2 PEPs please provide the details on a separate page and attach to this Application Form.

8. PRIVACY

I/we acknowledge, by completing this application form, that the collection of my/our personal information may be required by the 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, the FATCA and CRS regulations (including any related Australian law and guidance) and the Anti-Money Laundering and Counter Terrorism Financing Act 2006 and other relevant legislation.

The information provided in this Application Form (including personal information) is collected by One Registry Services and the Issuer to administer your investment and to comply with relevant laws. If you do not provide the information, your application may not be able to be processed and you will not receive the products and services described in the PDS. Your personal information will be managed in accordance with the Privacy Policies of One Registry Services and the Issuer and as described in the PDS.

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as described in the Privacy Statement in the PDS and this Application Form.

I/we wish to receive information regarding future investment opportunities.

You may change your election at any time by contacting the Issuer.

9. EMAIL COMMUNICATION CONSENT

The Issuer will make information relevant to the Fund, and your investment in it, available to you both on the Fund's website and through direct communication with you.

For reasons including speed, sustainability, privacy, efficiency and costs, the Issuer will provide all communications in respect of your investment in the Fund by email to the address you have provided, **unless** you elect to receive:

a hard copy of the Annual Report by post (free of charge) and all other communications by e-mail;

or

all communications that the Issuer must send you, by post.

You do not need to make an election above if you want to receive your communication by email as recommended by the Issuer. The Annual Report and other information will be available on the Fund's Website.

10. INVESTOR DECLARATION AND SIGNATURES

DECLARATION AND SIGNATURES

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

- I/we have read and understood the PDS to which this Application Form applies, including any supplemental information.
- I/we have received and accepted the offer to invest in Australia.
- The information provided in my/our Application Form is true, correct and complete in all respects.
- I/we confirm that the Issuer is authorised to treat this Application Form as an original of the Application Form which I have sent to the Issuer by an electronic transmission, either in my personal capacity or as an authorised representative of the investor.
- I/we also acknowledge that if an electronic copy or printout of the Application Form is introduced as evidence in any judicial proceeding, it will be admissible as any original Application Form record.
- I/we acknowledge I/we will be bound by the provisions of the Constitution governing the Fund as amended from time to time.
- I/we acknowledge that none of the Issuer, their related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Issuer or any of its related bodies corporate or associates.
- I/we acknowledge the Issuer reserves the right to reject any application or scale back an application in its absolute discretion.
- If applicable, after assessing my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund.
- If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this Application Form).
- I am/we are over 18 years of age and I/we are eligible to hold units/investment in the Fund.
- I/we have all requisite power and authority to execute and perform the obligations under the Constitution and this Application Form.
- I/we acknowledge that application monies will be held in a trust account until invested in the Fund or returned to me/us. Interest will not be paid to applicants in respect of their application monies regardless of whether their monies are returned.
- I/we have read the information on privacy and personal information contained in the PDS and this Application Form and consent to my/our personal information being used and disclosed as set out in the PDS and this Application Form and I/we confirm:
 - I/we have the legal capacity to understand and communicate any personal information required under this application;
 - I/we have read and understood the privacy disclosure as detailed in the PDS and in this Application Form;
 - I/we consent to my personal information being collected, held, used and disclosed in accordance with the privacy disclosure voluntarily;
 - I/we consent to the Issuer disclosing my personal information to any Issuer's service providers, in relation to any identification, verification and monitoring that the Issuer is required to undertake under any relevant regulations. This includes any information required by or provided to any third party document verification service provider.
- I/we indemnify the Issuer and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the **Indemnified Parties**) and to hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a **Loss**) due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to the Issuer, its agents or other parties in connection with my/our investment in the Fund. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Issuer and the issue and/or sale of the investment.
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the PDS or my/our investment.
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States or any other country for taxation purposes.
- I/we will promptly notify the Issuer of any change to the information I/we have previously provided to the Issuer, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us.
- I/we consent to the Issuer disclosing any information it has in compliance with its obligations under the U.S. Foreign Account Tax Compliance Act (**FATCA**) and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information (**CRS**) and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required.

- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement **(AML/CTF Law)**.
- I/we will provide the Issuer with all additional information and assistance that the Issuer may request in order for the Issuer to comply with the AML/CTF Law, FATCA and CRS.
- I/we acknowledge that the Issuer may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the Issuer is concerned that the request or transaction may breach any obligation of, or cause the Issuer to commit or participate in an offence (including under the AML/CTF Law, FATCA and CRS).

