



intity of the Fund	كال معانصا الربيب مستحد كالمعادلة الكاريط لمعاربة المالية		
abran') is the a	a distributed by 3G hiscock & Company Limited (3 ppointed Fund Manager.	5 AFSL 428289)('MSCTrustees,Trustee)is the Issue GH) ABN 51 097 263 628, AFSL 240679) in Australi	a. abrdn Oceania Pty Ltd
efore completi	ng this Application Form, please read the Product [Disclosure Statement (PDS) issued 11 October 20	23
	ng for a new account must also complete an Identi cing (AML/CTF) laws.	ification Form for the purposes of Anti-Money Lau	ndering and Counter-
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u by contactir	ng the Client Services team at clientservice@sghisc	ock.com.au or on 1800 636 888 or + 61 3 9612 464	6 if calling from outside
ustralia.			
ost initial and	additional investments applications to:	Fax additional investment applications to	o:
	urities Corporation Limited	Melbourne Securities Corporation Limited	
C/- Citi Unit Reg SPO Box 764	jistry Australia	C/- Citi Unit Registry Australia	
1elbourne VIC	3001	1300 101 688 (Australia Investors)	
		+61 1300 101 688 (International investors)	
making an init	ial investment in the Fund online, please follow the I	odgement instructions on our website, www.abrd	n.com/au.
lease note: Initi	al Application Forms and Identification Forms sent by	y fax will not be accepted.	
Please print in b	lue or black pen within the boxes in CAPITAL LETTE	RS. Mark appropriate boxes with an	
Part 1	Do you have an existing investment in the abran f	Funds?	
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No, go to	p Part 2 onwards. All clients applying for a new abro	dn account must also complete an Identification F o	orm for the purposes of
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Yes, the	existing investor number is		
— Please c			
	reate a new account number for this investment. (If you are a current investor in this Fund and no sei	lection is made, we will
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4.1. Investor 1/Trustee 1/Di	Testor I		
Surname			
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Fitle e.g. Mr, Mrs, Miss, Ms, Dr)			
Date of Birth (DD/MM/YY)			
our main country of reside Australia or New Zealand	ence if not		
ndustry			
āx File Number		or reason for exemption	
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Surname			
Given Name(s)			
Title			
(e.g. Mr, Mrs, Miss, Ms, Dr)			
Date of Birth (DD/MM/YY)			
Your main country of reside Australia or New Zealand	nce if not		
ndustry			
Tax File Number		or reason for exemption	
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Please answer both tax esidency² questions	Yes No	Are you a tax resident of Australia?	
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l.3. Organisation type (if app	
Organisation type	Self-Managed Super Fund Trust Company Partnership Other entity
lame of company/ artnership/trustee/ ther entity	
lame of superannuation und/trust	
rincipal business/ rust activity	
Country established, if not A lew Zealand	australia or
CN/ABN/ARBN	
ax File Number	
I.4. Organisation's tax status	e placeification
Organisation's tax status	
	: (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or s) are not required to complete this section and can proceed to Part 5 .
aws relating to Australia's in tandards as amended Cor Cross one of the Tax Status b	n in accordance with the (1) United States Foreign Account Tax Compliance Act as amended (FATCA); and (2) in plementation of the OECD Standard for Automatic Exchange of Information in Tax Matters / Common Reporting Immon Reporting Standard (CRS). **Pookes below** (if the Company / Trust / Partnership is a Financial Institution, please provide all the requested
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A Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)
Provide the Company's / Trust's / Partnership's Global Intermediary Identification Number (GIIN),if applicable
If the Company / Trust / Partnership is a Financial Institution but does not have a GIIN, provide its FATCA status (select ONE of the following statuses)
Deemed Compliant Financial Institution
Excepted Financial Institution
Exempt Beneficial Owner
Non-reporting IGA Financial Institution (if the Trust is a Trustee-Documented Trust, provide the Trustee' GIIN)
Nonparticipating Financial Institution
US Financial Institution
Other (describe the Company's/Trust's/Partnership's FATCA status in the box provided)
Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction ³ and managed Yes Nother Financial Institution?
answer is No, Please go to Part 5. Financial Institution is a Company and answers 'Yes', proceed to Part 4.4.2 (Foreign Beneficial Owners).
Financial Institution is a Trust or Partnership and answers 'Yes', proceed to Part 4.4.3 (Foreign Controlling Persons).
(Public listed companies or majority owned subsidiaries of Australian listed companies that are not Financial Institutions as described above or a company that is an Australian Registered Charity).
(Public listed companies or majority owned subsidiaries of Australian listed companies that are not Financial Institutions as
(Public listed companies or majority owned subsidiaries of Australian listed companies that are not Financial Institutions as described above or a company that is an Australian Registered Charity). If you cross this box, please proceed to Part 5. A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank
(Public listed companies or majority owned subsidiaries of Australian listed companies that are not Financial Institutions as described above or a company that is an Australian Registered Charity). If you cross this box, please proceed to Part 5. A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank If you cross this box, please proceed to Part 5. Australian Registered Charity or Deceased Estate
(Public listed companies or majority owned subsidiaries of Australian listed companies that are not Financial Institutions as described above or a company that is an Australian Registered Charity). If you cross this box, please proceed to Part 5. A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank If you cross this box, please proceed to Part 5. Australian Registered Charity or Deceased Estate If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to Part 5. An Active Non-Financial Entity (NFE) ⁴
(Public listed companies or majority owned subsidiaries of Australian listed companies that are not Financial Institutions as described above or a company that is an Australian Registered Charity). If you cross this box, please proceed to Part 5. A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank If you cross this box, please proceed to Part 5. Australian Registered Charity or Deceased Estate If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to Part 5. An Active Non-Financial Entity (NFE) ⁴ If the Company / Partnership is an Active NFE, please proceed to Part 4.4.4 (Country of Tax Residency).
described above or a company that is an Australian Registered Charity). If you cross this box, please proceed to Part 5. A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank If you cross this box, please proceed to Part 5. Australian Registered Charity or Deceased Estate If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to Part 5. An Active Non-Financial Entity (NFE) ⁴ If the Company / Partnership is an Active NFE, please proceed to Part 4.4.4 (Country of Tax Residency). A Charity or an Active Non-Financial Entity (NFE) ⁵ If the Company is a Charity or any Active NFE, please proceed to Part 4.4.4 (Country of Tax Residency).

