Barwon Global Listed Private Equity Fund AF

ARSN [640 473 785], APIR [PIM7967AU]



INITIAL APPLICATION FORM

This Initial Application Form relates to a Product Disclosure Statement dated April 12 2024 ("PDS"), issued by The Trust Company (RE Services) Limited ABN 45 003 278 831, AFSL 235150, for the offer of units in the Barwon Global Listed Private Equity Fund AF ("Fund"). Terms defined in the PDS have the same meaning in this Initial Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Initial Application Form.

Applications can only be made by Wholesale Investors. By applying and remaining invested, you are representing and warranting that you qualify as a wholesale client under section 761G(7) of the Corporations Act 2001 (Cth) (Corporations Act) or sophisticated investors under section 761GA of the Corporations Act.

If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Investment Form.

If you are a new investor, or if you are an existing Unitholder(s) and this investment is NOT in the same name(s) and fund as your existing account, please complete the sections of this Initial Application Form and the Identification Forms noted below in Section 1. If you have not been provided with the Identification Form with this application you can obtain this at www.barwon.net.au.

Responsible Entity:

The Trust Company (RE Services) Limited (ABN 45 003 278 831, AFSL 235150) (\mathbf{we} , \mathbf{us} , \mathbf{our}) Level 18, 123 Pitt Street, Sydney NSW 2000

t: +61 2 9229 9000 **w**: perpetual.com.au

Investment Manager and Registry Manager:

Barwon Investment Partners Pty Ltd (ABN 19 116 012 009, AFSL 298445) (Barwon, Investment Manager, Registry Manager) Level 10, 17 Castlereagh Street, Sydney NSW 2000

t: +61 2 9216 9600 **w**: barwon.net.au

e: investors@barwon.net.au

f: +61 2 9221 4276

1. Investor Classification

It is a condition for an investment into the Fund by an investor who is a retail client (as defined in the Corporations Act) that the investor has received personal financial advice in respect of the Fund.

Failure to confirm this information will result your application being rejected.

Please confirm what category of investor you are. You must select one option:

You are a Wholesale Investor (as defined by section 761G of the Corporations Act 2001)
You are a Platform Provider
You are a Retail investor (as defined in the Corporations Act) that has received personal financial advice in respect
to the Fund. You must provide details of your Financial Adviser in section 7. Failure to do so will result in your
application being rejected.



2. Investor type

Investor Type		Complete Sections	Please complete the required Identification Form and provide certified copies of the identification requested on the Identification Form
☐ Individual and Joint investors	A natural person or persons.	2,4,5,6,7& 8	Form A – Individuals.
☐ Sole trader	A natural person operating a business under their own name with a registered business name.	3,4,5,6,7 & 8	Form A – Individuals.
☐ Companies	A company registered as an Australian public company, an Australian proprietary company, or a foreign company.	3,4,5,6,7 & 8	For a Company complete the relevant form based on company type either Forms B or C. All Beneficial Owners named on Form B or C must complete Form A.
☐ Trusts	Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).	3,4,5,6,7 & 8	For the Trust complete either Form D or E; and For an Individual Trustee complete Form A; or For a Company Trustee complete Form B or C. All Beneficial Owners named on Form D or E must be complete Form A.
☐ Partnership	A partnership created under a partnership agreement.	3,4,5,6,7 & 8	For the Partnership please complete Form F. All Beneficial Owners named on Form F must complete Form A.
☐ Associations	Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.	3,4,5,6,7 & 8	For the Association please complete Form G. All Beneficial Owners named on Form G must complete Form A.



Registered co- operative	An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.	3,4,5,6,7 & 8	For the Registered co-operative please complete Form H. All Beneficial Owners named on Form H must complete Form A.
☐ Government body	The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.	3,4,5,6,7 & 8	For a Government body please complete Form I. All Beneficial Owners named on Form I must complete Form A.

3. Individuals and Joint account holders investor details

	Applicant 1	Applicant 2 (if applicable)
Investor Type	☐ Individual	☐ Individual
Title:		
Given Name:		
Surname:		
Occupation:		
Australian Tax File Number:		
Residential Address:		
Street address 1: Street Address 2:		
Suburb:		
State:		
Postcode:		
Country:		



Postal Address if different to Residential Address: Street address 1: Street Address 2: Suburb: State: Postcode: Country:		
Phone Number (business hours):		
Phone Number		
(non-business hours):		
Mobile Number:		
Email Address:		
Preferred contact method:	 □ I consent to receive all investor correspondence from you by email to the email address provided. □ I wish to receive all investor correspondence by post to the address provided in on this Application Form. □ I nominate my financial advisor as noted in section 6 to receive all investor correspondence. 	 □ I consent to receive all investor correspondence from you by email to the email address provided □ I wish to receive all investor correspondence by post to the address provided in on this Application Form. □ I nominate my financial advisor as noted in section 6 to receive all investor correspondence.