Signature 1*

Full Name

Date

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary

Company Seal (if applicable)

Signature 2*

Full Name

Date

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary

*Joint applicants must both sign;

*Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Section 3.1; or

*For trust/superannuation fund applications each individual trustee must sign.

Application Process:

Step 1 - Complete the Form (i.e. fill in all relevant sections of this form in blue or black pen)

Step 2 - Send your Application

Select your method of delivery below:

Option 1 - Email - Scan and email your application to realm@boardroomlimited.com.au (please include all supporting documents)

Option 2 - Post/Delivery - Please post the completed application form and all supporting documents to:
 Realm High Income Fund
 C/- Boardroom Unit Registry
 GPO Box 3993
 Sydney NSW 2001

Please ensure that you have transferred your application monies or enclose a cheque for payment.

11. FINANCIAL ADVISER DETAILS DECLARATIONS

Customer Identification Declaration (*Financial Adviser to complete*)

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

Please select the relevant option below:

- I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners; OR
- I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the Issuer or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act, I will forward them to the Issuer.

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

Financial Adviser Name (if a new adviser, please attach a copy of your employee/representative authority)

Business Name

Adviser Number (if applicable)

Street Address

Suburb

State

Postcode

Country

Postal Address

Suburb

State

Postcode

Country

Office Telephone

Mobile Number

Email

DEALER DETAILS

Dealer Name

Dealer Number (if applicable)

Contact Person

AFSL Number

ABN

Postal Address

Suburb

State

Postcode

Country

Office Telephone

Email

Dealer Stamp

Financial Product Advice Certification

I confirm that the information given above is correct.

I confirm that in relation to the applicant's investment in the Fund, I:

have provided the applicant with personal financial product advice;

have not provided the applicant with personal financial product advice;

have reviewed and considered the TMD in providing the financial product advice indicated above to the investor.

have not reviewed and considered the TMD in providing the financial product advice indicated above to the investor.

Note: If no Personal advice has been provided then the applicant is required to completed Section 1.4 of this Application to invest in this product. If the TMD has not been reviewed and considered then the applicant is currently not eligible to invest in this product.

Signature of Financial Adviser

Date

Financial Adviser Access to Investor Information (*Investor to complete*)

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

Please provide access to information and send copies of all transaction confirmations to my/our financial adviser.

You may change your election at any time by contacting the Issuer.

12. CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format - in other words, a copy of the original document that has been certified by an eligible certifier.

A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Certification date must be no more than 12-months-old.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

People who can certify documents or extracts are:

1. A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
2. A judge of a court.
3. A magistrate.
4. A chief executive officer of a Commonwealth court.
5. A registrar or deputy registrar of a court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the *Statutory Declaration Regulations 2018*).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*).
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 2018*).
13. A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the *Statutory Declaration Regulations 2018*).
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

13. KEY DEFINITIONS

BENEFICIAL OWNER

To comply with AML/CTF laws, we require you to disclose the Beneficial Owners. Beneficial Owner means an individual who ultimately owns or controls (directly or indirectly) the investor. 'Owns' means ownership (either directly or indirectly) of 25% or more of the investor. 'Controls' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies.

CONTROLLING PERSON(S)

'Controlling Persons' means with respect to an entity that is a legal person, natural person(s) who exercises control over an entity. This should be interpreted in a manner consistent with relevant Financial Action Task Force Recommendations on the terms "beneficial owner". Investors that are Passive NFFEs or NFEs under FATCA and CRS respectively should consult their own advisors regarding any Controlling Person(s) they may have.

In relation to FATCA and CRS, in the case of a trust, a controlling person means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust. The settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, must always be treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the trust.

In the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)

Global Intermediary Identification Number (**GIIN**) means a unique identification number that non-U.S. Financial Institutions receive from the IRS (i.e. IRS of the U.S) when they register as a financial institution for FATCA.

POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person ('PEP'). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.

TAXPAYER IDENTIFICATION NUMBER (TIN)

Taxpayer Identification Number (**TIN**) means the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number (**TFN**) in Australia or an Employer Identification Number (**EIN**) in the U.S.

For FATCA and CRS purposes, the following selected summaries of defined terms are provided to assist you with completing this form.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

FATCA means the U.S. Foreign Account Tax Compliance Act.