Are any of the company's Beneficial Owners tax reside	nts ⁷ of countries other than Australia	? Yes No
f Yes, please provide the details of these individuals bel	ow and complete a separate Individ	ual Identification Form for each Beneficial Owner.
Full given names (s)	Surname	Role (such as Director or Senior Managing Official)
If there are more Beneficial Owners, provide	details on a separate sheet and cro	oss this box.
lease proceed to Part 4.4.4 (Country of Tax Residency)	
4.4.3 Foreign Controlling Persons (Individuals)		
Partnerships - Are any of the Partnership's Controlling F	Persons ⁸ tax residents ⁹ of countries	Yes No
other than Australia Yes, please provide the details of these individuals belo	ow and complete a separate Individu	
Trusts - Are any of the Trusts Controlling Persons 10 tax r	·	
Australia		Yes No
the Trustee is a company, are any of this company's Countries other than Australia	Controlling Persons tax residents of	Yes No
Yes to either of the two questions above, please provious form for each Controlling Person.	de the details of these individuals bel	ow and complete a separate Individual Identification
Full given names (s)	Surname	Role ¹²
If there are more controlling persons, provide	details on a separate sheet and tick	this box.
If there are more controlling persons, provide	'	
ax Residency rules differ by country. Whether an indi nount of time a person spends in a country, the locat	ividual is tax resident of a particular	country is often (but not always) based on the
ax Residency rules differ by country. Whether an indi nount of time a person spends in a country, the locat citizenship or residency.	ividual is tax resident of a particular ion of a person's residence or place r indirectly exercises control over th	country is often (but not always) based on the of work. For the US, tax residency can be as a resul
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4.4.4 Country of Tax Residency		
Is the Company / Trust/Partnership ¹³ / Association ¹⁴ / Region a country other than Australia?	stered Co-operative ¹⁵ a tax resider	nt Yes No
If Yes, please provide the Company's / Trust's / Partners identification number (TIN) or equivalent below. If the Commore than one other country, please list all relevant country	npany / Trust / Partnership / Associ	
If No, please proceed to Part 5. A TIN is the number assigned by each country for the p or an Employer Identification Number in the US. If a TIN is no a TIN.	urposes of administering tax laws.	
GTIV.		
Country	TIN	If no TIN, list reason A, B or C
1.		
2.		
3.		
If there are more countries provide details on a se	an grate sheet and grass this have	
If there are more countries, provide details on a se		
Reason A The country of tax residency does not issue TI	Ns to tax residents	
Reason B You have not been issued with a TIN Reason C The country of tax residency does not require	the TINI to be disclosed	

