

MARSICO
CAPITAL MANAGEMENT*



CC Marsico Global Fund APIR: CHN0002AU
Application Booklet

November 2018

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Completing the Application Form

Personal Details

Insert your name and personal details into the spaces provided in the Application Form. For joint applications the names of all applicants must be included. A company must provide its Australian Business Number. Please provide information on your residency.

Incomplete Applications

Application monies accompanying an incomplete application will be retained in a trust account pending receipt of the required information. Interest earned on these application monies will form part of the Fund. Units will not be issued as a result of the interest earned.

Investor Declaration

Please sign the Application Form including the declaration. All applicants must sign. Corporate applicants may sign under common seal or by their authorised representatives. If signing under a power of attorney, you are certifying that the power of attorney has not been revoked (a certified copy of power of attorney must be submitted with this application unless it has already been sighted).

Tax File Number

Investors have the choice of whether or not to quote their Tax File Number (TFN) when opening a Fund account. The investor does not have to quote a TFN, but it is a requirement of relevant taxation laws that Channel will withhold tax (plus Medicare levy) from income distributions to the investor if they have not quoted their TFN or provided appropriate exemption information. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the taxation laws and the Privacy Act. If you are exempt from quoting a TFN, please quote the equivalent ATO code in the TFN space provided (e.g. Aged pension is 444 – 444 - 441).

Additional Applications

If you are an existing unitholder in the Fund you may apply for additional units by completing the additional unit application form. The additional investment amount will be added to your existing investment in the Fund. Insert your investor number, name and personal details as well as your additional investment amount into the spaces provided on the form. Please read the Declaration and Authorisation and have the form signed by the authorised signatories and then return the completed

form to us. Additional application monies should be sent by electronic transfer to the Fund's application account noted on the form.

Investor Representations and Warranties

In addition to the acknowledgments contained in the Investor Declaration on the Application Form, by completing and signing the Application Form, the investor:

- a) You agree to be bound by the provisions of the Fund constitution;
- b) You confirm that you are in compliance with all relevant laws and regulations (including, without limitation, the requirements of the Corporations Act) and will not cease to be in compliance if you accept your allocation of Units;
- c) You authorise the use of the TFN information provided on the Application Form in respect of your investment;
- d) You acknowledge that neither Channel and its associates guarantees the capital invested by investors or the performance of the specific investments of the Fund;
- e) You acknowledge that the provision of the products available through the Fund should not be taken as the giving of investment advice by Channel, as Channel is not aware of the investor's investment objectives, financial position or particular needs;
- f) You acknowledge that you are responsible for ensuring that the information on the Application Form is complete and correct;
- g) You have such knowledge and experience in financial and business matters that you are capable of evaluating the merits and risks of a purchase of the Units and you acknowledge that an investment in the Fund involves a degree of risk;
- h) You have the financial ability to bear the economic risk of the investment in the Fund;
- i) You have had access to all information that you believe is necessary or appropriate in connection with your application for Units. You acknowledge and agree that the only information and representations provided by Channel are those contained in the PDS to which the Application Form relates;
- j) You have made and relied upon your own assessment of the Fund and have conducted your own investigation with respect to the Application and the Fund including, without limitation, the particular tax consequences of subscribing, owning or disposing of the Units in light of your

particular situation as well as any consequences arising under the laws of any other taxing jurisdiction;

- k) Except to the extent that liability cannot by law be excluded, you acknowledge that none of the directors, officers, employees or advisers of Channel or the Fund, or any of their respective related bodies corporate, accept any responsibility in relation to the Application;
- l) You acknowledge that the Fund, Channel and its affiliates will rely upon the truth and accuracy of the foregoing acknowledgments, representations, warranties and agreements. You indemnify the Fund, Channel and their affiliates against any loss, damage or costs incurred and arising out of or in relation to any breach by you of the acknowledgments, representations, warranties and agreements; and
- m) You agree that Channel, may:
 - i) require you to provide any additional documentation or other information and perform any acts to enable compliance with any laws relating to anti-money laundering and counter terrorism financing ('AML') or any other law;
 - ii) at its absolute discretion and without notice to you, take any action it considers appropriate, including blocking or delaying transactions on your account or refuse to provide services to you to comply with any law relating to AML or any other law; and
 - iii) in its absolute discretion and without notice to you, report any or any proposed transaction or activity to any body authorised to accept such reports relating to AML or any other law.

we take to protect your information vary depending on the type of information, how it is collected and how it is stored. Channel will endeavour to keep your personal details up to date and complete. To the extent we are required to do so under the Privacy Act 1988, we will provide you with access to your personal information. Should you wish to access or amend such details please contact Channel Client Services.

