

JCB

JAMIESON COOTE BONDS

APPLICATION BOOKLET

CC JCB Dynamic Alpha Fund | ARSN 637 628 918 | APIR CHN8607AU

24 DECEMBER 2019



APPLICATION BOOKLET

Completing the Application Form

A completed application is an instruction to invest in the CC JCB Dynamic Alpha Fund. This application form relates to the Product Disclosure Statement dated 24 December 2019 ('PDS') issued by Channel Investment Management Limited ABN 163 234 240 AFSL 439007 ('CIML' or 'RE'). Please read the PDS in full before completing this Application Form.

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.

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 CIML 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, taxation and privacy laws. 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

Additional investments can be made at any time by sending a completed additional unit application form, together with your cheque or electronic funds transfer (EFT) confirmation. It is not necessary for you to complete another Application Form. A copy of the additional unit application form is located at the back of this Application Booklet.

Submitting the Application Form

Mainstream Fund Services
Attn: Unit Registry
GPO Box 4968
Sydney, NSW, 2001

Need help completing the Application Form?

Contact Mainstream
T: 1300 133 451
E: registry@mainstreamgroup.com

Power of Attorney

If signing under a power of attorney, you are certifying that the power of attorney has not been revoked (a certified copy of power of attorney must be submitted with this application unless it has already been sighted). For the purposes of anti-money laundering and counter-terrorism laws, the attorney must complete the same identification requirements as an individual (see PART E - Section A).

Anti-Money Laundering/Counter-Terrorism Financing

Under anti-money laundering and counter-terrorism financing laws, we are required to collect and verify certain information about investors including, if appropriate, the beneficial owners of investors. Without this information, we may refuse to process the application until the requested information has been received or refuse to accept the application altogether. We may also refuse to process a transaction in relation to your investments, or delay or block or refuse a transaction, where we have reasonable grounds for believing that the transaction will breach relevant laws.

Politically Exposed Persons (PEP)

Under anti-money laundering and counter terrorism laws, we are required to ask you whether you are a PEP meaning 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 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 benefit of a person described in paragraph (1).

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 should be included by way of an account designation, completed as described in the examples of correct forms of registrable names below.

Type of investor	Correct form of Registrable Title
Individual or Joint Applicants Use given names in full Do not use initials	Mr John Alfred Smith and Mrs Mary Anne Smith
Partnerships Use partners' personal names Include the name of the partnership as account designation	Mr John Smith and Mr Michael Smith < John Smith and Son A/C >
Minor (a person under the age of 18) Use the name of the responsible adult Include the name of the minor as account designation	Mr John Smith < John Smith >
Company Use company title Do not use abbreviations	ABC Pty Ltd
Trust Use trustee(s) personal name(s) or registered company name Include the name of the trust	Mrs Sue Smith < Sue Smith Family A/C >
Deceased Estates Use executor(s) personal name(s) Include the name of the deceased	Ms Jane Smith < Est John Smith A/C >
Association Use office bearer(s) personal name(s) Include 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 the 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 sections of the application form that apply 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 Documentation Required
	PART A	PART B, C & D	PART E
Individual / Joint Applicants	Section 1	Complete all Sections in Part B & C (as applicable) Ensure Part D – Investor Declaration is signed by all required applicants	Section A
Regulated Trust (e.g. SMSF) – Individual Trustee/s	Sections 1 & 3		Section B
Regulated Trust (e.g. SMSF) – Corporate Trustee	Sections 2a & 3		Section B
All Other Trust Types – Individual Trustee/s	Sections 1 (trustee and beneficial owners) & 3		Section H
All Other Trust Types – Corporate Trustee	Sections 1 (for beneficial owners), 2a & 3		Section H
Private and Unlisted/ Unlicensed Public Australian Company	Sections 1 (for beneficial owners) & 2a		Section C
Listed / Licenced Australian Company	Section 2a		Section E
Foreign Listed/Licenced Company (Australian Registered)	Sections 2a & 2b		Section D
Foreign Private and Unlisted/ Unlicensed Public Company (Australian registered)	Sections 1 (for trustees and beneficial owners), 2a & 2b		Section F
Foreign Company (not registered in Australia)	Sections 1 (for trustees and beneficial owners), 2a & 2b		Section G
Partnerships	Sections 1 & 4		Contact Mainstream
Association / Registered Co-operative / Government Body	Sections 1 (as applicable) & 5		Contact Mainstream
Minor / Deceased Estate	Sections 1 (for trustees) & 6		Sections A and J or I (as applicable)

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

Mainstream Fund Services
 Attn: Unit Registry
 GPO Box 4968, Sydney, NSW, 2001

PART A

Please cross boxes where appropriate.

