



CROMWELL
FUNDS MANAGEMENT

CROMWELL HEALTHCARE PROPERTY FUND **APPLICATION FORM - AUSTRALIAN REGULATED TRUSTS (SMSF)**

Dated 27 May 2024






Issued by Cromwell Funds Management Limited


ABN 63 114 782 777

AFSL 333214

This Application Pack accompanies the Product Disclosure Statement (PDS) and Target Market Determination (TMD) for the Cromwell Healthcare Property Fund ARSN 676 931 838 (Fund) issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214 (CFM, we, us, our). You should read the accompanying PDS and TMD before completing any application form included in this Application Pack.



Application Instructions and Forms

	Read the PDS	PDS available from: www.cromwell.com.au/chpf 1300 268 078 invest@cromwell.com.au
	Read the TMD	Target Market Determination: www.cromwell.com.au/chpf 1300 268 078 invest@cromwell.com.au
	Apply Online	Visit http://apply.cromwell.com.au
	Complete the Application Form	Investor Application Form(s)
	Post	Mail your application form/s to the Fund's registrar: Boardroom Pty Limited GPO Box 3993 Sydney NSW 2001



Payment Details

You can make payment as per below:

	BPAY®	To make payment by BPAY®, use Biller Code 439281 and contact Boardroom Pty Limited on 1300 737 760 or cromwell@boardroomlimited.com.au for your Reference number.
	Electronic Transfer	If you would like to make payment by electronic funds transfer, instructions and bank account details can be found on the application form.

Correct format of Registerable Titles

Only legal entities are allowed to hold units in the Fund. Applications must be in the name(s) of natural person(s), companies or other legal entities acceptable to the Fund. At least one full given name and the surname are required for each natural person. The name of the beneficiary or any other non-registerable name may be included by way of an account designation if completed exactly as described in the example of correct forms of registerable title shown below.

Type of Investor	Correct format of Registerable Name	Incorrect format
Individual		
Use given names, not initials	John Alfred Smith	J A Smith
Company		
Use company name, not abbreviations. Director(s) names must be completed within the Applicant(s) Details section	ABC Pty Ltd	ABC P/L or ABC Co
Trust¹		
Use trustee(s) names	Sue Smith	Sue Smith Family Trust
Use name of the trust in the account designator section	Sue Smith Family Trust	Sue Smith
Superannuation Funds		
Use name of trustee of fund	Jane Smith Pty Ltd	Jane Smith Super Fund
Use name of fund in the account designator section	Jane Smith Super Fund	Jane Smith Pty Ltd
Deceased Estates²		
Use executor(s) names	Sue Lennon	Estate of the Late Jon Lennon
Use name of the deceased in the account designator section	Estate of the Late Jon Lennon	
A Minor (less than 18 years old)³		
Use trustee(s) personal names	Sue Smith	Junior Smith
Use name of the minor in the account designator section	Junior Smith	Sue Smith

1. If there are two or more trustees, please name each. All trustees should sign.

2. A copy of the grant of probate or letters of administration, originally certified as being a true and accurate copy of the original by a Justice of the Peace, a lawyer or a Commissioner for Declarations should be attached.

3. If the minor does not hold a TFN, please supply the TFN of one of the trustees.

Reminders

CFM has the sole discretion whether to accept or reject an application. CFM will reject an application if application monies are not received in full and in cleared funds. If your application is rejected, wholly or in part, then CFM will notify you in writing and return the relevant application monies, within 30 business days. By applying for units, you are making an offer to become an investor in the Fund and you are agreeing to be legally bound by the Constitution and the terms of the PDS. A summary of the Constitution is included in Section 12 of the PDS.

INCOMPLETE APPLICATIONS

If for any reason Cromwell is unable to process your application (e.g. if the application form is incorrectly completed or we have not received all required identification and verification documents or the application monies in full in cleared funds), we may, at our absolute discretion, delay your application and, where possible, request you to rectify any deficiencies in your application. In such an instance, your application monies will be held in a trust account pursuant to section 1017E of the Corporations Act. If your application is not processed within 30 days, your application monies will be returned.

CONFIDENTIALITY

CFM will maintain all information collected from investors in a secure manner in accordance with anti-money laundering and counter terrorism financing (AML/CTF) legislation and relevant privacy principles. We will only disclose information about you where we are required to do so by the laws of Australia. This means that identification information may be disclosed to government or law enforcement agencies. We may also disclose this information to other entities involved with the investment to the extent that this information is required to fulfil that entity's AML/CTF legislation obligations.