For most requests for access, information will be provided free of charge, but we may charge a reasonable fee if your request is unusual and requires a substantial effort on our part. Generally Channel will only use or disclose your personal information in conjunction with the provision and administration of the product or service you have requested and for the general monitoring and evaluation of the product or service. For example, we provide personal information to the provider of the Fund's administration and unit registry services, to your bank to process your direct debit and other transaction requests, to bulk mailing service providers and to other similar parties who provide outsourced functions to Channel.

Anti-Money Laundering/Counter Terrorism Financing

The prevailing anti-money laundering legislation requires that the identity of an investor is verified. Without this information we may not be able to deal with you and monies cannot be paid to you if and when investments are realised. Channel may require additional information to verify the identity of an investor, any underlying beneficial owner of units in a fund or trust and the source of any payment. Where we request such information from you, processing of new applications may be delayed until the requested information in a satisfactory form is received.

Privacy Statement

This privacy statement applies to personal information you may provide to Channel. Generally you have no obligation to provide Channel with personal information, however if you choose to withhold requested information Channel may not be able to provide you with products and services that depend on the collection of that information.

Protecting the privacy of our customers is a key part of our normal operations. We take measures to protect personal information we collect from unauthorised access, loss, misuse, disclosure or alteration. We also take measures to destroy personal information when it is no longer required. The steps

Correct Forms of Registrable Names

An application must be signed in the name(s) of natural persons, companies or other legal entities. At least one name given in full and the surname is required for each natural person.

The name of the beneficiary or any other non-registrable name may be included by way of an account designation if completed exactly as described in the examples of correct forms of registrable names below.

Type of investor	Correct form of Registrable Title
Individual or Joint Applicants <ul style="list-style-type: none">• Use given names in full• Do not use initials	Mr John Alfred Smith and Mrs Mary Anne Smith
Partnerships <ul style="list-style-type: none">• Use partners' personal names• Do not use the name of the partnership	Mr John Smith and Mr Michael Smith < John Smith and Son A/C >
Minor (a person under the age of 18) <ul style="list-style-type: none">• Use the name of a responsible adult• Do not use the name of the minor	Mr John Alfred Smith < John Smith >
Company <ul style="list-style-type: none">• Use company title• Do not use abbreviations	ABC Pty Ltd
Trusts <ul style="list-style-type: none">• Use trustee(s) personal name(s)• Do not use the name of the trust	Mrs Sue Smith < Sue Smith Family A/C >
Deceased Estates <ul style="list-style-type: none">• Use executor(s) personal name(s)• Do not use the name of the deceased	Ms Jane Smith < Est John Smith A/C >
Association <ul style="list-style-type: none">• Use office bearer(s) personal name(s)• Do not use the name of the club, etc.	Mr Michael Smith < ABC Tennis Association A/C >

Superannuation Funds

- Use name of trustees and fund
- Do not use the name of fund only

Mr John Henry Smith and
Mrs Susan Jane Smith
< J & S Smith Super Fund A/C >

Co-operative

- Use name of co-operative
- Do not use abbreviations

ABC Co-operative Limited

Government Body

- Use name of government body

ABC Department or
Department of ABC

Application Form Checklist

Please complete the section of the Application Form which applies to you and then return the signed form with the relevant document(s) to the address provided.

Type of Investor	Sections to be Completed in Application Form			Verification Required
Individuals/Joint Applicants	<input type="checkbox"/> Section 1 <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 7 (if applicable)	<input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 13	Refer Section "A" on Page 13. For joint applicants, ID is required for both parties
Company Listed/Licensed Australian Companies	<input type="checkbox"/> Section 2 <input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 9 (if applicable)	<input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "B" on Page 13
Listed/Licensed Australian Registered Foreign Companies or their Majority Owned Subsidiaries	<input type="checkbox"/> Section 2 <input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 3(b)	<input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "C" on Page 13
Private and Unlisted/Unlicensed Public Australian Companies	<input type="checkbox"/> Section 1 (if beneficial owner has 25% or more of issued capital) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 3(a)	<input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "D" on Page 14
Private and Unlisted/Unlicensed Public Australian Companies (Aust. Foreign Company)	<input type="checkbox"/> Section 1 (for each director) <input type="checkbox"/> Section 1 (if beneficial owner has 25% or more of issued capital) <input type="checkbox"/> Section 2	<input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 3(b) <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10	<input type="checkbox"/> Section 11 <input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "E" on Page 14
Foreign Companies not registered in Australia	<input type="checkbox"/> Section 1 (for each director) <input type="checkbox"/> Section 1 (if beneficial owner has 25% or more of issued capital) <input type="checkbox"/> Section 2	<input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 3(b) <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10	<input type="checkbox"/> Section 11 <input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "F" on Page 14
Trusts Regulated Trust (e.g. Self Managed Super Fund) (e.g. APRA, ATO, ASIC regulated)	<input type="checkbox"/> Section 2 <input type="checkbox"/> Section 4 <input type="checkbox"/> Section 8 (if applicable)	<input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "G" on Page 15
Trusts (where the Trustee is a company)	The relevant requirements for "Trusts" and "Company" must be completed.			Refer Section "G" or "H" regarding Trusts on Page 15 and Sections "D", "E" and "F" regarding Companies on page 14 as appropriate
All Other Trust Types	<input type="checkbox"/> Section 1 (if beneficial owner has 25% or more of issued capital) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 4	<input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "H" on Page 15
Government Superannuation Fund	<input type="checkbox"/> Section 2 <input type="checkbox"/> Section 4 <input type="checkbox"/> Section 8 (if applicable)	<input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "G" on Page 15
Partnerships	<input type="checkbox"/> Section 1 (for each partner) <input type="checkbox"/> Section 2 (for partnership) <input type="checkbox"/> Section 5	<input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "I" on Page 15
Association/Registered Co-operative/ Government Body	<input type="checkbox"/> Section 1 (for each partnership secretary or treasurer) <input type="checkbox"/> Section 1 (if beneficial owner has 25% or more of issued capital) N/A if Government body. <input type="checkbox"/> Section 2 (for association)	<input type="checkbox"/> Section 6 <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10	<input type="checkbox"/> Section 11 <input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "J", "K" or "L" as applicable on Pages 15 and 16
Minor/Deceased Estate	<input type="checkbox"/> Section 1 (for each trustee) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 7	<input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "A" and either "M" or "N" as applicable on Pages 13 and 16
Power of Attorney	Complete Sections as required above for the Investor on whose behalf the attorney is acting.			Investor type verification and Refer Section "O" on Page 16

