

What is the purpose of your investment?

What is the source of funds (*sale of a house, sale of business, etc*)

Disclosure: Are you, or are you immediately related to, a senior member of foreign government, judiciary, military or ambassador? Yes No

Are you a citizen or permanent resident of the United States?

TIN:

TIN:

Please advise how you wish to receive notifications and publications (Product Disclosure Statement, Annual Reports and quarterly Newsletters) Via email (Ensure your email address is completed above) Hard copy posted out

2. Tax Information

Resident Withholding Tax Rate (RWT) 10.5% 17.5% 30% 33% Exempt 28% *Company only*
\$0 - \$14,000 \$14,000 - \$48,000 \$48,000 - \$70,000 Over \$70,000

Note: The taxpayer for joint investments is the investor with the highest tax rate.

If the taxpayer isn't a Hong Kong resident for tax purposes please provide overseas address (*if different to home address*): _____

Non Residents 10% 15%

3. Investor Instructions

I/We wish to invest in the InvestFund.net for non-discretionary trading strategy (No. Fund) Investment Fund and agree to be bound by the provisions in the Investment Management Agreement (IMA).

Lump Sum \$

I/We wish to invest a lump sum of:

Please transfer the sum of: \$ to/from (No. Fund) Investment Fund

Regular Instalment of management fee in % (30% of net profit) %

I/We wish to make regular payouts of: a fortnightly / monthly basis (*circle one*).

I understand that an automatic payment authority will be sent to me/us on receipt of my/our signed application form.

1. Funds can be directed credited to our OCBC bank account number (upon request).
2. For new clients please attach certified copies of appropriate ID and verification of address for all parties - refer to 'Identification and Address Verification' below.
3. Unless we hold written authority from all parties authorizing a specific person(s) to act on behalf of the investor, we shall require all parties to sign this application and any subsequent withdrawal/variation requests.
4. If signed by attorney, please see page 4 for Certificate of Non-Revocation of Power of Attorney.

4. Identification and Address Verification

The Anti-Money Laundering (AML) and Countering Financing of Terrorism Act 2009 (CFT) requires the identity of new investors to be verified by providing identification verification and address verification when investing in either of the Funds.

The original identification verification documents can be brought to our offices or can be certified as a true and correct copy of the original by a 'trusted referee', as referred to below.

One of the following:

Or, your Driver Licence plus one of the following:

Or, one of the following forms of photo ID:

The passport	A credit card, debit card issued by a registered bank (name and signature must be on the card)	Driver Licence
A certificate of identity	Bank account statement issued by a registered bank addressed to you from the last 12 months	18+ card (Hospitality Association)
A driving licence	A document issued by a the government agency containing your name and signature	A valid international driving permit
Emergency travel document	ID statement or other government agency statement addressed to you from the last 12 months	Plus, one of the following: full birth certificate
Overseas passport		Certificate of citizenship
Foreign-issued national identity document		Citizenship certificate issued by a foreign government
A refugee travel document		Birth certificate issued by a foreign government

Additional Address Verification Documentation

You must supply one form of address verification documentation from the following list which cannot be more than 3 months old:

- Utility bill
- Credit card/bank statements from an active account
- IRD tax assessment notice (Your country)
- Letter from your employer on the employee's name
- Government valuation of property (evidencing ownership) letterhead (subject to separate verification process)
- Tenancy Agreement for a home address

Trusted Referee

If you are supplying certified identification documents, the trusted referee must be at least 16 years of age and one of the following:

- Your appointed representative by a notarized POA
- A certified documents issued by the authority of guardianship

5. Privacy Act 1993

"I consent to the personal information in this application form and any further personal information which I may provide to you at any time being used by the Trustee or the Manager or any of its related organizations for the purpose of introducing other services or products to me or to any child for whom I am making this declaration. The Manager and/or the Trustee may at any time disclose information relating to my investments or to the investments of any child for whom I am making this declaration to my financial adviser and/or any other financial advisory firm shown on the application form."

6. Income Payments

My/Our income from the investments is to be: *(Please tick box)*

Reinvested in further funds free of charge

Transferred to my bank account at

Account Number:

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Bank

Branch

Account

Suffix

Name of the bank:

Bank's address SWIFT/ABA/IBAN: _____

Account Name: *(please attach a deposit slip as well)*

I have read and retained a copy of the Disclosure Statement and IMA for (No. Fund) Investment Fund. I agree to the terms outlined above in relation to the Privacy Act, the supply of personal information, email use and the AML/CFT. I understand that the value of my investment is liable to fluctuations and may rise and fall from time to time.

I/We appoint a fund manager for (No. Fund) Investment Fund formation and trading as my/our agent for the purpose of making this investment and any subsequent investment and authorize as my/our agent to deduct a management fees, and act on the direction of (No. Fund) Investment Fund.

I understand that neither the Manager nor any other person guarantees the performance of (No. Fund) Investment Fund or the repayment of capital or any particular rate of return from the (No. Fund) Investment Fund.

Investments by Children

I confirm that the funds invested pursuant to this application are the funds of the child in whose name they are invested, and I acknowledge that I am responsible for any gift duty which may arise as a result of any gift from myself or any other person to the child concerned.

Signatures of applicant (s)

<p>Signature of Individual/Joint Investor #1 <i>(principal account holder)</i></p> <p>Date: / /</p>	<p>Signature of Individual/Joint Investor #2 <i>(if applicable)</i></p> <p>Date: / /</p>
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For Office Use (tick each box or enter appropriate number after completion of each task)

Date Received	Date Banked	Reg#	Fund reg#	Country	Signature of manager	Signature of RO
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7. Certificate of Non-Revocation of Power of Attorney

8. Trusts Only

Complete only if this application is being signed by attorney

I, _____ of
(address and occupation of attorney)

HEREBY CERTIFY THAT:

1. By power of attorney dated the

_____ day of _____

(Name and occupation of person for whom attorney is signing)

(‘the donor’) appointed me his/her/its attorney on the terms and conditions set out in that power of attorney.

2. I have executed the application for units printed on the face of this form as Attorney under that power of attorney and pursuant to the power thereby conferred upon me.

3. At the date of this certificate I have not received any notice or information of the revocation of that power of attorney by the death (or winding up) of the donor or otherwise.

Signed at _____

Date: / /

Signature of Attorney _____

Please provide a certified copy of Power of Attorney plus certified copies of appropriate ID and verification of address for attorney - refer to *‘Identification and Address Verification’* on page 2.

Briefly describe source of funds:



Email copy to info@investfund.net

Name of Trust/Estate/Company/Partnership/Club/
Society/ Charity:

Trading Name:

Full Name/s of Trustees/Executor/Directors/Partners/Authorised Signatories:

Please provide certified copies of appropriate ID and verification of address for all parties - refer to *‘Identification and Address Verification’* on page 2.

Full Name/s of Shareholder/s owing more than 25% of Investing Company:

Date of Trust Deed (if applicable)

Date: / / (copy required)

Certified copy of Trust Deed (including amendments) Y / N

Certified copy of Probate / Will Y / N

Company Extract Y / N

Certified copy of Partnership Deed Y / N

Certified copy of Construction Y / N

I/We confirm the above trust details as recorded herein are correct and that the Trust’s power to invest is recorded in the Deed of Trust.

Signature: _____
(of one trustee)

Is this a discretionary Trust? Y / N
If no, complete below: FINAL BENEFICIARIES

Full Name	Date of Birth
_____	/ /
_____	/ /
_____	/ /