Investor Identification

In 2006 the Federal Government enacted the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (AML/CTF Act). The purpose of this legislation is to enable Australia's financial sector to maintain international business relationships, detect and prevent money laundering and terrorism financing by meeting the needs of law enforcement agencies and to bring Australia in line with international standards.

Why does this legislation affect Cromwell?

As CFM is the responsible entity for investment products, we have to meet stringent investor identification and verification requirements. This means that prior to units in any Cromwell-managed fund being issued, we must be 'reasonably satisfied' that investors are who they claim to be.

What do you need to do?

If you invest in the Fund through a financial adviser or an investor directed portfolio service (IDPS) facility then they will request and collect any verification materials. If you are investing directly, you need to complete the Application Form and provide certified copies of identification documents which relate to the type of entity making the investment:

Type of Entity	Forms to be completed
Individual / Joint Investors (each applicant must complete a form)	APPLICATION FORM: Individual & Sole Traders Form
Australian Companies	APPLICATION FORM: Australian Companies Form
Australian Regulated Trusts (including Self Managed Super Funds)	APPLICATION FORM: Australian Regulated Trusts (including Self Managed Super Funds) Form
Unregulated Australian Trusts and Foreign Trusts (e.g. Family, Unit and Testamentary Trusts)	APPLICATION FORM: Unregulated Australian Trusts and Foreign Trusts Form

Not on the list?

If you are investing via a type of entity not listed above, please phone Cromwell on 1300 268 078 to discuss which form is appropriate for your needs or visit www.cromwell.com.au/chpf for a complete list of Investor Application Forms.

We may request additional information from you where we reasonably consider it necessary to satisfy our obligations under the AML/CTF Act, and applications will not be processed until the necessary information is provided.

Who is allowed to certify AML/CTF Identification documents?

- a Justice of the Peace
- a Commissioner for Declarations
- a member of the Institution of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described)
- a judge of a court or a magistrate
- a permanent employee of Australia Post employed in an office supplying postal services to the public with 5 years continuous service
- a full time teacher at a school or tertiary institution
- a police officer

..... a person who, under a law in force in a State or Territory, is currently licenced or registered to practice one of the following occupations: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist, Veterinary surgeon

..... an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees

..... any other persons mentioned in Part 1 and Part 2 of the *Statutory Declarations Regulations 1993* (Cth)- Schedule 2.

Politically exposed person (PEP) means an individual:

- 1) who holds a prominent public position or function in a government body or an international organisation, including:
 - a) Head of State or head of a country or government; or
 - b) government minister or equivalent senior politician; or
 - c) senior government official; or
 - d) Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation; or
 - e) governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; or
 - f) senior foreign representative, ambassador, or high commissioner; or
 - g) high-ranking member of the armed forces; or
 - h) board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation; and
- 2) an immediate family member of a person referred to in paragraph (1), including:
 - a) a spouse; or
 - b) a de facto partner; or
 - c) a child and a child's spouse or de facto partner; or
 - d) a parent; and
- 3) a close associate of a person referred to in paragraph (1), which means any individual who is known (having regard to information that is public or readily available) to have:
 - a) joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (1); or
 - b) sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in paragraph (1).

A "beneficial owner":

- 1) an individual who owns or controls (directly or indirectly) a reporting entity;
- 2) an individual who ultimately owns or controls (directly or indirectly) the customer;
- 3) in this definition, control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating practices; and
- 4) in this definition, "owns" means ownership (either directly or indirectly) of 25% or more of an entity.

INVESTMENT APPLICATION FORM - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSF)

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (✓). You should read the PDS dated 27 May 2024 and TMD, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214, before completing this investment application form.

PART 1**INVESTMENT AMOUNT**

Minimum application is \$10,000 and thereafter multiples of \$1,000. Payment instructions are detailed on page 1 of the Application Forms.

Investment amount: \$, .

Source of funds:

.....
Income from employment - regular and/or bonus

.....
Investment income (e.g. rent, dividends, superannuation, pension)

.....
Business income

.....
One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)

.....
Sale of assets (e.g. shares, property)

.....
Windfall (e.g. gift, lottery winnings)

.....
Borrowed funds

.....
Government benefits (e.g. family tax benefit)

.....
Charitable donations

PART 2**INVESTOR DETAILS**

Has the person / entity investing in this Fund invested in a Cromwell managed fund previously?

Yes, investor number:

Investment name:

If there are no changes to any of your details go to Part 6

No. Go to Part 3 and attach identification documents

PART 3**INVESTOR IDENTIFICATION****3.1 GENERAL INFORMATION**

Full name of trust

Full business name (if any)

Country where trust established

3.2 TYPE OF REGULATED TRUST

Select only *ONE* of the following trust categories and provide the information requested.