Attention: Please read the following IMPORTANT DISCLOSURES prior to completing this application form booklet.

Foreign Account Tax Compliance (FATCA) Disclosure

Are you either an individual, or a shareholder (if a company), or a beneficial owner (if a trust entity) a US citizen or resident of the US for tax purposes? Please tick the box below. If either of the boxes below is not ticked, your application may not proceed to processing.

Yes No

If you have ticked the 'Yes' box, please contact a Channel Client Services representative on 07 3259 7650 or via email at clientservices@channelcapital.com.au to discuss any additional information that may be required.

Politically Exposed Persons (PEP)

Under Anti-Money Laundering/Counter Terrorism laws, we are required to ask you whether you are a PEP, a family member of a PEP or a close associate of a PEP. Please refer to the information set out below to check whether you fit the description of a PEP and then answer the question that follows.

PEP

A PEP is an individual who holds a prominent public position or function in a government body or an international organisation, including: Head of State or head of a country or government, government minister or equivalent senior politician, senior government official, judge of a federal or state court of Australia, or equivalent in a foreign country or international organisation, governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia, senior foreign representative, ambassador, or high commissioner, high-ranking member of the armed forces, or board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation.

Family member of PEP

A family member of a PEP includes the PEP's parents, spouse, de facto partner, a child and a child's spouse or de facto partner.

Close Associate of PEP

A person who is known to be a close associate of a PEP (having regard to information that is public or readily available) includes anyone who has joint beneficial ownership of a legal entity or legal arrangement, or sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a PEP.

Are you, or anyone named on this application form a PEP, a family member of a PEP or a close associate of a PEP?

Please tick the box below. If either of the boxes is not ticked, your application may not proceed to processing.

Yes No

If you have ticked the 'Yes' box, please contact a Channel Client Services representative on 07 3259 7650 or via email at clientservices@channelcapital.com.au to discuss any additional information that may be required.

Common Reporting Standard (CRS)

The OECD has developed a Common Reporting Standard (CRS) regime for the reporting and exchange of information in respect of foreign tax residents, which has been adopted in Australia. Under the CRS regime, Channel must report certain financial information to the ATO in respect of investors identified as foreign residents and the ATO exchanges that information with overseas revenue authorities, where that country has become a party to the CRS regime.

Are you or anyone named on the application form a foreign tax resident? Please tick the box below. If either of the boxes below is not ticked, your application may not proceed to processing.

Yes No

If you have ticked the 'Yes' box, please contact a Channel Client Services representative on 1800 940 599 or via email at clientservices@channelcapital.com.au to discuss any additional information that may be required.

CC Marsico Global Fund APIR CHN0002AU
Class B Units

A completed application is an instruction to invest in the CC Marsico Global Fund. Please complete the sections of the form that apply to you and return the signed form with the relevant document/s to:

Channel Investment Management Ltd AFSL 439007
ATTN: Channel Client Services
GPO BOX 206, Brisbane QLD 4001

November 2018

Please cross the boxes where appropriate. Is this a: New investment Additional investment?

