

Application Form

Max Alpha Opportunities Fund (the **Fund**)

Office Use Only

Investment Class:

Date:

Investment Number:

Instructions to complete this Application Form

This application form is to be completed by clients who wish to apply for Units in the Max Alpha Opportunities Fund. Please read this application form and Max Alpha Opportunities Fund Information Memorandum (**IM**) in full before signing.

Step 1 – Fill in your details

Please adhere to one of the following, based on your investor type and complete the relevant sections in the application form:

- **Individuals/Joint:** complete Section 1, Section 2 – Part A
- **Companies:** complete Section 1, Section 2 – Part B
- **Trust/Superannuation funds:**
 - With individual trustee – complete Section 1, Section 2 – Part C
 - With corporate trustee – complete Section 1, Section 2 – Part B & C

If you are an association, co-operation, government body or other type of entity not listed above, please contact Max Alpha Fund Management Pty Ltd (**Max Alpha**).

Step 2 – Tax (CRS & FATCA) Disclosure

Please also complete Section 3 of this application form, regarding FATCA and CRS disclosure to tell us your tax status.

- If you are investing individually or jointly, please complete Section 3 Part A.
- If you are investing with an entity (company, trust, superannuation fund or any other entities), please complete Section 3 Part B.

Step 3 – Provide ID Documents

Please provide your identification documents for identity verification purpose. All documents received **must be certified within last 3 months** from the application date. Refer to Section 4: AML / CTF Verification Checklist for what documents to provide.

Step 4 – Sign

Read through the declarations and sign in Section 5: Declaration and Sign.

Legal Notices:

This application form relates to the subscription of Class A units (**Units**) in the Fund. The IM and the trust deed for the Fund contains important information about investing in the Fund and you should read it before applying for Units.

Max Alpha Asset Management Pty Ltd ACN 143 550 538 (**Trustee**), the holder of Australian Financial Services Licence 362215, is the trustee of the Fund.

The Trustee has appointed Max Alpha Fund Management Pty Ltd ACN 640 045 405 (**Manager**) (Authorised Representative Number: 001286191) as the investment manager of the Fund. The Manager is an authorised representative (representative number 001286191) of the Trustee.

The Trustee is committed to ensuring the confidentiality and security of your personal information. We handle your personal information in accordance with the *Privacy Act 1988* (Cth) and our privacy policy, which is available on request.

Paper copies of this application form should always be accompanied by a paper copy of the current IM. Electronic versions of this application form (such as downloaded and emailed copies) should always be attached to the current IM. If the IM is missing, do not complete this form. Instead, contact us and you will be sent the current IM. Prior to its completion and signing, this application form must not be handed to any person unless accompanied by the IM.

Application Form

Max Alpha
Opportunities Fund

Section 1: Investment Details

1. Product

This Application Form (**Form**) relates to the subscription of _____ units (**Units**) in the Max Alpha Opportunities Fund (**Trust**).
(Product)

You should read the IM and the trust deed for the Trust (**Trust Deed**) prior to entering this Agreement. You should also consult a solicitor, accountant, investment or tax adviser or other appropriate advisers regarding an investment in the Trust and its suitability for you.

2. Application

If you decide to apply for Units in the Trust, please complete and return this Form to:

Max Alpha Fund Management Pty Ltd

Level 28, One International Towers, 100 Barangaroo Avenue, Barangaroo, New South Wales 2000 Australia

Email: funds@maxalpha.com.au

3. Ongoing Enquiries

Please direct any enquiries to Max Alpha Fund Management Pty Ltd by:

Email: funds@maxalpha.com.au

Phone: (+61) 1300 707 758

4. Investment Amount

AU\$

If your investment amount is less than AU\$500,000.00, you may need an Accountant's Certificate to support your application to qualify your status being a Wholesale investor as defined in section 761G or a Sophisticated investor as defined in section 761GA of the Corporations Act 2001. You could use the Accountant's Certificate template attached in Annexure 2 of this form on page B18.

