

Application Form

Australian Regulated Trust (including Self-Managed Superannuation Funds) or Unregulated Trust

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, 11, 14 and 15 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 Trust: _____

Type of Trust eg: Self-Managed Super Fund, Family Trust etc.: _____

ABN: _____

Country where Trust was established: _____

Full name of **Settlor/s** (for Unregulated Trust): _____

3. TRUSTEE(S) DETAILS (details of all Trustees required)

A. Individual Trustees - VERIFICATION OF IDENTIFICATION (SECTION14) required for each individual

Trustee 1	Trustee 2
Full name: _____	Full name: _____
Date of Birth: _____	Date of Birth: _____
Residential Address (PO Box is NOT acceptable): _____ _____	Residential Address (PO Box is NOT acceptable): _____ _____
Mobile No: _____	Mobile No: _____
Email address: _____	Email address: _____

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

B. Corporate Trustee

Full Company Name (as registered by ASIC): _____

ACN: _____

Registered office address (PO Box is NOT acceptable):

Street: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Principal place of business (If any - PO Box is NOT acceptable):

Street: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Company Type (select one of the following company types)

Public - companies whose name does NOT include the word "Pty" or "Proprietary" (listed companies)

Proprietary - companies whose name ends with "Pty Ltd" or "Proprietary Ltd" (private companies)

Proprietary Companies only - provide the full name of each director

Director 1

Director 2

Full name: _____

Full name: _____

Address: _____

Address: _____

Mobile No: _____

Mobile No: _____

Email address: _____

Email address: _____

Are you a Politically Exposed Person? Yes No Yes No

Please refer to Section 6 (Beneficial Ownership) regarding **Politically Exposed Persons**.

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

4. CONTACT DETAILS

Mailing Address (Street or PO Box): _____

State: _____ Postcode: _____ Country: _____

Telephone (preferred no): _____ Fax: _____

Email (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. BENEFICIARIES

Provide the names and/or classes of the beneficiaries (both name and class must be provided if stated in the Trust document)

Full Names	Class/es

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

6. BENEFICIAL OWNERSHIP - VERIFICATION OF IDENTIFICATION (SECTION 14) required for each individual

Individual Trustees and Other Beneficial Owners - individuals that directly or indirectly “control” the Trust. Control includes Trustees; or by means of agreements, arrangements, understandings and practices; or by exercising control through their capacity to direct the Trustees; or their ability to appoint or remove the Trustees.

Full Name: _____ Date of Birth: / / _____

Role (such as Trustee or Appointer): _____

Are you a Politically Exposed Person? Yes No

Full Name: _____ Date of Birth: / / _____

Role (such as Trustee or Appointer): _____

Are you a Politically Exposed Person? Yes No

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.

7. TAX INFORMATION

Tax File Number (TFN):

Trusts (Regulated and Unregulated) other than Regulated Superannuation Funds - provide the Trust's Global Intermediary Identification Number (GIIN) if applicable:

A Financial Institution [A custodial or depository institution, an investment entity or a specified insurance company for Foreign Account Tax Compliance Act (FATCA) and Commons Reporting Standard (CRS) purposes]

If the Trust is a Financial Institution but does not have a GIIN, provide the FATCA status (you must tick ONE of the following statuses)

- Deemed Compliant Financial Institution
- Excepted Financial Institution
- Exempt Beneficial Owner
- Non Reporting IGA Financial Institution (If the Trust is a Trustee-Documented Trust provide the Trustee's GIIN)
- Non participating Financial Institution
- 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 If Yes, please complete **Foreign Controlling Persons** (below) No

- Australian Registered Charity or Deceased Estate**
- A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFE's include entities where, during the previous reporting periods, less than 50% of their gross income was passive (eg: dividends, interest and royalties) and less than 50% of assets held produced passive income)
- Other** (Trusts not previously listed - Passive Non-Financial Entities)

8. FOREIGN CONTROLLING PERSONS (INDIVIDUALS)

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

If the Trustee is a Company, are any of this company'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 14) required for each individual

Full Name	Role (such as Trustee, Beneficiary Etc.)

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

9. TAX RESIDENCY

Is the **Trust** a tax resident of a country other than Australia? Yes No

If Yes, please provide the Trust/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 Social Security Number in the U.S.

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

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

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

10. 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: _____

11. 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:

Account Holder Name: _____

Bank and Branch: _____

BSB: _____ Account Number: _____

Authorised Signature(s) _____

All authorised signatories must sign

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

I/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 my investment in the Scheme:

Name of Representative: _____

Their capacity: _____

Their Signature: _____

RMBL may request additional documentation from the Member Nominated Representative.

13. VERIFICATION OF IDENTITY

Along with the Application Form, we require:

An original or certified copy of the Trust Deed or an original or certified extract of the Trust Deed. Extracts of Deeds must include the name of the Trust, Trustees, Beneficiaries or Members, Settlor/s and Appointers (where applicable). Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Plus we are required to verify the identity of individual Trustees and/or Beneficial Owners (refer to sections 3A, 6 and 8 of this Application form).

Certified copy(ies) required of:

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

14. 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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15. SIGNATURE(S) BY APPLICANT -

Individual Trustees - All Trustees must sign

Corporate Trustee - Two directors/director and secretary/sole director to sign

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: _____