<p>Section 1 Investor Details Individual/Joint/ Trustee/Director/ Partnership/25% or more Shareholder</p>	<p>If existing Fund Investor - Investor # <input type="text"/></p> <p>INVESTOR 1</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (e.g,Dr) <input type="checkbox"/></p> <p>Given Name(s) <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Date of Birth <input type="text"/> <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>RESIDENCY DETAILS Are you an Australian resident for taxation purposes? If no, please state your country of residency.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/></p> <p>Residential Street Address <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Post Code <input type="text"/></p> <p>Country <input type="text"/></p> <p>Tax File Number or Exemption Number <input type="text"/> <input type="text"/></p> <p>If previously an Australian resident, what was the date you became a non-resident?</p> <p><input type="text"/> <input type="text"/></p>	<p>If existing Fund Investor - Investor # <input type="text"/></p> <p>INVESTOR 2</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (e.g,Dr) <input type="checkbox"/></p> <p>Given Name(s) <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Date of Birth <input type="text"/> <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>RESIDENCY DETAILS Are you an Australian resident for taxation purposes? If no, please state your country of residency.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/></p> <p>Residential Street Address <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Post Code <input type="text"/></p> <p>Country <input type="text"/></p> <p>Tax File Number or Exemption Number <input type="text"/> <input type="text"/></p> <p>If previously an Australian resident, what was the date you became a non-resident?</p> <p><input type="text"/> <input type="text"/></p>
	<p>Section 2 Contact Details All Applicants to Complete</p>	<p>Contact Person <input type="text"/> <small>(if different from above)</small></p> <p>Mailing Address* <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>State <input type="text"/> Post Code <input type="text"/></p> <p>Country <input type="text"/></p> <p>Work Phone <input type="text"/></p> <p>Facsimile Number <input type="text"/></p> <p>Home Phone <input type="text"/></p> <p>Mobile Phone <input type="text"/></p> <p>Email <input type="text"/></p> <p>@ <input type="text"/></p>

* PO Boxes and/or C/- addresses without proof of residential address cannot be accepted.

Section 3
Company Details
Private/Public

3(A) COMPANY (IF APPLICABLE)

Name of Company

Tax File Number or Exemption Number

Australian Business Number

Other Identification Number

Registered Address

Mailing Address*

State

Post Code

State

Post Code

Country

Country

The Company is (as registered with registration body):

 A Private Company

 A Public Company

 Other type of Company (please state)

For private companies, state the full name of each Director:

Director 1:

Director 2:

Director 3:

Director 4:

3(B) FURTHER INFORMATION FOR FOREIGN COMPANIES

Business Address in Australia (if applicable)

State

Post Code

NOTE: Please also provide the full names and details of the relevant directors by completing Section 1 of the form (attach additional page(s) if necessary).

Country where company was formed, incorporated or registered:

If the company is registered by a foreign registration body, the name of the body and any registration number issued by the relevant foreign body:

 Registration Number:

Section 4
Trust Details
Trust/
Superannuation
Fund

4(A) GENERAL INFORMATION

Full name of Trust

Full business name (if any)

Country where Trust established

Tax File Number or Exemption Number

Type of Trust (select only one of the following trust types and provide the information requested).

 Registered managed investment scheme

Provide Australian Registered Scheme Number (ARSN)

 Regulated trust (e.g. SMSF)

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

Provide the trust's ABN

or registration/licensing details

 Government superannuation fund

Provide name of the legislation establishing the Fund

 **Other trust type

Trust description (e.g. Family, unit, charitable, estate)

* PO Boxes and/or C/- addresses without proof of residential address cannot be accepted

** Please complete 4(B).

Section 4
Trust Details
(Continued)

4(B) TRUSTEE DETAILS

Provide full name, residential address and date of birth of each Trustee below.

Trustee 1 Full name(s) or company name.

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable).

State Post Code

Country

Date of Birth

Trustee 3 Full name(s) or company name.

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable).

State Post Code

Country

Date of Birth

Name of any Trust beneficiary or details of the class of beneficiaries.

Trustee 2 Full name(s) or company name.

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable).

State Post Code

Country

Date of Birth

Trustee 4 Full name(s) or company name.

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable).

State Post Code

Country

Date of Birth

Name of any Trust beneficiary or details of the class of beneficiaries.

Section 5
Partnership
Details

PARTNERSHIP (IF APPLICABLE)

Name of Partnership

Full registered business name (if any) of Partnership

Country where Partnership established

NOTE: Please also provide the full names and details of the Partners in Section 1 of this form (attach extra page(s) if necessary).

Section 6
Association
Details
Association/
Registered
Co-operative/
Government
Body

Please cross type of Investor

ASSOCIATION REGISTERED CO-OPERATIVE GOVERNMENT BODY

Name of Association/Registered Co-operative/Government Body

Tax File Number or Exemption Number

Australian Business Number

Other Identification Number

Registered Address

State

Post Code

Country

Section 6 Association Details (Continued)

Principal place of business/operations address (if same as registered address, please write 'AS ABOVE').