5. Payment of Application Amount

I am paying my application money by:

Bank Transfer (EFT)

Cheque

BPAY (if this box is ticked, the biller code and your reference number will be sent to you after your application form is approved)

If you are making payment by bank transfer EFT, please refer to our bank details below:

Account Name: PERPETUAL CORPORATE TRUST LIMITED ACF MAX ALPHA OPPORTUNITIES FUND

BSB: 082-057

Account Number: 274877950

Bank: National Australia Bank

Branch: 225 George Street, Sydney NSW 2000

SWIFT: NATAAU3303M

Reference: <Your Investor Number / Investor Name>

If you are making payment by cheque, please ensure your application form is accompanied by a cheque made payable to PERPETUAL CORPORATE TRUST LIMITED ACF MAX ALPHA OPPORTUNITIES FUND.

Section 1: Investment Details (continued)

Please nominate a bank account to be used for your distribution payments and/or future redemption payments.

The bank account should be under the name of the investor of the fund. This should be the same bank account that was used to facilitate the subscription. Payments will not be made into third party accounts.

*Financial Institution
Account Details*

Name of Bank:

Branch Name (if known):

Account Name:

BSB Number: Account Number:

SWIFT Code (if any):

*Reinvestment of
Distributions*

Please select one of the following:

- Full Distribution Reinvestment Full Cash Distribution

If you do not make an election, distributions will be paid as cash distribution and not be reinvested.

*Source of Funds
Purpose of Investment*

Please select the source of funds:

- savings
- investment
- superannuation contributions
- commission
- donation / gift
- inheritance
- normal course of business
- asset sale
- other – specify the source of funds below:

Please select the purpose of your investment:

- savings
- income
- retirement
- business account
- other (please specify):

Investor's Details

Section 2: Part A Individuals

Section 2: Part A – Individuals

Please complete this part if you are investing individually, jointly, or you are an individual or joint trustee.

If you are investing jointly, please indicate whether a single investor can operate your account.

Yes. Please list the authorized investor(s)' name:

No (any instruction requires signature from all investors).

Investor 1 – Personal Details

Title: Mr Mrs Miss Ms Dr Other

First Name(s):

Middle Name:

Surname:

Date of Birth (DDMMYYYY): / /

Residential Address

Unit Number: Street Number:

Street Name:

Suburb: State:

Post Code: Country:

Mailing Address (complete the following if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Unit Number: Street Number:

Street Name:

Suburb: State:

Post Code: Country:

Contact Details (You must provide at least one contact phone number)

* Include country and area code for contact numbers

Mobile Number: Home Number:

Email Address:

Tax Details

Are you a resident of Australia for tax purpose? Yes No

If you are an Australian resident for tax purposes, please provide your **Tax File Number (TFN)** or claim an exemption. You do not have to provide your TFN or claim an exemption. If you do not provide your TFN or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN:

Reason for Exemption:
(if any)

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes:

Please also specify your country of tax residence in Section 4 of this Application Form.

Investor's Details

Section 2: Part A Individuals

Section 2: Part A – Individuals (continued)

Please complete this part if you are investing individually, jointly, or you are an individual or joint trustee.

Investor 2 – Personal Details

- If there is no second applicant, please proceed to Section 3.
- If there are more than 2 individual investors/trustees, please attach additional copies of this page to your application.

Title: Mr Mrs Miss Ms Dr Other

First Name(s):

Middle Name:

Surname:

Date of Birth (DDMMYYYY): / /

Residential Address

Unit Number: Street Number:

Street Name:

Suburb: State:

Post Code: Country:

Mailing Address (complete the following if different to above)

A PO Box/RMB/Locked Bag is acceptable.

Unit Number: Street Number:

Street Name:

Suburb: State:

Post Code: Country:

Contact Details

You must provide at least one contact phone number. Include country and area code for contact numbers.

Mobile Number: Home Number:

Email Address:

Tax Details

Are you a resident of Australia for tax purpose? Yes No

If you are an Australian resident for tax purposes, please provide your **Tax File Number (TFN)** or claim an exemption. You do not have to provide your TFN or claim an exemption. If you do not provide your TFN or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN:

Reason for Exemption:
(if any)

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes:

Please also specify your country of tax residence in Section 4 of this Application Form.