4. All other account holders investor details

Investor Type/Capacity:	☐ Company
	☐ Sole Trader
	☐ Trust
	☐ Partnership
	☐ Association
	☐ Co-operative
	☐ Government Body
	_
	Other
Full Name of Company/ Business if Sole Trader/ Trust (including Trustee details) /	
Partnership/Association/	
Cooperative/ Government Body:	
Tax File Number:	
ABN (if applicable):	
Principle Business Activity:	
Address:	
Street address 1:	
Street Address 2:	
Suburb:	
State:	
Postcode:	
Country:	
Phone Number (business hours):	
i none number (business nours).	
Mobile Number:	
Fax Number:	
Email address:	



Preferred contac	t method:		I consent to receive all investor correspondence from you by email to the email address provided. I wish to receive all investor correspondence by post to the address provided in on this Application Form.		
5. Authorise	ed representative details	S			
Complete this section if you wish to appoint a person to act in a legal capacity as your authorised representative and to operate your investment in the Fund on your behalf. In general, an authorised representative can do everything you can do with your investment, except appoint another authorised representative. We may act on the sole instructions of the authorised representative until you advise us in writing that the appointment of your authorised representative has terminated. We may also terminate or vary an appointment of an authorised representative by giving you 14 days prior notice. If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative. Please attach a certified copy of your Power of Attorney. For information on how to certify your document please refer to the Certification Information Sheet					
Given Name: Surname:					
Signature of Authorised Representative:					
Date:					



6. Investment details

Investment Amount:	
(Subject to \$25,000 minimum)	
Source of funds being invested (choose	☐ Retirement income
most relevant)	☐ Employment income
	☐ Business activities
	☐ Sale of assets
	☐ Inheritance/gifts
	☐ Financial investments
	☐ Other
Payment Method:	☐ Cheque payable to "Barwon Global Listed Private Equity Fund AF — Application Account"
	☐ Direct Credit/Electronic Funds Transfer
	Account Name: The Trust Company (RE Services) Limited RE < Barwon Global Listed Private Equity Fund AF > Application Account
	BSB: 082-057
	Account Number: 58-931-7691
Distribution payment instructions	☐ Please reinvest my distributions in the relevant Fund
(choose one payment instruction):	 Please pay my distributions directly to my nominated bank account
Your Distribution Bank Account Details:	
Bank:	
Account Name:	
BSB:	
Account Number:	
If you wish to have a separate bank	
account for redemption payments please fill the below:	



Account Name:				
BSB:				
Account Number:				
7. Financial advise	or details			
By filling out this section you	nominate and co	nsent the named	Financial Advisor	access to your information.
Advisor Name (full name):				
Name of Advisory Firm:				
Name of Dealer Group:				
AFSL or AFSL Representative Number:				
Address:				
Suburb: State:				
Postcode:				
Country:				
Phone Number (business hours):				

email address provided in section 6.

in section 6.

I consent to receive all investor correspondence from you by email to the

☐ I wish to receive all investor correspondence by post to the address provided

Mobile Number:

Fax Number:

Email address:

If you have elected your

financial advisor to

receive all investor correspondence, please

confirm the financial

advisors preferred contact method:



8. Declaration

I/we declare and agree each of the following:

- I/we have read the current PDS to which this application applies and have received and accepted the offer in it.
- I am/We are a wholesale client as defined in section 761G of the Corporations Act. If my/our application amount is less than \$500,000, then I/we will provide Barwon Investment Partners Pty Ltd with a statement from a qualified accountant that I/we:
 - a) Have net assets of at least \$2.5 million; or
 - b) Have a gross income for each of the last 2 financial years of at least \$250,000 per year.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to
 operate the account and bind the other to any transaction including investments or withdrawals by any
 available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of The Trust Company (RE Services) Limited ABN 45 003 278 831 ("The Trust Company") or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the PDS. I/we agree to provide further information or personal details to The Trust Company and the custodian if required to meet their obligations under any anti- money laundering and counter-terrorism law and regulations, and acknowledge that processing or my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified.
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to The Trust Company disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify The Trust Company of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company from any loss, expense, action or other liability which may be suffered by, brought against me/us or The Trust Company for any action or omissions by the authorised representative whether authorised by me/us or not.
- I/we certify that the information provided in the separate ID forms, including information relating to taxrelated requirements, is reasonable based on verifiable documentation.
- I/we acknowledge that the Responsible Entity can accept or reject an application for an investment in the Fund at its discretion.

I/we acknowledge and agree that:

 The Trust Company may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with anti-Money laundering and counter-terrorism law and regulations as well as any tax-related requirements for tax residents of other countries.



9. Signatures

Joint applicants must both sign. For Individual Trustee Trust/Superannuation Funds each individual Trustee must sign. For Corporate Trustee Trust/Superannuation Funds 2 Directors, a Director and Secretary or Sole Director must sign.

Applicant 1	I		ı
	Signature	Full Name	Date
Tick capacity (ma	ndatory for companies):		
☐ Sole Direc	tor and Company Secretary	☐ Non-corporate trustee	
Director		Partner	
Secretary			
Applicant 2	I.	I	
	Signature	Full Name	Date
Tick capacity (ma	ndatory for companies):		
Director		☐ Non-corporate trustee	
☐ Secretary ☐ Partner			
You can make a pa	yment by cheque or electronic fur	nds transfer.	
Cheques			
Cheques should be			
Barwon Global Lis	sted Private Equity Fund AF – App	lication Account	
Cheques should be payee of the chequ		ve will not accept third party cheques where the in	nvestor is not the
, . ,			
Electronic fun	ds transfer		
Electronic funds tra	ansfer can be made to the following	ng account:	
Account Name: T Application Accou		imited RE < Barwon Global Listed Private Equity Fu	nd AF >
BSB: 082-057			
Account Number:	58-931-7691		



Please note that investors paying for their initial investment using electronic funds transfer must email their completed application forms to investors@barwon.net.au.

Please also include with your electronic funds transfer a 16-character (maximum) description of your investment name (and for additional investments please include your portfolio number). Additional applications can be sent by mail or by fax.

Post your original signed Initial Application Form, Identification Forms and certified copies of your identification required to:

Barwon Global Listed Private Equity Fund AF Barwon Investment Partners GPO Box 994 Sydney NSW 2001

Please ensure that you have transferred your Application Monies or enclose a cheque for payment.