	State	Post Code
Country		

Full name of the association's President, Secretary and Treasurer (or other equivalent officers in each case). This section is only to be completed by Associations.

Name of President
Name of Secretary
Name of Treasurer

Please complete Section 1 with the full names and details of the President, Secretary or Treasurer (attach additional page(s) if necessary) and provide ID for one of the officers.

The Government Body is an entity established under legislation of: Commonwealth of Australia

State, Territory or foreign country (if so, name of state, Territory or foreign country)

Section 7 Minor/Deceased Estate Person under 18/Name of Deceased

(if applicable please cross type of Investor)

ACCOUNT DESIGNATION: MINOR DECEASED ESTATE

Designation Name (full name of relevant minor or deceased person)

< A/C>

Please provide the full names and details of the relevant Trustee(s) by completing Section 1 of the form.

Section 8 Custodian

NAME OF CUSTODIAN

Please provide a copy of the document which evidences the custodian's appointment on behalf of the Investor (e.g. custody agreement) and a copy of the custodian's authorised signatory list.

Section 9 Authorised Representative

AUTHORISED REPRESENTATIVE

Are you appointing an Authorised Representative?

Yes No

If yes, please complete Authorised Representative form on page 18 and provide identification as per Section "P" on page 16.

Section 10 Investment and Income Distribution Details

INVESTMENT DETAILS

New Investment Additional Investment

Please make any cheques payable to 'CC Marsico Global Fund' Application Account' and crossed 'Not negotiable'. Direct deposits are not accepted unless by prior arrangement with Channel. Please note that application Funds will not be invested until a completed and signed Application Form is received and accepted.

Total investment amount (minimum \$500,000) for the Minimum Initial Investment.

Amount	\$ <input type="text"/>
Cheque drawer	<input type="text"/>
Bank transfer reference (if Fund direct deposited)	<input type="text"/>

INCOME DISTRIBUTION

Please specify how you would like any income distributions from the Fund to be paid. Income is reinvested automatically by the Responsible Entity unless otherwise instructed.

Reinvested in the Fund Credit to my/our nominated account (ensure Section 11 is completed)

Section 11
Nominated
Account Details

NOMINATED ACCOUNT DETAILS

The following account will be credited for payment of distributions and redemptions (if applicable).

Account Name

Financial Institution Branch

BSB Number Account Number

Section 12
Investor
Communication

ANNUAL FINANCIAL STATEMENTS

The Fund's Annual Financial Statements are accessible in a cost effective and environmentally friendly manner online at www.channelcapital.com.au.

Please choose an option below if you would like to receive a copy of the Annual Financial Statements:

I/We elect to receive Annual Financial Statements via: Email or Printed copy

If an option is not selected you will NOT be sent Annual Financial Statements, however you may still view them online at www.channelcapital.com.au.

Section 13
Investor
Declaration

INVESTOR DECLARATION

I/We have read and understood the Product Disclosure Statement (PDS) to which this application relates and the declarations, conditions and acknowledgements contained under the heading 'Investor Representations and Warranties' in this Application Form Booklet and agree that they are incorporated in this declaration.

I/We agree, acknowledge and accept them and declare that all the details given in this application are true and correct.

I/We have received personally a complete and unaltered PDS prior to completing the Application Form.

I/We certify that if we are signing under a power of attorney, the power of attorney has not been revoked.

SIGNED BY INDIVIDUAL OR JOINT APPLICANTS

<p><input type="text"/></p> <p>Signature</p> <p>Date <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p><input type="text"/></p> <p>Signature</p> <p>Date <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
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For joint applicants, do both Investors need to sign subsequent authorisations? Yes No

If no selection is made, it will be assumed either party can sign.

Section 14
Corporate
Declaration

CORPORATE DECLARATION

– The Corporate Declaration is signed by corporate applicant(s) other than an Individual or Joint Applicants (who should sign section 13 above).

I/We have read and understood the PDS to which this application relates and the declarations, conditions and acknowledgements contained under the heading 'Investor Representations and Warranties' and agree that they are incorporated in this declaration.

I/We agree, acknowledge and accept them and declare that all the details given in this application are true and correct.

I/We have received personally a complete and unaltered PDS prior to completing the Application Form.

I/We certify that if we are signing under a power of attorney, the power of attorney has not been revoked.