Self-Managed Superannuation Fund

Provide the SMSF's ABN

Registered managed investment scheme

Provide Australian Registered Scheme Number (ARSN)

Unregistered managed investment scheme (a managed investment scheme that is not registered by ASIC, that only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporation Act 2001 applies)

Provide Scheme's ABN

Government superannuation fund

Provide name of the legislation establishing the fund

INVESTMENT APPLICATION FORM - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSF)

Other regulated trusts (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator, e.g. APRA - regulated superannuation fund)

Provide name of the regulator (e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration / licensing details

If not provided above, please include your ABN or TFN in the space provided to ensure tax is not deducted from distributions.

ABN

TFN

If exempt from providing a TFN, please provide the reason for the exemption

PART 4

INDIVIDUAL DETAILS (TO BE COMPLETED IF SELECTED TRUSTEE IS AN INDIVIDUAL)

INDIVIDUAL 1

Surname

Date of Birth (dd/mm/yyyy)

Title

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

INDIVIDUAL 2

Surname

Date of Birth (dd/mm/yyyy)

Title

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

PART 5

AUSTRALIAN COMPANY DETAILS (TO BE COMPLETED IF SELECTED TRUSTEE IS AN AUSTRALIAN COMPANY)

5.1 GENERAL INFORMATION

Full 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

INVESTMENT APPLICATION FORM - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSF)

5.2 COMPANY TYPE

Select only ONE of the following categories.

- Public** Go to Part 5.3
- Proprietary** Go to Part 5.4

5.3 REGULATORY / LISTING DETAILS

Select the following categories which apply to the trustee company and provide the information requested.

- Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

- Australian listed company**

Name of market / exchange

- Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market / exchange

5.4 DIRECTORS

To be completed for proprietary companies only, not required for public companies as per Part 5.2.

How many directors are there?

Provide full name of each director below

Surname

Full given name(s)

1

2

3

4

5

If there are more directors, provide details on a separate sheet and tick this box.

5.5 BENEFICIAL OWNERS

To be completed for proprietary companies only, not required for public companies per Section 5.2.

Provide details of ALL individuals who are ultimately beneficial owners through one or more share holdings of more than 25% of the company's issued capital, (through direct or indirect share holdings).

Beneficial owner 1

Surname

Full given name(s)

Beneficial owner 2

Surname

Full given name(s)

Beneficial owner 3

Surname

Full given name(s)

Beneficial owner 4

Surname

Full given name(s)

INVESTMENT APPLICATION FORM - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFS)

PART 6

DISTRIBUTION PAYMENTS

You are required to provide your bank account details for payment of distributions. We can only accept Australian bank account details.

This account must be in the investors name. Payment to a third party is not permitted.

Account Name

Financial Institution

BSB

Account Number

PART 7

APPLICANT(S) CONTACT DETAILS [MUST NOT BE ADVISER DETAILS]

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.

These contact details will be used for all administration correspondence.

Address

City State Postcode

Phone - After hours -

Mobile -

Email

By providing this email address, you agree to receive all communications, including transaction confirmations, statements, reports and other notifications required by the Corporations Act, by email. From time to time we may still need to send correspondence by post. Contact us if you would like to receive a hard copy of the annual report in the post.

Would you like to be advised of other offers from Cromwell? Yes No

How did you hear about the Fund?

PART 8

ADDITIONAL INVESTMENT ENQUIRER

If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.

Given name

Surname

Date of Birth / / Company (if applicable)

Email

INVESTMENT APPLICATION FORM - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFS)

PART 9

ADDITIONAL QUESTIONS

Are you investing in this Fund on the advice of a licensed financial services provider who has provided investment advice having regard to your personal objectives, financial situation and needs?

- Yes** Go to Part 10 (Please ensure Adviser Details - Part 10 is completed in full.) **No** Go to Question 1

1. The Cromwell Property Healthcare Fund is an illiquid investment. While the Fund has a minimum investment timeframe of 5 years this may be extended, including by special resolution of Unitholders. Do you accept that you do not have the right to demand a withdrawal of your investment prior to the sale of the healthcare asset and the winding up of the Fund?

- Yes** **No**

If you have answered 'NO' to question 1, an investment in the Fund is unlikely to be suitable for you and Cromwell will require additional information from you before it decides it will accept this application.

2. The Fund will use some debt to acquire the healthcare asset. Do you accept that because the Fund uses debt (or gearing) any capital gains or losses (which are determined by changes in value of the underlying property) will be magnified depending on the level of gearing employed?