Investor's Details

Section 2: Part B Companies

Section 2: Part B – Companies

Please complete this part if you are investing as a company.

Company Details

Full Name of Company (as registered with ASIC):

ACN or ABN (for foreign companies, please provide equivalent foreign company identifier):

Australian Tax File Number (TFN):

Registered Office Address

Address:

Suburb:

State:

Post Code:

Country:

Mailing Address (complete the following if different to above)

A PO Box/RMB/Locked Bag is NOT acceptable.

Address:

Street Name:

Suburb:

State:

Post Code:

Country:

Contact Person at Company

You must provide at least one contact phone number. Include country and area code for contact numbers.

Contact Person's Name:

Mobile Number:

Home Number:

Email Address:

This email address is the default address of all investor's correspondence (such as transaction confirmations, statements, reports and other relevant materials).

Director Details

Please provide a list of director details if you are a private Australian company or a private foreign company. If there are more than 4 directors, please attach additional copies of the below section to your application.

Director 1

Full Name:

Director 2

Full Name:

Director 3

Full Name:

Director 4

Full Name:

Please also provide beneficial owners' details on the next page.

Investor's Details

Section 2: Part B Companies

Section 2: Part B – Companies (continued)

Beneficial Owners Details

Please provide names of all beneficial owners who are individuals who through one or more shareholdings ultimately own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company, and either the date of birth or full residential address of each such beneficial owner.

All beneficial owners will also need to provide Type A AML/CTF Identity Verification as per checklist in Section 6.

If there are more than 2 beneficial owners, please attach additional copies of this page to your application.

Beneficial Owner 1

Title: Mr Mrs Miss Ms Dr Other

First Name(s):

Middle Name:

Surname:

Date of Birth (DDMMYYYY): / /

Residential Address

A PO Box/RMB/Locked Bag is NOT acceptable.

Unit Number: Street Number:

Street Name:

Suburb: State:

Post Code: Country:

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

%

Beneficial Owner 2

Title: Mr Mrs Miss Ms Dr Other

First Name(s):

Middle Name:

Surname:

Date of Birth (DDMMYYYY): / /

Residential Address

A PO Box/RMB/Locked Bag is NOT acceptable.

Unit Number: Street Number:

Street Name:

Suburb: State:

Post Code: Country:

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

%

Investor's Details

Section 2: Part C Trust or Superannuation Fund

Section 2: Part C – Trust or Super Fund

Please complete this part if you are investing for a trust or superannuation fund.

Trust or Superannuation Fund Details

Full Name of Trust or Superannuation Fund:

Business Name (if any):

ABN (applicable if you are a trust or a SMSF registered with the Australia Tax Office):

Australian Tax File Number (TFN):

Country in which the trust was established:

Type of Trust

- **Regulated Trust:** This includes complying super funds (SMSFs) and other type of trust registered and regulated by an Australian Commonwealth statutory regulator.
 - **Non-regulated Trust:** This includes family discretionary trusts, family and other unit trusts, deceased estates and charitable trusts (but not including SMSFs).
-

Regulated Trusts:

If you are applying with a regulated trust, please tell us:

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

Licence number (if any):

If the trust is a Registered Managed Investment Scheme, please provide Australian Registered Scheme Number (ARSN):

Is the trust a government superannuation fund? Yes No

Non-regulated Trusts:

If you are applying with a non-regulated trust, please specify the type of trust:

Please also provide beneficial owners' details on the next page.

Investor's Details

Section 2: Part C Trust or Superannuation Fund

Section 2: Part C – Trust or Super Fund

Beneficial Owners Details (for non-regulated trust)

Please provide names of all beneficial owners who are individuals who through one or more shareholdings ultimately own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company, and either the date of birth or full residential address of each such beneficial owner.

All beneficial owners will also need to provide Type A AML/CTF Identity Verification as per checklist.

- If there are more than 2 beneficial owners, please attach additional copies of this page to your application.
- If there are any other direct beneficiaries of the trust who are not beneficial owners, write down their names on a piece of paper and attach to this form.
- If the trust deed describes the beneficiaries by reference to member of a class please write down on a piece of paper, the class to which the beneficiaries belong e.g., family members, unit holders, un-named charities and attach to this form.