Name of Company/Trust or Superannuation Fund/Partnership/Association/Co-operative/Government Body

Australian Business Number

Name 1

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

Name 2

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

The Common Seal of the Company was hereunto affixed if applicable in the presence of

Name

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

Final steps

Please sign and return the completed Application Form and, if applicable, the relevant ID, cheque and Authorised Representative Form to:

Channel Investment Management Ltd

ATTN: Channel Client Services

GPO BOX 206

Brisbane QLD 4001

Notes

- (i) **All applicants:** This Application Form must be signed by the applicant(s) unless an acceptable power of attorney or other written authority is provided.
- (ii) **Corporate applicants:** A corporate application should be signed by a duly authorised official (or officials) whose representative capacity must be stated.
- (iii) **Money laundering prevention:** The prevailing anti-money laundering legislation requires that the identity of Investors be verified. Without this information redemption proceeds cannot be paid if and when holdings are redeemed.

Verification
Sign Off

CHANNEL INVESTMENT MANAGEMENT LTD [OFFICE USE ONLY]

KYC requirements have been collected in accordance with Channel Investment Management Ltd guidelines.

Endorsement

Name

Signature

Date

		/			/				
D	D		M	M		Y	Y	Y	Y

Type of Investor	Section	Minimum Identification Required
Individuals/Joint Applicants	"A"	<p>Verify each Investor's name, residential address or date of birth from:</p> <p>a) an original or certified copy of a valid Driver's Licence (Australian State or Territory, or Foreign Country equivalent) with photograph; or</p> <p>b) Passport issued by Australian Commonwealth or expired passport which has not been cancelled and was current within the preceding two years; or</p> <p>Passport or similar document issued for the purpose of international travel that contains a photograph and signature of the person and is issued by a foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English;</p> <p>Or</p> <p>c) Both:</p> <p>(i) an original or certified copy of a valid primary I.D. document:</p> <ul style="list-style-type: none"> <input type="checkbox"/> National Identity Card with a photograph and signature issued by Australian Commonwealth, State or Territory; or <input type="checkbox"/> Foreign National Identity Card with a photograph and signature issued by a foreign government, UN or UN Agency, with English translation provided by an accredited translator, if not in English; or <input type="checkbox"/> Birth Certificate or birth extract issued by Australian State or Territory; or <input type="checkbox"/> Birth Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or <input type="checkbox"/> Citizenship Certificate issued by Commonwealth government; or <input type="checkbox"/> Citizenship Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or <input type="checkbox"/> Pension card issued by Centrelink; <p>And</p> <p>(ii) an original or certified copy of a valid secondary I.D. document:</p> <ul style="list-style-type: none"> <input type="checkbox"/> notice issued to an individual by Centrelink within preceding 12 months which records the provision of financial benefits to an individual and the individual's name and residential address; or <input type="checkbox"/> notice of a foreign welfare department equivalent within preceding 12 months which records the provision of financial benefits to an individual and the individual's name and residential address; or <input type="checkbox"/> notice issued to an individual by the ATO or relevant foreign Taxation authority within the preceding 12 months which records the name and residential address of the individual; or <input type="checkbox"/> notice issued to an individual by a local government body or utilities provider within preceding three months which records the provision of services to that residential address or that individual; or <input type="checkbox"/> For persons under 18, a notice issued by a school principal within the preceding three months containing the name of the person and his or her residential address and recording the period of time that the person attended the school.
Listed or Licensed Companies	"B"	<p>Original or certified copies of:</p> <p>Domestic Company</p> <ul style="list-style-type: none"> <input type="checkbox"/> a search of the relevant ASIC database or relevant stock exchange or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> That the company is a listed public company, a majority owned subsidiary or a domestic listed public company or licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company.
	"C"	<p>Australian Registered Foreign Company</p> <ul style="list-style-type: none"> <input type="checkbox"/> a search of the relevant ASIC or other government database, a search of the relevant foreign stock exchange, a search of the licence or other records of the relevant regulator or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); or <input type="checkbox"/> Certificate of Incorporation or recent extract of public company register or document issued by the foreign government (including a registration certificate). <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> that the company is a listed public company, a majority owned subsidiary or a listed public company or licensed and subject to the regulatory oversight of statutory regulator in relation to its activities as a company; <p>And</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered company address; and <input type="checkbox"/> principal place of business address in Australia (if any).