Section 1

Investor Details
 Individual/Joint/
 Trustee/Director/
 Partner/25% or
 more Shareholder or
 Beneficial Owner

If there are more than (2) two Individuals, Trustees, Directors, Partners, 25% or more shareholder or Beneficial Owners, please print additional pages.

Investor 1

Mr Mrs Miss Ms Other (e.g. Dr)

Given Name(s)

Surname

Date of Birth / /

Residential Street Address

State Postcode

Country

Are you an Australian resident for taxation purposes?
 Yes No

If yes, please provide your Tax File Number or Exemption Number.

If no, please also complete section 13 of the application form as required.

Are you a Politically Exposed Person (as defined on page 2)
 No Yes If yes, please provide details below

Investor 2

Mr Mrs Miss Ms Other (e.g. Dr)

Given Name(s)

Surname

Date of Birth / /

Residential Street Address

State Postcode

Country

Are you an Australian resident for taxation purposes?
 Yes No

If yes, please provide your Tax File Number or Exemption Number.

If no, please also complete section 13 of the application form as required.

Are you a Politically Exposed Person (as defined on page 2)
 No Yes If yes, please provide details below

Section 2 (a)

Company Details
 Private/Public

Please also complete Section 1 of this form for any shareholders with ownership greater than 25%, or if no shareholder with greater than 25%, for each managing official or director of the Company.

Name of Company (as registered with ASIC or foreign registration body)

Tax File Number or Exemption Number Other Identification Number

Australian Business Number

Registered Address (PO Box NOT acceptable)

Principal Place of Management (if any)

State Postcode State Postcode

Country Country

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:

If there are more directors, provide details on a separate sheet and attach to your application form.

Section 2 (b)

Further Information
for Foreign
Companies

Business Address in Australia (if applicable)

State

Postcode

NOTE: Please also complete Section 1 of the form (attach additional page(s) if necessary) for all directors and/or shareholders who hold an interest of greater than 25%.

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

Relevant foreign body:

Registration Number:

Section 3

Trust Details Trust/
Superannuation Fund

Full name of Trust

Full business name (if any)

Country where Trust established

Tax File Number or Exemption Number

Type of Trust (Select one of the following trust types and provide the information requested):

Registered management 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)

Name of trust beneficiaries or details of the class of beneficiaries:

Number of Trustees**:

Full Name of Settlor*:

* Only required where initial contribution to the trust was greater than \$10,000 (unless settlor is deceased).

**Note: Please complete Section 1 for each Individual Trustee and each beneficiary of the trust, or complete Section 2 for a Corporate Trustee.

Section 4

Partnership
Details

Name of Partnership

Full registered business name (if any) of Partnership

Country where Partnership established

NOTE: Please provide the full names and details for each of the Partners in Sections 1, 2, 3 or 4 of the form as required (attach extra page(s) if necessary).

Section 5

Association/
Registered
Co-operative/
Government
Body Details

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

Other Identification Number

Australian Business Number

Registered Address

State

Postcode

Country

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

State

Postcode

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 6

Minor/Deceased
Estate Person
under 18/ Name
of Deceased

Please cross type of Investor (if applicable)

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.

PART B

Section 7

Contact Details

Do not enter your financial adviser details here. If you wish for an adviser to receive copies of documentation, please complete Section 9.

Mailing Address

Contact Phone

State

Postcode

Email

Country

Section 8

Additional 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(s)

Surname

Date of Birth

Company (if applicable)

Section 9

Adviser Details

By completing this section you consent to give your financial adviser access to your account information.

Adviser Name

Adviser Company (if applicable)

Dealer Group Name

AFSL No.

Adviser Email

Adviser Phone

Section 10

Investment and Income Distribution Details

Please note that application funds will not be invested until completed and signed Application Form is received and accepted. Minimum investment amount is \$100,000.

Amount

Cheque

Please make any cheques payable to CC JCB Dynamic Alpha Fund Application Account and crossed Not negotiable.

EFT

BSB

082 401

Account Number

368 083 756

Account Name

CC JCB Dynamic Alpha Fund

Reference

Please include your Investor Name in the reference field of your EFT.

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

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

Account Name

Financial Institution

Branch

BSB (Branch)

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.

FATCA and CRS –
Self-certification
Declaration

You do not need to complete this section if you are a Regulated Australian Super Fund.

Information about investors that are foreign tax residents must be reported to the Australian Tax Office (ATO) in accordance with international tax reporting standards and laws to which Australia is subject. These include the OECD Common Reporting Standard (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia’s obligations under CRS or FATCA, please visit the ATO website www.ato.gov.au

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on their domicile, place of management, principal office or incorporation, the amount of time a person spends in a country, the location of a person’s residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list the reason (of the of the three reasons specified as A, B or C) for not providing a TIN.