Beneficial Owner 1

Title: Mr Mrs Miss Ms Dr Other

First Name(s):

Middle Name:

Surname:

Date of Birth (DDMMYYYY): / /

Residential Address

A PO Box/RMB/Locked Bag is NOT acceptable.

Unit Number: Street Number:

Street Name:

Suburb: State:

Post Code: Country:

Beneficial Owner 2

Title: Mr Mrs Miss Ms Dr Other

First Name(s):

Middle Name:

Surname:

Date of Birth (DDMMYYYY): / /

Residential Address

A PO Box/RMB/Locked Bag is NOT acceptable.

Unit Number: Street Number:

Street Name:

Suburb: State:

Post Code: Country:

Name of the appointer of the trust (if applicable):

Name of trust settlor (e.g. your accountant or solicitor):

Investor's Details

Section 3: FATCA and CRS Disclosure

Section 3: FATCA and CRS Disclosure

We are obliged under the Foreign Account Tax Compliance Act (FATCA), related intergovernmental agreements ("IGAs") and regulations based on the OECD Common Reporting Standard ("CRS") to collect certain information about each investor's tax arrangements.

This section is mandatory. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Part A – Individual Investor Self-Certification Form

Please complete Part A if you are **investing individually, jointly, or you are an individual or joint trustee**.
If there are joint or multiple account holders, each individual investor is required to separately complete Part A.
If you are investing with an entity (company, trust, superannuation fund or any other entities), please proceed to Part B.

Individual's Full Name:

FATCA Declaration of US Citizenship or US Residence of Tax Purposes

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

Yes No

If **yes**, please provide your US Taxpayer Identifying Number (TIN):

CRS Declaration of Tax Residency

Are you a tax resident of a country other than Australia or the US?

Yes No

If **yes**, please indicate your country of tax residence and the associated tax identification numbers (TIN):

Country of Tax Residency	TIN:

Individual's Full Name (if applicable):

FATCA Declaration of US Citizenship or US Residence of Tax Purposes

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

Yes No

If **yes**, please provide your US Taxpayer Identifying Number (TIN):

CRS Declaration of Tax Residency

Are you a tax resident of a country other than Australia or the US?

Yes No

If **yes**, please indicate your country of tax residence and the associated tax identification numbers (TIN):

Country of Tax Residency	TIN:

Investor's Details

Section 3: FATCA and CRS Disclosure

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We are obliged under the Foreign Account Tax Compliance Act (FATCA), related intergovernmental agreements ("IGAs") and regulations based on the OECD Common Reporting Standard ("CRS") to collect certain information about each investor's tax arrangements.

This section is mandatory. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Part B – Entity Investors Self-Certification Form

Please complete Part B if you are **investing with an entity (company, trust, superannuation fund or any other entities)**. Investors that are individuals should not complete this form and should complete the form for individual investors.

Entity's Name:

Country of Incorporation:

FATCA Declaration of US Citizenship or US Residence of Tax Purposes

Please tick either (a), (b), or (c) below and provide relevant information as appropriate.

(a) The Entity is a Specified US Person. Please provide your US Taxpayer Identifying Number (TIN):

(b) The Entity is not a Specified US Person.

(c) The Entity is a US person but not a Specified US Person.

If you've ticked **(a)** above, your FATCA disclosure has completed. Please proceed to CRS Declaration.

If you've ticked **(b)** or **(c)**, please complete the following sections.

Entity's FATCA Classification

▪ If the Entity is a Financial Institution, please tick one of the below categories and provide the Entity's Global Intermediary Identification Number:

Partner Jurisdiction Financial Institution

Registered Deemed Compliant Foreign Financial Institution

Participating Foreign Financial Institution

GIIN:

▪ If the Entity is a Financial Institution, but unable to provide a GIIN, please tick on of the below reasons:

The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN.