Part 5	Investor contact details (address must be	,	
C/- (if applicable)			
Street address			
Suburb		State	
Postcode		Country	
Phone number (AH)		Phone number (BH)	
Phone number (Mob)		Fax	
Email – Investor 1 ¹⁶			
Email – Investor 2 ¹⁷			
Mailing address for ALL corre	espondence (please cross 🔀 one box or	nly)	
As above Finar	ncial adviser (complete details in Part 9)	Other (complete c	details below)
Name			
C/- (if applicable)			
Postal address			
Suburb		State	
Postcode		Country	
Email address ¹⁸			
Part 6	Making an investment - see sections 2 and 8	3 of the PDS and section 1 o	of the AIB for more details.
New Investment (Minir	num initial investment is \$20,000) A	dditional investment (Mini	imum additional investment is \$5,000)
Amount (all investments must Australian dollars)	be made in \$		
Please arrange for payment	to be made by Electronic Funds Transfer		
Account name: abrdn Applico	ations Trust Account. BSB: 242-000 Account	: number: 218500269	
Part 7	1 of the AIB for more details. By providing b	oank details in this section y	einvested. See section 2 of the PDS and section you authorise abrdn to retain and use these butions, redemptions payments, and Fund
Automatic reinvestme	nt Payment by direct deposit into the	he following Australian ba	ink account
Name of bank			
Account name			
BSB		Account number	

	(if applicable).	
As per bank ac	ccount details provided in Part 7	
Name of bank		
Account name		
3SB		Account number
Part 9	Appoint a financial adviser (optional)	
	wish to appoint a financial adviser. By com norise the financial adviser to make enquir	pleting this section you consent to give your financial adviser accessies on your behalf for the Fund.
dviser name		, and the second se
FSL number		
ealer Group		
dviser address		
uburb		State
ostcode		Country
hone number (AH)		Phone number (BH)
hone number (Mob)		Fax
mail ¹⁹		
onfirmations, statements a eed to send you letters in th		ires (such as any new PDS for the Fund). From time to time we may st

Part 10

Appoint a representative (optional) - see section 1 of the AIB for more details.

Complete this section if you wish to appoint a representative (such as a relative, solicitor or financial adviser).

By completing this section you consent to give your appointed representative authority to do everything with the investment that you can do, except delegate authority to another third party, change your bank account details or change your personal details (including your name or date of birth).

I/We have read, and agree to, the conditions applying to the appointment of a representative in section 1 of the AIB.

In accordance with client identification requirements under the AML/CTF laws, we are required to collect certain information about each investor and any person(s) you appoint as a representative.

If you appoint any person(s) as a representative you will need to arrange for them to complete an Identification Form and provide the necessary supporting documentation to verify their identity.

By completing the relevant sections on appointed representatives on the Application Form you release, discharge and agree to indemnify abrdn, MSC Trustee, SGH or Citigroup Pty Ltd from and against any and all losses, liabilities, actions, proceedings, account, claims and demands arising from abrdn, MSC Trustee, SGH or Citigroup Pty Ltd acting on the instructions of your appointed representative.

You also agree that any instructions of your appointed representative to abrdn, MSC Trustee, SGH or Citigroup Pty Ltd, which are followed by abrdn, MSC Trustee, SGH or Citigroup Pty Ltd, shall be a complete satisfaction of abrdn's or Citigroup Pty Ltd's obligations, notwithstanding any fact or circumstances, including that the instructions were made without your knowledge or authority. You agree that if the appointed representative's instructions are followed by abrdn, MSC Trustee, SGH or Citigroup Pty Ltd you and any person claiming through or under you shall have no claim against abrdn, MSC Trustee, SGH or Citigroup Pty Ltd in relation to those instructions.