Section 13

Individuals

Individual 1

Are you a tax resident of another country?

No

Yes Please provide your name and Tax Identification Number (TIN) below:

	Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided
1			
2			
3			

Reason A: The country of tax residency does not issue TINs to tax residents.

Reason B: The individual has not been issued with a TIN.

Reason C: The county of tax residency does not require the TIN to be disclosed.

Individual 2

Are you a tax resident of another country?

No

Yes Please provide your name and Tax Identification Number (TIN) below:

	Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided
1			
2			
3			

Reason A: The country of tax residency does not issue TINs to tax residents.

Reason B: The individual has not been issued with a TIN.

Reason C: The county of tax residency does not require the TIN to be disclosed.

Section 14a

Entities (Company, Trust, Partnership, Association, etc)

Select the appropriate entity type from one of the four options below and provide requested information.

1. A Financial Institution (A custodial or depository institution, an investment entity or specified insurance company for FATCA/CRS purposes)

Provide the entity's Global Intermediary Identification Number (GIIN), if applicable

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select one)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution

Nonparticipating Financial Institution

Other (describe the FATCA status in the box provided)

Please answer the question below for all Financial Institutions

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

Yes – Please see section 14b (Country of Tax Residency for Entity)

No

2. Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate.

3. A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income)

For other types of Active NFEs, refer to section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org

If the entity is a Foreign Charity or Active NFE, please proceed to section 14b (Country of Tax Residency for Entity).

4. Other (Entities that are not previously listed – Passive Non-Financial Entities)
Please see section 14b (Country of Tax Residency for Entity)

Section 14b

Country of Tax Residency for Entity

Is the entity a tax resident of a country other than Australia?

No

Yes Please provide the entity's country of tax residency and tax identification number (TIN). Please include multiple countries and TINs, if applicable. If a TIN is not provided, please list the reason (of the of the three reasons specified as A, B or C) for not providing a TIN.

	Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided
1			
2			
3			

Reason A: The country of tax residency doesn't issue TINs to tax residents.

Reason B: The individual has not been issued with a TIN.

Reason C: The county of tax residency does not require the TIN to be disclosed.

Investor Declaration

By completing and signing the Application Form, the investor:

- a. I/We have read and understood the PDS to which this application relates and agree to be bound by the provisions of the Fund constitution;
- b. I/We have received personally a complete and unaltered PDS prior to completing the Application Form and declare that all the details given in this Application Form are true and correct;
- c. I/We confirm that I/we 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;
- d. I/We authorise the use of the TFN information provided on the Application Form in respect to My/our investment;
- e. I/We acknowledge that neither CIML and its associates guarantees the capital invested by investors or the performance of the specific investments of the Fund;
- f. I/We acknowledge that the provision of the products available through the Fund should not be taken as the giving of investment advice by CIML, as CIML is not aware of the investor's investment objectives, financial position or particular needs;
- g. I/We acknowledge that I/we are responsible for ensuring that the information on the Application Form is complete and correct;
- h. I/We have such knowledge and experience in financial and business matters that I/we 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;
- i. I/We have the financial ability to bear the economic risk of the investment in the Fund;
- j. I/We have had access to all information that I/we believe is necessary or appropriate in connection with this application for Units. I/We acknowledge and agree that the only information and representations provided by CIML are those contained in the PDS to which this Application Form relates;
- k. I/We have made and relied upon My/our own assessment of the Fund and have conducted My/our 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 My/our particular situation as well as any consequences arising under the laws of any other taxing jurisdiction;
- l. Except to the extent that liability cannot by law be excluded, I/we acknowledge that none of the directors, officers, employees or advisers of CIML or the Fund, or any of their respective related bodies corporate, accept any responsibility in relation to the Application;
- m. I/We acknowledge that the Fund, CIML and its affiliates will rely upon the truth and accuracy of the foregoing acknowledgments, representations, warranties and agreements. I/We indemnify the Fund, CIML 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
- n. I/We agree that CIML, may:
 - i) require Me/us 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 Me/us, take any action it considers appropriate, including blocking or delaying transactions on your account or refuse to provide services to Me/us to comply with any law relating to AML or any other law; and
 - iii) in its absolute discretion and without notice to Me/us, report any or any proposed transaction or activity to anybody authorised to accept such reports relating to AML or any other law; and
- o. I/We certify that if we are signing under a power of attorney, the power of attorney has not been revoked.