Please provide the sponsor's name and sponsor's GIIN:

Sponsor's Name:

Sponsor's GIIN:

Exempt Beneficial Owner

Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)

Non-Participating Foreign Financial Institution

Excepted Foreign Financial Institution

Investor’s Details

Section 3: FATCA and CRS Disclosure

Part B – Entity Investors Self-Certification Form (Continued)

- If the Entity is **not** a Financial Institution, please tick one of the below categories:
 - Active Non-Financial Foreign Entity
 - Passive Non-Financial Foreign Entity
(If this box is ticked, please complete self-certification forms for each of your Controlling Persons, see “individual investors self-certification form”)
 - Excepted Non-Financial Foreign Entity

CRS Declaration of Tax Residency

Please indicate the Entity’s country of tax residence for CRS purposes.
 If the entity is resident in more than one country, please detail all countries of tax residence and associated tax identification numbers (TIN). Provision of a TIN is required unless you are tax resident in a Jurisdiction that does not issue a TIN.
 If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

Are you a tax resident of a country other than Australia or the US?

Yes No

If **yes**, please indicate your country of tax residence and the associated tax identification numbers (TIN):

Country of Tax Residency	TIN:

- If the Entity is a Financial Institution, please tick one of the below categories:
 - I. Financial Institution under CRS (other than (II) below)
 - II. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete self-certification forms for each of your Controlling Persons, see “individual investors self-certification form”)

- If the Entity is a **not** a Financial Institution, please tick one of the below categories:
 - I. Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation
 - II. Active Non-Financial Entity – a Government Entity or Central Bank
 - III. Active Non-Financial Entity – an International Organisation
 - IV. Active Non-Financial Entity – other than I to III above (for example a start-up NFE or a non- profit NFE)
 - Passive Non-Financial Foreign Entity
(If this box is ticked, please complete self-certification forms for each of your Controlling Persons, see “individual investors self-certification form”)

Note to Controlling Persons:
 Each Controlling Person must complete a Separate Individual Self-Certification form.
 If there are no natural person(s) who exercise control of the Entity, then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

Investor's Details

Section 4: AML/CTF ID Checklist

Section 4: AML/CTF Identity Verification Checklist

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

Please provide identity verification documents as per the below checklist. Please note, to ensure that the fund satisfies regulatory requirements, we reserve the right to request further documentation upon receipt of the below documents depending on the type of investor and on the nature of jurisdiction.

All documents received **must be certified within last 3 months** from the application date.

Type A – Individual Investors:

- Australian driver's licence
showing your photo, and please copy the front and back, **or**
- Foreign driver's licence
showing your date of birth, signature and photo, **or**
- Australian passport
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you, **or**
- Foreign passport
showing your signature and photo, and please copy the pages which identify you, **or**
- Australian State or Territory Government issued ID card
showing your date of birth, signature and photo, **or**
- Foreign Government issued ID card
showing your date of birth, signature and photo.

If you do NOT own one of the above ID documents, please provide one valid option from Group A and one valid option from Group B.

Group A

- Australian or foreign government issued birth certificate **or**
- Australian or foreign government issued citizenship certificate **or**
- Centrelink pension or health card (please copy the front and back)

Group B

- a Government issued notice
one which shows your name and residential address, not more than 12 months old **or**
- a rates or utilities notice
one which shows your name and residential address, not more than 3 months old **or**
- ATO notice
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

Type B – Companies:

All of the below documents must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.

▪ **For Australian Registered Companies, please provide one of the following:**

- A certified copy of the company's Certificate of Registration or incorporation issued by ASIC, **or**
- A copy of information regarding the company's licence or other records held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSE, ACL etc., **or**
- A full company search issued in the previous 3 months, **or**

Investor's Details

Section 4: AML/CTF ID Checklist

If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code, or

- If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code for the holding company.

▪ **For Foreign Companies, please provide one of the following:**

- A copy of a company search on the ASIC database or relevant foreign registration body, or
- A certified copy of the company's articles of association or constitution, or
- A certified copy of the company's Certificate of Registration or incorporation issued by the foreign jurisdictions in which the company was incorporated, established or formed.

In addition, please provide verification documents for each **beneficial owner** (senior managing official and shareholder) as listed under TYPE A.