FATCA CLASSIFICATIONS	DEFINITIONS
Foreign Financial Institution (FFI)	FFI relates to the term "Financial Institution" and refers to Non-US Financial Institutions under the FATCA regime. Financial Institutions include a Depository Institution, a Custodial Institution, an Investment Entity, or Specified Insurance Company.
Participating FFI (PFFI)	A FFI that has agreed to comply with the requirements of a FFI agreement, including a FFI described in a Model 2 IGA that has agreed to comply with the requirements of a FFI agreement. The term PFFI also includes a QI branch of a U.S. financial institution, unless such branch is a Reporting Model 1 FFI.
Intergovernmental Agreement (IGA)	An agreement or arrangement between the U.S. or the Treasury Department and a foreign government or agencies to implement FATCA.
Local/Partner Jurisdiction FFI	A FFI located in a jurisdiction that has in effect an agreement with the United States to facilitate the implementation of FATCA. A list of all participating jurisdictions can be found at: http://www.treasury.gov/resource-center/tax-policy/treaties/Pages/FATCA-Archive.aspx

FATCA CLASSIFICATIONS	DEFINITIONS
Deemed-compliant FFI	<p>Trustee Documented Trust: A trust established under the laws of the local jurisdiction to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust.</p> <p>Sponsored Investment Vehicle: A Financial Institution described in the IGA having a sponsoring entity that complies with the requirements of the IGA.</p> <p>Registered-Deemed Compliant FFI: A FFI that registers with the IRS to declare its status. Includes certain local FFIs, non-reporting members of participating FFI groups, qualified collective investment vehicles, restricted funds, qualified credit card issuers and servicers, and sponsored investment entities and controlled foreign corporations.</p> <p>Other Deemed-Compliant Category: Deemed-compliant FFIs also include the following: Non-Registering Local Bank, FFI with Only Low Value Accounts, Sponsored Closely-Held Investment Vehicle, Limited Life Debt Investment Entity, and any other FFI treated as a deemed-compliant FFI under an applicable IGA (except for a registered deemed-compliant FFI).</p>
Non-participating FFI	A FFI other than a participating FFI, a deemed-compliant FFI, or an exempt beneficial owner.
Exempt Beneficial Owner (includes Self-managed Superannuation Fund)	<p>An entity in one of the following categories:</p> <p>Government Entity: The government of a jurisdiction, any political subdivision of a jurisdiction (including a state, province, county, or municipality), or any wholly owned agency or instrumentality of a jurisdiction or of any one or more of the foregoing.</p> <p>International Organisation: Any international organisation or wholly owned agency or instrumentality thereof. This category includes any intergovernmental organization (including a supranational organisation) (1) that is comprised primarily of governments; (2) that has in effect a headquarters or substantially similar agreement with the jurisdiction; and (3) the income of which does not inure to the benefit of private persons.</p> <p>Central Bank: An institution that is by law or government sanction the principal authority, other than the government of the jurisdiction itself, issuing instruments intended to circulate as currency. Such an institution may include an instrumentality that is separate from the government of the jurisdiction, whether or not owned in whole or in part by the jurisdiction.</p> <p>Exempt Retirement Fund: A retirement fund that meets one of the following categories under the applicable IGA: Treaty-Qualified Retirement Fund, Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Pension Fund of an Exempt Beneficial Owner, or Investment Entity Wholly Owned by Exempt Beneficial Owners.</p> <p>Investment Entity Wholly: An Entity that is a Financial Institution solely because it is an Investment Entity, provided that each direct holder of an Equity Interest in the Entity is an exempt beneficial owner, and each direct holder of a debt interest in such Entity is either a Depository Institution (with respect to a loan made to such Entity) or an exempt beneficial owner.</p>
Non-Financial Foreign Entity (NFFE)	For FATCA purpose, a NFFE refers to any non-U.S. organisation that is not a FFI. Also, a NFFE may be an Active NFFE or a Passive NFFE.
Active NFFE	<p>Active NFFEs by Reason of Income and Assets means Less than 50% of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income.</p> <p>Also, a NFFE means any entity that is not a financial institution, a NFFE may be an Active NFFE or a Passive NFFE.</p>
Passive NFFE	For purpose of completing this certification, a Passive NFFE means any NFFE that is not an Active NFFE .
Other – describe the FATCA status	Investor to provide as per their tax advice.

COMMON REPORTING STANDARDS (CRS)

CRS means OECD Common Reporting Standards for Automatic Exchange of Financial Account Information.

