

# Investment Application Form

FUNDING.COM.AU PTY LTD

**Address**  
Ground Level, Gateway Building  
50 Appel Street  
Surfers Paradise QLD 4217

**Contact us**  
1300 44 33 19  
invest@funding.com.au  
funding.com.au

## Funding Income Trust

Please complete the below information to apply for units in The Funding Income Trust.

Withholding Tax will be deducted when an investor does not provide a TFN or Australian Business number.

(Please use BLOCK letters)

## Investment

Initial investment

Additional investment

**Referrer Name**

\*for the Refer a Friend program, please specify the current investor that referred you.

## Investor Details

Please complete the below section for Individual/Joint Applicants (Please use BLOCK letters).

### Investor 1

First Name

Last Name

Tax File Number/Exemption

Date of Birth

d d

/

m m

/

y y

### Investor 2

First Name

Last Name

Tax File Number/Exemption

Date of Birth

d d

/

m m

/

y y

**For joint holdings, please indicate whether**

If no selection is made 'Both applicants to sign' will be assumed

Both applicants to sign

Either applicant to sign

## Company/Trust/Superannuation Fund

Please complete the below section for either a Company or Trust. Please also complete individual details above for directors and individual trustees.

Name

Contact person

Title

ACN/ABN

Investor Contact Details

Investor 1 - Address

Po Box/Street Address - Line 1

Po Box/Street Address - Line 2

City

State

Postcode

Investor 1 - Contact information

Home Number

Business Number

Mobile

Email

Investor 2 - Address

Po Box/Street Address - Line 1

Po Box/Street Address - Line 2

City

State

Postcode

Investor 2 - Contact information

Home Number

Business Number

Mobile

Email

## Investment Details

The **minimum** initial investment is **\$50,000.00 (AUD)**

## Investment Options

Please tick investment option

6-months

12-months

I wish to invest

\$

## In the following manner

Please tick method of payment

Cheque

Electronic transfer

### Paying by cheque

Please Make Cheques payable in Australian dollars to:

**"Sandhurst Trustees Limited Acf Funding Capital Pty Ltd Atf  
Funding Income Trust – Applications"**

Mail to:

**Funding.com.au Pty Ltd  
PO Box 5735  
Gold Coast MC, QLD 9726**

### Electronic transfer

Electronic Transfer or bank deposit to:

**Account name:** Sandhurst Trustees Limited Acf Funding  
Capital Pty Ltd Atf Funding Income Trust  
– Applications

**Bank:** National Australia Bank (NAB)

**BSB:** 083-001

**Account:** 78-618-6600

**Reference:** Please use the investing entity name.

Please identify yourself by inserting the investor(s) name in the narrative when you make the transfer and also notify us by email or phone.

## Have you just paid us by electronic transfer?

If so, please record your receipt and transfer details below so we can promptly track the funds and credit the deposit to your account.

Financial Institution Name

Receipt Number

Date of Transfer

d d / m m / y y

## Distribution and withdrawal account details

Please supply account details for income distributions and withdrawals. The account must be in the **Investor's name**.

Financial Institution Name

Branch

Account Name

BSB

Account Number

## Distribution preferences

Please indicate below how you would like us to treat your monthly income.

☐ Withdraw

☐ Reinvest

## Identification

Please tick if applicable

Additional identification for Trust /Self Managed Super Fund: Copy of an up-to-date extract of the trust deed is required. The extract should include pages which show the trust name; show the trustee's name(s) and; show the trustee's signature(s) with witness signatures.

### Investor 1

Please indicate which ID Document you are referencing.

☐ Passport

☐ Driver's Licence

Document Number

Expiration Date

State

Country

### Investor 2

Please indicate which ID Document you are referencing.

☐ Passport

☐ Driver's Licence

Document Number

Expiration Date

State

Country

### Residency Status

Are you an Australian resident?

☐ Yes

☐ No

### Residency Status

Are you an Australian resident?

☐ Yes

☐ No

## Investor type

Please specify the type of investor (if known).

Wholesale Investor as defined by section 761G (7) of the Corporations Act.

Sophisticated Investor within the meaning of the Corporations Act section 761GA (7).

## Declaration

I/We declare that:

All details provided by me/us in this application are true and correct.

I/We have received and read a copy of the Information Memorandum (attached hereto) and agree to the offer contained in it and to be bound by its Terms.

I/We acknowledge that investments with Funding.com.au are subject to investment risk, including possible delays in repayments and loss of income or principal invested.

I/We have noted the withdrawal (redemption) provisions in the Information Memorandum.

I/We further acknowledge that Funding.com.au or their members, directors, employees, consultants, appointed investment managers (if any), advisers or agents do not guarantee the repayment of capital invested, the payment of income, the performance or an investment generally.

**Joint Applicants must both sign.**

Applications under a Power of Attorney must be accompanied by a certified copy of the Power.

### Investor 1

Signature

Print Name

Date

### Investor 2

Signature

Print Name

Date

### IMPORTANT

Funding.com.au may in its absolute discretion refuse any applications in whole or part and need not give reasons. The collection of your TFN is authorised by Australian Law. You do not have to quote your TFN however if you choose not to tax will be withheld at the highest marginal tax rate.

## Certificate by a Qualified Accountant

For purposes of Chapter 7 of the Corporations Act 2001.

Please arrange for your accountant to complete if you are applying as a wholesale client.

**To**

Funding.com.au Pty Ltd

**By email**

invest@funding.com.au

**Investor's Name**

**Investor's Address**

I certify that the person or entity whose details are set out above:

has net assets of at least \$2.5 million (AUD); or

has gross income for each of the last 2 financial years of at least \$250,000 (AUD).

**I belong to (Professional Body Name)**

**Membership Number**

I comply with this body's continuing professional education requirements.

I hereby certify that I am a Qualified Accountant as defined in section 88B of the Corporations Act 2001.

**Print Name**

**Signature**

**Date**

## Accountant Contact Details

**Organisation Name**

**Business Number**

**Fax**

**Email**

**Po Box/Street Address - Line 1**

**Po Box/Street Address - Line 2**

**City**

**State**

**Postcode**



[funding.com.au](https://funding.com.au)