Type of Investor	Section	Minimum Identification Required
Private and Unlisted/ Unlicensed Public Companies	"D"	<p>Original or certified copies of: Domestic Company</p> <p><input type="checkbox"/> a Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database, or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report);</p> <p>Evidencing:</p> <p><input type="checkbox"/> the full name of the company as registered by ASIC; and</p> <p><input type="checkbox"/> whether the company is registered by ASIC as a private company or public company; and</p> <p><input type="checkbox"/> the ACN issued to the company.</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" on page 13 must also be satisfied.</p>
	"E"	<p>Australian Registered Foreign Company</p> <p><input type="checkbox"/> a Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database, search of the licence or other records of the relevant regulator, other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report);</p> <p>Evidencing:</p> <p><input type="checkbox"/> the full name of the company as registered by ASIC; and</p> <p><input type="checkbox"/> ARBN issued; and</p> <p><input type="checkbox"/> whether the company is registered by ASIC as a private company or public company; and</p> <p><input type="checkbox"/> registered company address; and</p> <p><input type="checkbox"/> principal place of business address in Australia (if any); and</p> <p><input type="checkbox"/> in respect of one of the directors, identification as per individual requirements.</p> <p><input type="checkbox"/> full address of the company in its country of formation, incorporation or registration; and</p> <p><input type="checkbox"/> the full name of each director;</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" on page 13 must also be satisfied.</p>
Foreign Companies not registered in Australia	"F"	<p>Unregistered Foreign Company</p> <p><input type="checkbox"/> Foreign registration certificate, Certificate of Incorporation, recent extract of company register; or</p> <p><input type="checkbox"/> other appropriate document(s) including a search of the relevant government database, a search of the relevant stock exchange, a search of the licence or other records of the relevant regulator, or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report);</p> <p>Evidencing: Full name of Company</p> <p><input type="checkbox"/> whether the company is a Public or Private Company; and</p> <p><input type="checkbox"/> any ID number issued by the company by the relevant foreign registration body;</p> <p>And for Unlisted Companies:</p> <p><input type="checkbox"/> name of each director; and</p> <p><input type="checkbox"/> in respect of one of the directors, identification as per individual requirements; and</p> <p><input type="checkbox"/> registered company address; and</p> <p><input type="checkbox"/> principal place of business address.</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" on page 13 must also be satisfied.</p>

Type of Investor	Section	Minimum Identification Required
Regulated Trust and Superannuation Fund	"G"	<p>Registered managed investment schemes, regulated trusts and Government Superannuation Fund.</p> <p>Original or certified copies of:</p> <p><input type="checkbox"/> a search of the relevant regulator eg: ASIC, ATO, APRA etc;</p> <p>Evidencing:</p> <p><input type="checkbox"/> the registered or regulated status of the entity.</p> <p>And</p> <p>For Self Managed Superannuation Fund.</p> <p>Original or certified copies of:</p> <p><input type="checkbox"/> ATO database search or the trust or superannuation deed;</p> <p>Evidencing:</p> <p><input type="checkbox"/> name of the trust and names of the trustees.</p> <p>And</p> <p>In respect of one of the trustees:</p> <p><input type="checkbox"/> if the trustee is an individual, then ID required as per the individual requirements; or</p> <p><input type="checkbox"/> if the trustee is a company, then ID required as per the company requirements</p>
Non Regulated Trusts	"H"	<p>Original or certified copies of:</p> <p><input type="checkbox"/> the trust or superannuation deed;</p> <p>Evidencing:</p> <p><input type="checkbox"/> name of the trust and names of trustees</p> <p><input type="checkbox"/> names of all beneficiaries where beneficiaries are named.</p> <p>Or</p> <p><input type="checkbox"/> details of the class of beneficiaries where a class is described.</p> <p>And</p> <p>In respect of one of the trustees:</p> <p><input type="checkbox"/> if the trustee is an individual, then ID required as per the individual requirements; or</p> <p><input type="checkbox"/> if the trustee is a company, then ID required as per the company requirements</p> <p><input type="checkbox"/> if the Settlor of the Trust has made a material asset contribution of >\$10,000 and is still living, the identification requirements set out in Section "A" on page 13 must be satisfied.</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" on page 13 must also be satisfied.</p>
Partnership	"I"	<p>Certified copy or extract of:</p> <p><input type="checkbox"/> partnership agreement; or</p> <p><input type="checkbox"/> the minutes of a partnership meeting approving the establishment of the business relationship; or</p> <p><input type="checkbox"/> if partnership is regulated by a professional association, then a search of the current membership directory; or</p> <p><input type="checkbox"/> original or certified copy of a certificate of registration of business name issued by a government body;</p> <p>And</p> <p><input type="checkbox"/> in respect of all of the partners, identification as per the individual requirements.</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" on page 13 must also be satisfied.</p>
Association	"J"	<p>Original or certified copies of:</p> <p><input type="checkbox"/> constitution or rules of association or a certified copy of constitution or rules of association; or</p> <p><input type="checkbox"/> minutes of meeting of the association; or</p> <p><input type="checkbox"/> information provided by ASIC (ASIC search) by State or Territory bodies responsible for the incorporation of the association;</p> <p>Evidencing:</p> <p><input type="checkbox"/> the full name of association; and</p> <p><input type="checkbox"/> any unique identifying number issued upon incorporation;</p> <p>And</p> <p><input type="checkbox"/> in respect of the president, secretary or treasurer, identification as per individual requirements.</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" on page 13 must also be satisfied.</p>