CRS CLASSIFICATIONS	DEFINITIONS
Government Entity, International Organisation and Central Bank	<p>Government Entity means the government of a jurisdiction, any political subdivision of a jurisdiction (including a state, province, county, or municipality), or any wholly owned agency or instrumentality of a jurisdiction or of any one or more of the foregoing.</p> <p>International Organisation means any international organisation or wholly owned agency or instrumentality thereof. This category includes any intergovernmental organisation (including a supranational organisation) (1) that is comprised primarily of governments; (2) that has in effect a headquarters or substantially similar agreement with the jurisdiction; and (3) the income of which does not inure to the benefit of private persons.</p> <p>Central Bank means an institution that is by law or government sanction the principal authority, other than the government of the jurisdiction itself, issuing instruments intended to circulate as currency. Such an institution may include an instrumentality that is separate from the government of the jurisdiction, whether or not owned in whole or in part by the jurisdiction.</p>
Financial Institution	Financial Institution means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.
Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle and Trustee Documented Trust)	<p>A “Non-Reporting Financial Institution” means any Financial Institution that’s:</p> <ul style="list-style-type: none"> • A Government Entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or Depository Institution; • A Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; a Pension Fund of a Government Entity, International Organisation or Central Bank; or a Qualified Credit Card Issuer; • An Exempt Collective Investment Vehicle; or • A Trustee Documented Trust: a trust whose trustee is a Reporting Financial Institution and reports all the necessary information about the trust’s Reportable Accounts; • Any other Entity that a country defines as a Non-Reporting Financial Institution in its domestic law.
Non-Financial Entity (NFE)	For CRS purposes, a NFE is an entity that is not a Financial Institution, a NFE may be an Active NFE or a Passive NFE.
Active NFE	Active NFEs by Reason of Income and Assets means less than 50% of the NFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income.
Passive NFE	Passive NFE means for the purpose of completing this certification, any NFE that is not an Active NFE.
Investment Entity	<p>The term “Investment Entity” includes two types of Entities:</p> <p>(a) an Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:</p> <ul style="list-style-type: none"> • Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; • Individual and collective portfolio management; or • Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons. • Such activities or operations do not include rendering non-binding investment advice to a customer. <p>(b) The second type of “Investment Entity” (“Investment Entity managed by another Financial Institution”) is any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets where the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity.</p>
Investment Entity managed by another Financial Institution	<p>An Entity is “managed by” another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the activities or operations described in Clause (a) above in the definition of ‘Investment Entity’.</p> <p>An Entity only manages another Entity if it has discretionary authority to manage the other Entity’s assets (either in whole or part). Where an Entity is managed by a mix of Financial Institutions, NFEs or individuals, the Entity is considered to be managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity, if any of the managing Entities is such another Entity.</p>
Other - describe the CRS Status	Investor to provide as per their tax advice.

14. DIRECT DEBIT SERVICES AGREEMENT

The following is your Direct Debit Service Agreement with Boardroom Pty Ltd ABN 14 003 209 836 (**Boardroom**) who acts as the unit registry provider of each fund. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place 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 Direct Debit Request form or additional application form (as applicable).

DEFINITIONS

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement 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 debit is made.

direct debit request means the Direct Debit Request in the application form or additional application form

us or **we** means **Boardroom**, (the Debit User) *you* have authorised by signing a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the *DDR* at which the *account* is maintained.

1. Debiting your account

- (a) By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- (b) *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request* or *we* will only arrange for funds to be debited from *your account* if *we* have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.
- (c) If the *debit day* falls on a day that is not a *banking day*, *we* may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

The Direct Debit will be made on receipt of your application. It takes three days for the request to be cleared. Upon confirmation that the funds are cleared we will apply for units in the Fund on your behalf.

2. Amendments by us

- (a) *We* may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen **(14) days** written notice.

3. Amendments by you

- (a) *You* may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14 days) notification by writing to:
 - I. Unit Registry
Boardroom Pty Ltd
GPO Box 3993
Sydney NSW 2001
 - or
 - II. by telephoning *us* on 1300 737 760 during business hours;
 - or
 - III. arranging it through your own financial institution.

4. Your obligations

- (a) It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.
- (b) If there are insufficient clear funds in *your account* to meet a *debit payment*:
 - I. *you* may be charged a fee and/or interest by *your financial institution*;
 - II. *you* may also incur fees or charges imposed or incurred by *us*; and
 - III. *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*.

- (c) You should check *your account* statement to verify that the amounts debited from *your account* are correct
- (d) If **Boardroom Pty Ltd** is liable to pay goods and services tax (“GST”) on a supply made in connection with this *agreement*, then you agree to pay **Boardroom Pty Ltd** on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

- (a) If you believe that there has been an error in debiting *your account*, you should notify us directly on **1300 737 760** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.
- (b) 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.
- (c) 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.

