

Application Form

Partnership

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, 10, 13 and 14 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

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

2. MEMBER DETAILS

Full name of Partnership: _____

Registered business name of Partnership (if any) _____

ABN: _____

Country where Partnership was established: _____

Type of Partnership - whether the Partnership is regulated by a professional association, and if so provide the information required

Yes (provide details below)

No

Name of association: _____

Membership details: _____

3. PARTNER DETAILS (ALL PARTNERS) - Verification of Identification (Section 12) is required for each Partner (if Individuals)

Partner 1

Full name/Business name

Residential or Business address (PO Box is NOT acceptable)

Mobile No:

Email address:

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

Partner 2

Full name/Business name

Residential or Business address (PO Box is NOT acceptable)

Mobile No:

Email address:

- U.S. Financial Institution
- Other (describe the company's FATCA status in the box

Is the Financial Institution and Investment Entity located in a Non-participating CRS Jurisdiction and managed by another Financial Institution?

- Yes, please complete **Foreign Controlling Persons** (below) No

- An Active Non-Financial Entity (NFE)** (Active NFE's include entities where, during the previous reporting period, less than 50% of their gross income was passive (eg. dividends, interest and royalties) and less than 50% of assets held produced passive income) – If yes please proceed to Section 8 COUNTRY OF TAX RESIDENCY
- Other** (Partnerships not previously listed – Passive Non-Financial Entities)

7. FOREIGN CONTROLLING PERSONS (INDIVIDUALS)

Are any of the Partnership's Controlling Persons tax residents of countries other than Australia? Yes No

If Yes to either, please provide details of these individuals and complete VERIFICATION OF IDENTIFICATION (SECTION 12) required for each individual unless already provided as a Beneficial Owner or Partner.

Full Name	Role

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

8. COUNTRY OF TAX RESIDENCY

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

If Yes, please provide the Partnership'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 partnership 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

9. 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: _____

10. 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) _____

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

We have read the section 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.

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

- Part I (for all Partnerships);
- Part II (if the Partnership is regulated by a professional association); and
- Part III – for **Individual Partners, Beneficial Owners and Foreign Controlling Persons.**

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 Partnership name)

Tick Verification Options - Select ONE option from this section

- An original or a certified copy or certified extract of the Partnership Agreement.
- A certified copy or a certified extract of minutes of a Partnership meeting.
- An original current membership certificate (or equivalent) of a professional association.
- Membership details independently sourced from the relevant professional association.
- A search of the relevant ASIC, government or other regulators database (such as ABN lookup).
- A notice issued by the Australian Taxation Office within the last 12 months eg. Notice of Assessment.
- An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

PART II - ACCEPTABLE ID DOCUMENTS (to verify membership of a professional association)

Tick Verification Options - Select ONE option from this section

- An original current membership certificate (or equivalent).
- Membership details independently sourced from the relevant 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 Photographic 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**

- 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

13. 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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14. SIGNATURE(S) BY APPLICANT

- **Individual** - All Partners must sign
- **Business** - Two directors/director and secretary/sole director must sign for each Partner

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: _____