Type of Investor	Section	Minimum Identification Required
Registered Co-operative	"K"	<p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> any register maintained by the co-operative or a certified copy or extract of any register; or <input type="checkbox"/> any minutes of meetings of the co-operative or a certified copy or extract of any minutes; or <input type="checkbox"/> information provided by ASIC or by the State, Territory or overseas body responsible for the co-operative; <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> full name of co-operative; and <input type="checkbox"/> any unique identifying number issued upon incorporation; <p>And</p> <ul style="list-style-type: none"> <input type="checkbox"/> in respect of the president, secretary or treasurer, identification as per the individual requirements. <input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" on page 13 must also be satisfied.
Government Bodies	"L"	<p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a copy of relevant extract of the legislation under which the Government body is established; or <input type="checkbox"/> review of the relevant Commonwealth, State, Territory or foreign country register of Government bodies; or <input type="checkbox"/> search of the relevant Commonwealth, State, Territory or foreign country website; <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> full name of government body; and <input type="checkbox"/> full address of government body's principal place of operations; and <input type="checkbox"/> whether the government body is an entity established under legislation of the Commonwealth of Australia, State; Territory or foreign country.
Minor	"M"	<ul style="list-style-type: none"> <input type="checkbox"/> Identification as per Section "A" for trustee; and <input type="checkbox"/> Identification as per Section "A" for minor.
Deceased Estate	"N"	<ul style="list-style-type: none"> <input type="checkbox"/> Identification as per Section "A" for trustee; and <p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> last Will and Testament of deceased; and <input type="checkbox"/> death certificate; or <input type="checkbox"/> Grant of Probate.
Power of Attorney	"O"	<p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney document and a specimen signature of the relevant attorney(s) (where applicable); <p>And</p> <ul style="list-style-type: none"> <input type="checkbox"/> in respect of the attorney, identification as per individual requirements.
Authorised Representative	"P"	<p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed Authorised Representative form (page 18 of this application form booklet); <p>And</p> <ul style="list-style-type: none"> <input type="checkbox"/> in respect of the authorised representative, identification as per individual requirements.

CATEGORY OF ACCEPTABLE REFEREES

Certified copy means a document that has been certified as a true copy of an original document by one of the following referees:

- 1 a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
- 2 a judge of a court;
- 3 a magistrate;
- 4 a chief executive officer of a Commonwealth court;
- 5 a registrar or deputy registrar of a court;
- 6 a Justice of the Peace (including a Commissioner of Declarations);
- 7 a notary public (for the purposes of the Statutory Declaration Regulations 1993);
- 8 an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- 9 a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Certified extract means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in points (1) - (15).

Please note that pharmacists are not an acceptable referee under Anti-Money Laundering legislation in Australia.

For documents certified outside Australia the following persons may certify:

- 1 a legal practitioner enrolled in the country of certification;
- 2 the equivalent of a judge, magistrate or registrar of a court in the country of certification;
- 3 a Justice of the Peace;
- 4 a notary public;
- 5 an Australian consular worker or diplomatic officer in the country of certification; or
- 6 a chartered accountant in the country of certification.

Authorised Representative Form

CC Marsico Global Fund
Class B Units

Channel Investment Management Ltd
AFSL Number 439007

(A) APPOINTMENT OF AUTHORISED REPRESENTATIVE

To authorise third parties in relation to your account, please complete the following details and provide identification as per Section "P" on page 16.

Authorised Representative 1 (please tick applicable box)

Add Modify Delete
Mr Mrs Miss Ms Other (e.g. Dr)

Residential Address (must be provided)

State Post Code

Country

Date of Birth

Phone Facsimile

Email

@

Signature

Date

Add Modify Delete
Mr Mrs Miss Ms Other (e.g. Dr)

Residential Address (must be provided)

State Post Code

Country

Date of Birth

Phone Facsimile

Email

@

Signature

Date

(B) ACCOUNT OPERATING AUTHORITY

Please indicate how you wish to operate your Account.

Any one of us to sign All of us

If you selected 'any one of us to sign', each of you (including any person you appoint as an authorised representative) will be able to transact on or otherwise operate your account independently of the others.

If you do not select an option, we will assume that 'any one of us to sign' option will apply.

(C) DECLARATION AND SIGNATURES

I/We have read and understand the PDS. In particular, I/We note the section titled Appointment of Authorised Representative on page 1. In signing this form, I/we, the undersigned:

- 1 authorise each representative named in this form to operate my/our account;
- 2 understand that an authorised representative can act solely on my/our account subject to section (B) of this form;
- 3 understand I/we are liable for any use of our account by an authorised representative;
- 4 will notify each authorised representative of these terms and conditions and any other items contained in the PDS, and any amendments to them;
- 5 understand that such appointments continue until I/we cancel the appointments by giving notice in writing; and
- 6 acknowledge that the instructions provided in this form supersede all prior authorities.

Authorised Investor 1

Name

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Authorised Investor 2

Name

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

Signature

Date