- Yes** **No**

3. Do you accept the capital value of your investment is not guaranteed?

- Yes** **No**

4. Are you aware that the income paid by this Fund is not guaranteed and may vary over time?

- Yes** **No**

5. Please indicate the percentage your investment in the Fund represents of the assets you have available for investment, excluding your residential home:

- Up to 10%** **Up to 25%** **Up to 50%** **Up to 75%** **Up to 100%**

- I prefer not to provide this information**

Additional information

If you have answered 'NO' to any of questions 1-4, or have indicated that your investment in the Fund represents more than 25% of the assets you have available for investment (excluding your residential home) please read the following statement:

"You have answered the above question in a manner which suggests this product may not be suitable for you. Before proceeding with your investment, we recommend you do one or more of the following:

- Review the Target Market Determination for the product which can be found online at www.cromwell.com.au or by calling Cromwell's Investor Services Team on 1300 268 078 or emailing invest@cromwell.com.au.
- Review the Product Disclosure Statement which can be found online at www.cromwell.com.au or by calling Cromwell's Investor Services Team on 1300 268 078 or emailing invest@cromwell.com.au.
- Seek advice from your financial adviser, stockbroker or other investment professional."

PART 10

ADVISER DETAILS

Please have your financial adviser complete and sign this section, to confirm they hold a current AFS license and are authorised to advise on managed investment products.

Adviser given name	<input type="text"/>
Adviser surname	<input type="text"/>
Adviser company (if applicable)	<input type="text"/>
Adviser phone	<input type="text"/> - <input type="text"/>
Adviser email	<input type="text"/>
Dealer Group Name	<input type="text"/>
AFSL No:	<input type="text"/>
ASIC Moneysmart Adviser number	<input type="text"/>

I confirm I have reviewed the Target Market Determination (TMD) in providing personal advice to the Applicant in relation to their investment in the Fund and I further represent that I; have product governance arrangements in place to ensure compliance with my distribution obligations in Part 7.8A of the Corporations Act; will provide to Cromwell Funds Management (CFM) the reports specified in the TMD within the timeframes specified in the TMD; will not knowingly do anything to put CFM in breach of Part 7.8A of the Corporations Act; and will notify CFM immediately if I become aware of anything that would, or may potentially, put CFM in breach of Part 7.8A of the Corporations Act.

ADVISER SIGNATURE

Date / /

Name

INVESTMENT APPLICATION FORM - AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFS)

PART 11

DECLARATION AND AUTHORISATION

I/we declare that I/we have received and read the current PDS and agree to be bound by it and the Constitution (each as amended from time to time). I/we declare that the offer was received and accepted in Australia and all information in this application is true and correct. I/we indemnify CFM against any liabilities whatsoever arising from acting on any information I/we provide in connection with this application. I/we have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. I/we acknowledge that neither CFM or any other member of the Cromwell Property Group (including its directors and employees) guarantee the Fund's performance, the repayment of capital, any particular rate of return or any distribution. In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the units will be held as joint tenants and both investors will be required to operate the account and bind the other investor for future transactions. If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of the power. I/we acknowledge that I/we have read and understood the 'Privacy Statement' in the current PDS. Until I/we inform CFM otherwise, I/we will be taken to have consented to all uses of my/our personal information (including marketing) contained under that heading and to my/our adviser providing further personal information to CFM as required or reasonably deemed necessary by CFM. Any application can be accepted or rejected by CFM. I/we understand that if I/we fail to provide any information requested or do not agree to any of the possible uses or disclosure of my/our information as detailed in the PDS, my/our application may be rejected by CFM and CFM is released and indemnified in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided. I/we agree that CFM may provide details of my/our investment to the adviser group or adviser nominated by the means and in the format that they direct. I/we declare the tax information provided is accurate. I/we confirm my/our answers to the additional questions at Part 10 of this Application Form are correct.

SIGNATURE A

SIGNATURE B

Date

 / /

Name

If a Company Officer or Trustee, you MUST specify your title:

Director Sole Director and Company Secretary

Trustee Other

Date

 / /

Name

If a Company Officer or Trustee, you MUST specify your title:

Director Company Secretary

Trustee Other

PART 12

PAYMENT DETAILS

These details are required so your payment can be matched to your application form.

BPAY

> Biller Code: 439281

Reference number:

Call Boardroom 1300 737 760 for your Reference number

Electronic Transfer

> BSB: 084 004 Account number: 939 299 156

Account Name: CFML CHPF Application Account

Reference: Applicant Name

PART 13

POSTAL

Post

> Mail your original application form and certified copies of identification to the Fund's registrar:

Boardroom Pty Limited

GPO BOX 3993

Sydney NSW 2001