'Beneficial Owner' means an individual who ultimately owns or controls (directly or indirectly) the investor. In the case of a company or trust these individuals who own through one or more shareholdings, unit holdings or interests more than 25% of the issued capital, equity or ruling rights.

Type C – Trusts:

▪ For a **regulated trust** such as Registered Managed Investment Scheme, Government Superannuation Fund or a trust registered with the Australian Charities, Regulated Superannuation Fund (including a self-managed super fund) and Not-for-profit Commission (ACNC), please provide us with **certified copies of one of the following:**

- The company search of the relevant regulator's website e.g. APRA, ASIC, or ATO, or
- Relevant extract of the legislation establishing the government superannuation fund sourced from a government website, or
- A copy from the ACNC of information registered about the trust as a charity, or
- Annual report or audited financial statements, or
- A notice issued by the ATO within the previous 12 months, or
- Annual report or audited financial statements, or
- The Trust Deed.

▪ For all other **unregulated trust** (including Foreign trust), provide the following:

- Trust deed, and
or an extract of the trust deed showing the full name of the trust and any named trust settlor
- Other documentation.
confirming the full name of the trust and the name of the trust settlor

If the trustee is an individual, please also provide verification documents for each trustee as listed under TYPE A. If the trustee is a company, please also provide verification documents for a company as listed under TYPE B.

Type D – Authorised Representatives and Agents:

In addition to the above entity groups:

- If you are an **Individual** Authorised Representative or Agent – please also provide the identification documents listed under TYPE A.
- If you are a **Corporate** Authorised Representative or Agent – please also provide the identification documents listed under TYPE B.

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

Investor’s Details

Section 4: AML/CTF ID Checklist

Instructions for Completing Identity Verification

This page contains instructions of identity verification for your convenience when certifying copies.

Copies or originals?	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
Certifying copies	<p>You must have someone certify the copies you send to us. The following people can be the certifier:</p> <ul style="list-style-type: none"> ▪ your accountant <p>so long as they are a member of the Institute of Chartered Accountants Australia and New Zealand, CPA Australia, or the Institute of Public Accountants membership</p> <ul style="list-style-type: none"> ▪ your lawyer <p>as long as they are a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court, of Australia or foreign country, as a legal practitioner (however described), or an Australian justice of the peace or notary public or foreign equivalent</p> <ul style="list-style-type: none"> ▪ a police officer ▪ a post office worker <p>as long as they are in charge of a Post Office or are a permanent employee with 2 or more years of continuous service</p> <ul style="list-style-type: none"> ▪ a bank or financial institution officer <p>as long as they are an officer with 2 or more continuous years of service with one or more financial institutions or companies</p> <ul style="list-style-type: none"> ▪ a consular officer <p>so long as they are a consular officer or diplomatic officer, or</p> <ul style="list-style-type: none"> ▪ a judge, magistrate, chief executive officer of a court, or registrar or deputy registrar of a court.
What should the person certifying write?	"I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialled by the person certifying your documents.
Not in English?	Documents not in English must be accompanied by an English translation prepared by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided.
	<p>Please note:</p> <ul style="list-style-type: none"> ▪ Identification documentation provided must be in the name of the investor. ▪ If you are unable to provide the identification documents described, please contact us.

Application Form

Applicants must sign here

Section 5: Declaration and Sign

Acknowledgements

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the IM for the offer of Units in the Fund;
- you confirm your status as a wholesale client, as defined in section 761G(7) of Corporations Act.
- you understand the information in the IM is general information only and does not take into account your individual objectives, financial situation or needs;
- all details provided by you in this Application Form are true and correct and you understand that we will rely on the information in this Application Form;
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association;
- you are not bankrupt or a minor;
- you agree to be bound by the constitution of the Fund, as amended from time to time, and you will become a unitholder on and subject to the terms of the Fund constitution (as amended from time to time);
- you authorise us to use the TFN, ABN or exemption provided (if any) for all future applications for Units;
- you understand the risks of investing in the Fund;
- if requested by us, you will provide information we require in order to comply with an applicable law, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS);
- you are not a 'politically exposed' person or organisation for the purpose of the AML/CTF Act and will notify us if you become a 'politically exposed' person or organisation for the purposes of the AML/CTF Act;
- you understand that we may (acting reasonably) decide to delay or refuse any request or transaction (including by suspending the issue of Units or withholding a distribution), if we are concerned that the request or transaction may breach any obligation of, or cause any person to commit or participate in an offence under, the AML/CTF Act, and we will not be liable to you if we do so;
- you understand that neither we or any related body corporate of either guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund; and
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and our privacy policy.