Appointed representative details - If you have completed Part 9 and your financial adviser does not require transaction authority, you are not required to complete this section and can proceed to Part 11

Surname		
Given name(s)		
Title (e.g. Mr, Mrs, Miss, Ms, Dr)		
Postal address		
Suburb	State	
Postcode	Country	
Phone number (AH)	Phone number (BH)	
Phone number (Mob)	Fax	
Email		
Signature of		
appointed > representative	Date (DD/MM/YY)	
Signature of applicant(s)	Date (DD/MM/YY)	
	Date (DD/MM/YY)	

Part **11**

Privacy - see section 5 of the AIB for more details.

Your personal information provided on this Application Form is required to process your investment, administer your account, and for compliance with relevant laws including AML/CTF and tax laws (including FATCA and CRS).

The collection of taxation information (including tax residency and TFN/ABN) is authorised by Australian tax laws. Failure to quote a TFN is not an offence. If not quoted, tax will be deducted from your distributions to meet ATO requirements. Collection of TFN information is authorised and its use and disclosure are strictly regulated by tax and privacy laws.

Each joint applicant must quote a TFN. We may request further information from you from time to time to satisfy our tax and other regulatory obligations.

	NIO	o, I do not wish to receive education and marketing information about the Fund or other funds managed by abrd	n
	110	, rad not wish to receive education and marketing information about the raina of other fahas managea by abra	(l

Part **12**

Declaration and signatures

I/we being the investor(s):