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

Date

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

Date

Section A

Individuals/Joint Applicants

Minimum Identification Required

For each Investor please provide:

- a) an original or certified copy of a valid Driver's Licence (Australian State or Territory, or Foreign Country equivalent) with photograph; or
- b) an original or certified copy of a passport issued by Australian Commonwealth or expired passport which has not been cancelled and was current within the preceding two years; or
- c) 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;

Or

d) Both:

(i) an original or certified copy of a valid primary I.D. document

- National Identity Card with a photograph and signature issued by Australian Commonwealth, State or Territory; or
- 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
- Birth Certificate or birth extract issued by Australian State or Territory; or
- Birth Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or
- Citizenship Certificate issued by Commonwealth government; or
- Citizenship Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or
- Pension card issued by Centrelink;

And

(ii) an original or certified copy of a valid secondary I.D. document:

- 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
- 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
- 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
- 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
- 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.

Section B

Regulated Trust

Registered managed investment schemes, regulated trusts and Government Superannuation Fund

Original or certified copies of:

- a search of the relevant regulator e.g.: ASIC, ATO, APRA etc;

And**For Self Managed Superannuation Fund**

Original or certified copies of:

- ATO database search or the trust/ superannuation deed;

And

In respect of one of the trustees:

- if the trustee is an individual, then ID required as per the individual requirements set out in section 'A'; or
- if the trustee is a company, then ID required as per the company requirements set out in section 'C'

<p>Section C Private and Unlisted/ Unlicensed Public Australian Companies</p>	<p>Minimum Identification Required Original or certified copies of:</p> <ul style="list-style-type: none"> <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); and <input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section “A” must also be satisfied,
<p>Section D Foreign Listed / Licensed Company (Australian Registered)</p>	<p>Australian Registered Foreign Company Original or certified copies of:</p> <ul style="list-style-type: none"> <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); and <input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section “A” must also be satisfied.
<p>Section E Listed / Licensed Australian Companies</p>	<p>Original or certified copies of:</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>Section F Foreign Private and Unlisted / Unlicensed Public Companies (Australian Registered)</p>	<p>Australian Registered Foreign Company Original or certified copies of:</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>Section G Foreign Companies (not registered in Australia)</p>	<p>Unregistered Foreign Company Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foreign registration certificate, Certificate of Incorporation, recent extract of company register: or <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); and <input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section “A” must also be satisfied.
<p>Section H Other Trust Types</p>	<p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the trust deed; <input type="checkbox"/> if the Settler of the Trust has made a material asset contribution of >\$10,000 and is still living, the identification requirements set out in Section “A” must be satisfied; and <input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section “A” must also be satisfied. <p>And In respect of one of the trustees:</p> <ul style="list-style-type: none"> <input type="checkbox"/> if the trustee is an individual, then ID required as per the individual requirements as per Section ‘A’; or <input type="checkbox"/> if the trustee is a company, then ID required as per the company requirements as per Section ‘A’.
<p>Section I Deceased Estate</p>	<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.

Section J

Minor

Minimum Identification Required

Identification as per Section "A" for trustee; and

Identification as per Section "A" for minor.

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 persons:

1. a Justice of the Peace
2. a commissioner for declarations
3. a member of the Institution of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
4. 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)
5. a judge of a court or a magistrate
6. a permanent employee of Australia Post employed in an office supplying postal services to the public with 5 years continuous service
7. a full time teacher at a school or tertiary institution
8. a police officer
9. 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
10. 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
11. any other persons mentioned in Part 1 and Part 2 of the Statutory Declarations Regulations 2018 - Schedule 2.

ADDITIONAL UNIT APPLICATION FORM

Channel Investment Management Limited ACN : 163 234 240 AFSL:439007

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.

If you require any information regarding your investments, please contact **Mainstream** on **1300 133 451**.

This additional unit application form is for existing Investors in the CC JCB Dynamic Alpha Fund (ARSN 637 628 918) ('the Fund') who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund.

You should read the PDS to which this application relates issued by Channel Investment Management Limited ACN 163 234 240 AFSL 439007 before completing this additional unit application form.

Section 1. Investor Identification

Investor Reference Number

Full name(s) of Registered Holding

Registered Address

Suburb

State

Postcode

Section 2. Investment Amount

Additional Investment Amount

\$

Section 3. Declaration And Authorisation

I/We have read and understood the PDS to which this application relates and the declarations conditions and acknowledgements contained under Part D 'Investor Declaration' of the Application Form 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 Additional Unit Application Form.

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

Investor 1 Signature

Date / /

Name

Capacity

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

Investor 2 Signature

Date / /

Name

Capacity

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

Section 4. Payment Details

BSB	Account Name	Reference
082 401	368 083 756	CC JCB Dynamic Alpha Fund
		Please include your Investor Name in the reference field of your EFT.

Return form



If you have any questions in relation to this form, please call

Mainstream Fund Services on **1300 133 451**



Post to:

Mainstream Fund Services

Attn: Unit Registry

GPO Box 4968, Sydney NSW, 2001