

Application Form

Association (Incorporated or Unincorporated)

This Application Form relates to the application for investment in the RMBL Mortgage Income Investments Scheme ARSN 091 248 289 (the Scheme) under the Product Disclosure Statement dated 20 September 2017 (PDS) issued by RMBL Investments Ltd (ACN 004 493 789) AFSL No. 223246 (RMBL) as the responsible entity of the Scheme. This form must be accompanied by the PDS when provided to any person. Unless otherwise defined, capitalised terms in this Application Form have the meaning given to them in the PDS.

Please use black or blue pen and print in CAPITAL LETTERS and tick where appropriate

If you are an existing Member and your details have not changed since your last Application, you are only required to complete Sections 1, 2, 4, 8, 11 and 12 of this Application form. If any of your details have changed, please complete the relevant section(s) of the Application form to notify us of the changes.

1. APPLICATION FUNDS

WE apply to invest \$ _____ Deposit ID: _____ (RMBL USE ONLY)

2. MEMBER DETAILS

Full name of Association: _____

Full name of the following officers (or equivalent in each case):

	Full Given Name(s)	Surname
Chairman		
Secretary		
Treasurer		
Public Officer		

Association Type (*select one of the categories*)

Incorporated Association

Provide any ID number issued on incorporation (eg. registration/incorporation number)

Unincorporated Association

3. ASSOCIATION ADDRESS (If there is no Principal Place of Administration, provide the address of the Registered Office or the address of an office holder of the Association)

Principal place of administration (*PO Box is NOT acceptable*):

Street: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Registered Office (*PO Box is NOT acceptable*):

Street: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Office Holder Details (public officer or president, secretary or treasurer if there is no public officer)

Full name: _____ Position: _____

Address (*PO Box is NOT acceptable*):

Street: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

4. CONTACT DETAILS

Mailing Address

Street or PO Box: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Telephone (preferred No): _____ Fax: _____

Email address (preferred address): _____

*By providing your email, you agree to accept electronic communications; and
By providing your fax number you agree to accept communication by fax.*

5. BENEFICIAL OWNERSHIP - Verification of Identification (Section 10) is required for each individual

Provide the names of individual members that directly or indirectly control the Association, such as the Chairman, President, Treasurer or Secretary of the Association.

Full Name	Role	Are you a Politically Exposed Person?	
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If there are more Beneficial Owners, please provide details on a separate sheet and tick this box

A **Politically Exposed Person** (Refer to Section 22.2 of the PDS) includes a head of state or government, government minister or senior politician, senior government official, judge, governor of central bank or any other person who holds a position of influence with a reserve bank, senior foreign representative high ranking members of the armed forces or board chair or senior executive of a state owned enterprise or the immediate family member or associate of any such person.

6. TAX INFORMATION

Tax File Number (TFN): _____

Is the **Association** a tax resident of a country other than Australia? Yes No
(An Association created or established under the laws of a country other than Australia)

If Yes, please provide the Association's country of tax residence and Tax Identification Number (TIN) or equivalent below:

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or Employer Identification Number in the U.S.

Country: _____ TIN: _____ If no TIN please indicate **A, B or C** _____

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

If the Association is a tax resident of more than one other country, please provide details on a separate sheet of all relevant countries and tick this box

7. INTEREST PAYMENT

Option to Reinvest interest payment (Please refer to Section 7.10 of the PDS)

Do you wish to reinvest in the Scheme?

Please tick the appropriate box (if yes, you do not have to provide Bank Account Details) Yes No

Bank Account Details (for interest payment by direct deposit)

Account Name: _____

Bank: _____ Branch: _____

BSB: _____ Account Number: _____

8. You may pay APPLICATION FUNDS to RMBL by Cheque, Electronic Funds Transfer (EFT) or Direct Debit Request (DDR)

By Cheque - Please attach your personal or bank cheque payable to **RMBL Investments Limited**

Electronic Funds Transfer (EFT)

Account Name: RMBL Mortgage Income Investments

Bank: Westpac Banking Corporation BSB: 033-186 Account No: 172767

REFERENCE: It is important to include the investing entity name or Deposit ID (if known) as a reference. If we are unable to match your application to a payment, your application may be delayed.