- represent and warrant that I/we have the power and are duly authorised to invest in and hold units in the Fund;
- represent and warrant that I/we have read and understood the current PDS and AIB prior to completing this Application Form;
- agree to be bound by and comply with the Fund's Constitution (as amended) and of the terms, declaration, conditions and
 acknowledgements in the PDS, AIB and this application;
- if receiving the PDS and AIB from a website or other electronic means, declare to have received all pages of the PDS and AIB before making this application for units in the Fund;
- acknowledge that neither abrdn, MSC Trustee, Citigroup Pty Ltd or SGH nor their employees or associates guarantees or has made any
 representation as to the future performance of the Fund, the maintenance or repayment of capital, any particular future rate of return or
 that the investment objective will be achieved;
- acknowledge that I/we are not in the United States or a 'US Person' (as defined in Regulation S under the US Securities Act 1933, as amended)
 ('US Person'), or acting for the account or benefit of a US Person. I/we understand that units in the Fund may not be offered to a US Person
 and agree that my/our units may not be sold or transferred to a US Person (directly or indirectly) without abrdn's prior consent.
 Notwithstanding the foregoing, if my/our investment becomes a US account, as reasonably determined by abrdn, MSC Trustee, Citigroup
 Pty Ltd or SGH for the purposes of the FATCA, I/we will promptly notify abrdn, MSC Trustee, Citigroup Pty Ltd or SGH and provide on request
 with any information which is necessary or desirable for abrdn, MSC Trustee, Citigroup Pty Ltd or SGH to comply with any obligations it may
 have in connection with FATCA;
- agree not to make a copy of this document available to, or distribute a copy of such documents to, or for the account or benefit of, any US Person or any person in the United States or in any other place in which, or to any other person to whom, it would be unlawful to do so;
- acknowledge that I/we received and accepted the offer in the current PDS in Australia (except with abrdn's prior agreement, in which case I/we represent and warrant that I/we may invest in the Fund without the offer contained in the current PDS being registered with, or otherwise regulated by, the relevant regulator of that jurisdiction). I/we acknowledge and agree that if my/our country of residence changes I/we may be prevented from making further investments in the Fund.
- agree to provide further information or personal details to abrdn, MSC Trustee, Citigroup Pty Ltd or SGH as requested to meet obligations
 under AML/CTF laws and taxation laws (including FATCA and CRS) and other regulatory requirements and acknowledge that the
 processing of my application may be delayed and will be processed at the unit price applicable on the Business Day on which all required
 information has been provided;
- acknowledge that I/we have read the privacy disclosure. I/we consent to (and agree that I/we have obtained all necessary consents and
 waivers from all controlling persons if any) personal information provided to abrdn, Citigroup Pty Ltd, MSC Trustee or SGH being collected,
 used, processed, stored, transferred and disclosed to process my/our application, administer my/our investment and comply with any
 relevant laws (including FATCA and/or CRS) in accordance with abrdn's privacy policy. I/we acknowledge and agree that abrdn, MSC
 Trustee or SGH may be required to disclose my/our personal information (and personal information of any controlling person) and financial
 information about my/our investment to service providers of the Fund
 - (including Citigroup Pty Ltd and their related bodies corporate) and to the relevant regulatory authorities, including for compliance with AML/CTF or associated regulation and tax related requirements (including FATCA and CRS) for reporting tax residents of other countries and/or otherwise causing the Fund to comply with FATCA and/or CRS;
- acknowledge that by providing an email address I/we agree that abrdn, MSC Trustee, Citigroup Pty Ltd or SGH may use this address to
 provide me/us with information about my/our investment (such as investment reports, statements and other material). While abrdn, MSC
 Trustee, Citigroup Pty Ltdor SGH will take reasonable steps to protect information that I/we provide, abrdn, MSC Trustee, Citigroup Pty Ltd or
 SGH cannot guarantee the security of certain types of information provided by me/us (for example, information provided over the internet
 or by email);
- declare that all details provided in this Application Form and any relevant Identification Form and Target Market Questionnaire are true and correct in every respect and may and will be relied upon by abrdn, MSC Trustee, Citigroup Pty Ltd or SGH;
- acknowledge that if I have appointed any person(s) as a representative and/or under Power of Attorney I will need to arrange for them to
 complete an Identification Form and provide the necessary supporting documentation to enable abrdn, MSC Trustee, Citigroup Pty Ltd or
 SGH to verify their identity. Where a Power of Attorney is appointed, I will need to provide an originally certified copy of the Power of Attorney
 for that person;
- are over 18 years of age and not commonly known by other names;
- declare that any monies used to invest in the Fund are not derived from or related to any criminal activities;
- declare that any proceeds of my/our investment will not be used in relation to any criminal activities; and
- declare that any documents or information whatsoever used for verification purposes in support of my application are complete and correct.
- agree that if there is a change to any of the information provided in this Application Form, Target Market Questionnaire or other documents submitted for AML/CTF, FATCA, CRS or other purposes, I/we will notify abrdn, MSC Trustee or SGH immediately and within 30 days will submit a new Application Form including the tax certification in Part 4.4 (or equivalent), and such other documents as requested by abrdn, MSC Trustee, Citigroup Pty Ltd or SGH.

Please sign and date the Application Form:

All parties must sign joint applications.

Corporations may sign by one of the following methods

- By signatures of two directors or one director and the company secretary;
- For companies where a sole director is permitted, by signature of the sole director; or
- Under Power of Attorney. If signed under an attorney, the attorney confirms that no notice of revocation of that power has been received. An originally certified copy of the Power of Attorney must be lodged with this application. Persons appointed under a Power of Attorney will be required to complete an Identification Form.

Signature	
Name	
Director ²⁰	Sole director ²¹
Date (DD/MM/YY)	
Signature	
Name	
Director ²²	Company Secretary ²³
Date (DD/MM/YY)	

Important notes:

- Receipt of investments: Applications for investments received and accepted by 2pm (Sydney time) (subject to the receipt of payment by 9am the following Business Day) on any Business Day will be processed at that Business Day's application price. Applications received and accepted after 2pm (Sydney time) on any Business Day will be processed using the application price applicable on the next Business Day.
- $\bullet \quad \text{In relation to trust investors, only the trustee has rights and obligations under the Fund.}\\$
- · Joint applicants will be assumed as joint tenants (unless otherwise notified) and both applicants must sign the form.
- If signed under a Power of Attorney, the attorney hereby certifies that he or she has not received notice of revocation of that power.

 $^{20,21,22,23} Only\ companies\ and\ corporate\ trustees\ must\ cross\ here.\ Individuals\ are\ not\ required\ to\ cross\ here.$