6. Accounts

You should check:

- I. 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.
- II. *your account* details which you have provided to us are correct by checking them against a recent *account statement*; and
- III. with *your financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

- (a) 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.
- (b) We will only disclose information that we have about you:
 - I. to the extent specifically required by law; or
 - II. for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

- (a) If you wish to notify us in writing about anything relating to this *agreement*, you should write to:
Boardroom Pty Ltd
GPO Box 3993
Sydney NSW 2001
- (b) We will notify you by sending a notice in the ordinary post to the address you have given us in the *Direct Debit Request*.
- (c) Any notice will be deemed to have been received on the third *banking* day after posting.

Request and Authority to debit the account named below to pay Boardroom Pty Ltd

Surname/Company

Given Name

or ABN

Account Name

Financial Institution

Branch

BSB

Account Number

Acknowledgement

By signing this direct debit request, you authorise and are providing Boardroom Pty Ltd, in respect to your investment amount, to debit the account as described above, any amount which it may debit or charge through the direct debit system in connection with your existing savings plan investment amount and any future amounts you instruct Boardroom to invest in the Realm High Income Fund. Also by signing, you certify that you have understood and agreed to the terms governing the direct debit arrangements between you and Boardroom Pty Ltd.

Signature

(If signing for a company, sign and print full name and capacity for signing, e.g. director)

Print Name

Capacity

Address

Suburb

State

Postcode

Country

Dated

Second Account Signature (if required)

(If signing for a company, sign and print full name and capacity for signing, e.g. director)

Print Name

Capacity

Address

Suburb

State

Postcode

Country

Dated

INVESTOR CONFIRMATIONS

I/we declare that all details provided in this application and previous applications, including beneficial ownership remain true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur.

I/we acknowledge that between the date of my/our first investment and the date of this additional investment, the Fund's circumstances and target market may have changed. I/we confirm I/we have read the Fund's latest PDS, all supplemental information and TMD for the Fund prior to making this additional investment and consider my/our objectives, financial situation and needs have not materially changed since my/our initial investment.

Signature 1*

Full Name

Date

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary

Company Seal (if applicable)

Signature 2*

Full Name

Date

Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary

*Joint applicants must both sign;

*Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company; or

*For trust/superannuation fund applications each individual trustee must sign.

ACCOUNTANT'S CERTIFICATE THAT CLIENT IS WHOLESALE UNDER SECTION 761G(7) OF THE CORPORATIONS ACT

The following section is for the use of Australian Applicants only who are investing **less than AUD \$500,000**.

I certify that:

Full Legal Name of Person (Individual or Company)

- has net assets of at least A\$2.5 million; or
- a gross income for each of the last 2 financial years of at least AUD \$250,000 per year.

Controlled companies/and or trusts

It is also confirmed for the purposes of the Corporations Act the above named person controls the following companies and trusts:

Full Name of Company/Trust

ABN/ACN/ARBN (if any)

Full Name of Company/Trust

ABN/ACN/ARBN (if any)

Full Name of Company/Trust

ABN/ACN/ARBN (if any)

I confirm that I am a member of one or more of the following professional bodies (tick appropriate box):

- CPA Australia ("CPA" or "FCPA"); or
- Institute of Chartered Accountants in Australia ("CA", "ACA" or "FCA"); or
- The National Institute of Accountants in Australia ("PNA", "FPNA", "FINA" or "MNIA"); or
- Other foreign eligible professional body for the purposes of the Corporations Act (please specify)

and I have at least 3 years practical experience as an accountant or auditor and I am giving this certificate in respect of my country of qualification, not being Australia

- I am subject to and in compliance with the professional body's continuing education requirements.
- I am aware that the Issuer, and any subsidiary of the Issuer may rely on this certificate for such period of time as is permitted by the Corporations Act.
- I confirm that I am independent of the above-named person and/or entities.

Signature of Accountant

Business Address

Name of Accountant

Name of Firm

Date

Guidance Notes of completing the Wholesale Client Certificate:

Certification date is no more than 2-years-old.

In determining the net assets of the person, the net assets of a company or trust controlled by the person may be included in the calculations.

In determining the gross income of the person, the gross income of a company or trust controlled by the person may be included in the calculations.

Refer section 708(8)(d) and section 761G(7). For this purpose "control" has the meaning given to it in section 50AA of the Corporations Act 2001 and, in general, means having the capacity to determine the outcome of decisions about the relevant company's or trust's financial and operating policies.

A list of approved foreign eligible professional bodies is listed by ASIC at:

<http://www.asic.gov.au/asic/asic.nsf/byheadline/Certificates+issued+by+a+qualified+accountant?openDocument>