Communication

Please ensure no marketing material is sent to me.

Signatures

Signing instructions:

Trust — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney — if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of Individual or Company Officer:

Print Full Name:

Date (DD/MM/YYYY):

Company officer's capacity:

- Director
- Company secretary
- Authorised signatory

Signature of Individual or Company Officer:

Print Full Name:

Date (DD/MM/YYYY):

Company officer's capacity:

- Director
- Company secretary
- Authorised signatory

Annexure 1

Authorised Signatory List

Authorised Signatory List (if any)

Please complete this schedule **if you are appointing authorised people**, as defined in (a) below.

Please ensure you have at least one alternative contact.

- a) Until you advise in writing to the contrary, the people listed below (**Authorised People**) can:
 - apply for Units and sign all documents necessary for that purpose;
 - inform the Issuer in writing of changes to details in your account/s; and
 - close your accounts.
- b) Authorised People may not delegate their powers and duties to any other person.
- c) If Authorised People are a company or partnership, the powers vested in the Authorised People will extend to any director, partner or authorised officer of the agent once the Issuer receives the appropriate documentation.
- d) You hereby irrevocably ratify every action taken by the Authorised People and agree that you and every person claiming through or under you will have no claim against the Trust, the Issuer or investors in the Trust regarding any action or payment made or purporting to be made to or at the direction of the Authorised People.
- e) During the term of the appointment of the Authorised Person and thereafter, you agree to release, discharge and indemnify the Issuer (as applicable) from and against all actions, proceedings, claims, losses and/or other liabilities incurred directly or indirectly as a result of the appointment of the Authorised People. However, the Issuer remains liable for any loss to the extent provided for in the Constituent Documents.
- f) The Issuer may, after 14 days written notice, vary these conditions or cancel this appointment.
- g) You appoint Authorised People(s) with respect to the above conditions.

Investor's name:

Authorized People	Signature

Annexure 2

Accountant's Certificate

Accountant's Certificate (if required)

Please complete this schedule **if you require an Accountant's Certificate to support your application.**

All Australian resident investors who are wholesale clients on the basis that they are high net worth individuals who are applying for Units in Max Alpha Opportunities Fund (Trust) are required to submit an Accountant's certificate in the following form or another form acceptable for the purposes of sections 708(8)(c) and 761G(7)(c) of the Corporations Act 2001 (Cth) (Act).

The certificate must be issued no more than 2 years before the date of the offer of Units in the Trust. If the offer of Units is made outside Australia, or the offer is made within Australia, but the Applicant is a resident of a country other than Australia, please contact Max Alpha Fund Management Pty Ltd in respect of Applicant certification requirements.

To: Max Alpha Fund Management Pty Ltd

of

Suite Level 28, One International Towers, Tower 1, 100 Barangaroo Avenue, Barangaroo NSW 2000I certify as follows:

1. I am a qualified and practicing accountant for the purposes of the Act.
2. I am giving this certificate in accordance with sections 708(8)(c) and 761G(7)(c) of the Act at the request of, and with reference to, _____ (**Applicant**) and acknowledge that this certificate will be relied upon to make offers of securities or financial products to the Applicant without issuing a Disclosure Document or Product Disclosure Statement to the Applicant, which may otherwise be required under either Part 6D.2 or Part 7.9 of the Act.
3. I certify that having reviewed the financial position of the Applicant:
 - (a) the Applicant has net assets of at least A\$2.5 million; or
 - (b) the Applicant had a gross income for each of the last 2 financial years of at least A\$250,000 a year.
4. I certify that the financial products and financial services provided to the Applicant under this offer are not provided for use in connection with a business based on my understanding of the Applicant.

Signature

Date

Accountant's Name

License Number