RMBL Investments Limited (RMBL) - Direct Debit Request (DDR)

I/We authorise RMBL to arrange for funds in the amount of \$_____ to be debited from my/our nominated Bank Account at the financial institution shown below on ____/____/____ for First Mortgage investment in accordance with the PDS dated 20 September 2017:

All Account Holder Name: _____

Bank and Branch: _____

BSB: _____ Account Number: _____

Authorised Signature(s) _____

All authorised signatories must sign

9. MEMBER NOMINATED REPRESENTATIVE (Please refer to Section 19 of the PDS)

We have read the section of regarding the Member Nominated Representative in the PDS and wish to appoint the following party to represent and deal with our investment in the Scheme:

Name of Representative: _____

Their capacity: _____

Their Signature: _____

RMBL may request additional documentation from the Member Nominated Representative.

10. VERIFICATION OF IDENTITY - Along with the Application Form, we require you to complete:

- Part I (for Incorporated Association);
- Part II (for Unincorporated Association); and
- Part III – for Beneficial Owners.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

PART I – ACCEPTABLE ID DOCUMENTS (to verify full name of the Incorporated Association and ID Number issued)

Tick Verification Options - Select ONE option from this section

- Information provided by ASIC or the government body responsible for incorporation of the Association
- An original or a certified copy or certified extract of the Constitution of Rules of the Association
- An original, certified copy or certified extract of minutes of a meeting of the Association.

PART II - ACCEPTABLE ID DOCUMENTS (to verify the full name of the Unincorporated Association)

Tick Verification Options - Select ONE option from this section

- A search of a relevant government or regulator database (such as ABN lookup).
- An original, certified copy or certified extract of the Constitution of Rules of the Association.
- An original, certified copy or certified extract of the minutes of a meeting of the Association.

PART III - ACCEPTABLE ID DOCUMENTS - Certified copies required:

Acceptable Primary Photographic ID Documents

Tick Select ONE option from this section only OR TWO Secondary Documents (below)

- Australian State/Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport containing a photograph and the signature of the person (Documents not written in English must be accompanied by an English translation prepared by an accredited translator)

Acceptable Secondary ID Documents

Tick Select ONE valid option from this section

- Australian Birth Certificate
- Australian Citizenship Certificate
- Pension Card issued by the Department of Human Services (previously Centrelink)

Tick AND ONE valid option from this section only

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months, which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months, which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months, which records the provision of services to that address or that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended the school

11. SPECIAL INSTRUCTIONS (if any - please refer to Section 6 of the PDS)

Do you have a preference with regards property types, splitting of funds, etc?
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12. SIGNATURE(S) BY APPLICANT

Two signatures required from persons authorised to sign on behalf of the Association and includes the Public Officer.

I/We acknowledge having received, read and understood the information contained in the Product Disclosure Statements (PDS) dated 20 September 2017.

By signing this Application I/we agree to be bound by the terms and conditions of the RMBL Mortgage Income Investments Constitution.

Signature	Signature
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Full Name: _____ Full Name: _____

Capacity: _____ Capacity: _____

Date: ____ / ____ / ____ Date: ____ / ____ / ____

OFFICE USE ONLY

DDR	The Members have confirmed that funds in the nominated bank account are clear and RMBL may process the direct debit on the date nominated	Initial:
Senior Management Acknowledgment The Member(s) has been issued with the Product Disclosure Statements (PDS) dated 20 September 2017 before completing and returning the Application form.		Initial:

Member: _____ Deposit ID: _____

Date Entered: ____ / ____ / ____ Operator: _____ Approved: _____