

TOTUS ALPHA FUND

This form is for new investments only. If you have an existing investment in the Totus Alpha Fund and wish to top-up that investment, please use the Additional Investment Form.

If you have any questions about investing in the Fund please contact Totus Alpha Fund Investor Relations on +61 2 8072 9945 or email: ir@totuscapital.com.au.

If you have any questions regarding the application form or KYC documents, please contact Citco Fund Services (Australia) Pty Limited Investor Relations on +61 2 9005 0400 or email: sydirteam1@citco.com.

INFORMATION MEMORANDUM

This Application Form is for use with the current Information Memorandum as located on our website at www.totuscapital.com.au

WHAT HAPPENS IF I SEND AN APPLICATION FORM THAT IS NOT VALID?

Totus Alpha Fund can accept or refuse any application and is not bound to give any reason or grounds for such refusal.

If your application is incomplete, we will retain the application money in a bank account until we receive the required information. Funds are held for a maximum of 30 days. After this time, the funds will be returned to the source of payment without interest.

Outstanding requirements may include:

- No application form being received
- Funds received under the minimum (\$250,000.00) for new investments
- Know Your Customer policy documents not provided
- No receipt of Wholesale Investor Certificate (if required).

WHERE DO I SEND THE APPLICATION FORM?

Once completed, please send this form to: Citco Fund Services (Australia) Pty Limited via email: sydcfsorders@citco.com or fax: +61 2 9005 0444

Note: All information provided is in accordance with the Privacy Act 1988 and its amendments.

Totus Capital's Privacy Policy is available on our website at www.totuscapital.com.au or alternatively by contacting Totus Alpha Fund Investor Relations on +61 2 8072 9945 or email ir@totuscapital.com.au

Mark the box with an X to indicate your investor type and complete all referenced sections. For your convenience, we have used coloured tabs throughout the form to help you identify the relevant sections.

WHAT DO I NEED TO FILL IN?

INVESTOR TYPE	SECTION REFERENCE	SECTIONS TO BE COMPLETED	PAGE	
<input type="checkbox"/> Individual/ Joint Investor/ Sole Trader/ Individual Trustee	A	Applicant Details	4	
		General Details	14	
		Declaration & Signatures	16	
		Self-Certification Declaration (FATCA/CRS) (click to download from website)		
<input type="checkbox"/> Company/ Corporate Trustee	B	Applicant Details	6	
		General Details	14	
		Declaration & Signatures	16	
		Self-Certification Declaration (FATCA/CRS) (click to download from website)		
<input type="checkbox"/> Trust/ Superannuation Fund	A and C	Applicant Details – Individual Trustee	4	
		Applicant Details – Trust/Superannuation Fund	11	
		General Details	14	
		Declaration & Signatures	16	
	– with Individual Trustee	B and C	Applicant Details – Company/Corporate Trustee	6
			Applicant Details – Trust/Superannuation Fund	11
			General Details	14
			Declaration & Signatures	16
			Self-Certification Declaration (FATCA/CRS) (click to download from website)	
<input type="checkbox"/> Agent of Investors	D	Applicant Details – plus relevant investor type's applicant details:	13	
		Individual/Joint Investor/Sole Trader/Individual Trustee; or Company/Corporate Trustee; or Trust/Superannuation Fund	4 6 11	
	A and B	General Details	14	
		Declaration & Signatures	16	
		or C	Self-Certification Declaration (FATCA/CRS) (click to download from website)	

WHAT IDENTIFICATION DOCUMENTS ARE REQUIRED?

INVESTOR TYPE	SECTION REFERENCE	SECTIONS TO BE COMPLETED	PAGE
<input type="checkbox"/> Individual/Joint Investor/ Sole Trader/Individual Trustee	A	Identification Documents Required	5
<input type="checkbox"/> Company/ Corporate Trustee	A and B	Identification Documents Required	10
<input type="checkbox"/> Trust/ Superannuation Fund – with Individual Trustee – with Corporate Trustee	A and C B and C	Identification Documents Required	12
<input type="checkbox"/> Agent of Investors	A and D	Identification Documents Required	13

HOW CAN I OBTAIN CERTIFIED COPIES OF MY IDENTIFICATION DOCUMENTS?

INVESTOR TYPE	SECTION REFERENCE	SECTIONS TO BE COMPLETED	PAGE
Relevant to all investors	A B C D	Obtaining a Certified Copy of an Original Document	19

WHERE DO I SEND THE APPLICATION FORM?

The completed application form should be sent to Citco Fund Services (Australia) Pty Limited – see page 18.

HOW DO I TRANSFER THE FUNDS?

Funds can be transferred electronically – see page 15.

ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING ACT ('AML/CTF ACT')

The AML/CTF Act obliges us to collect identification document(s) and other supporting information from our investors to verify the identity of the investor or Unitholder, the identity of any underlying beneficial owner of Units, or the source or destination of any payment to or from the Fund or any other purpose pursuant to the AML/CTF Act. Identification documents provided by you or your agent must be certified (see Section 4 of this Application Form for Requirements). Non-English documents must be accompanied by an English translation prepared by an accredited translator.

SECTION A

1. APPLICATION DETAILS – INDIVIDUAL/JOINT INVESTORS/ SOLE TRADER/ INDIVIDUAL TRUSTEE

Complete this section if you are investing in your own name(s) (including as a Sole Trader or Joint Investor), or as Individual Trustee(s).

INVESTOR A / INDIVIDUAL DETAILS

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YY)	Citizenship	<input type="checkbox"/> Australia	<input type="checkbox"/> New Zealand	<input type="checkbox"/> Other (please state)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>			

Tax File Number (TFN) – or exemption code	<input type="text"/>
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It is not compulsory to provide your Tax File Number (TFN), however, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

Tax residence (non-Australian residents)	<input type="text"/>
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Residential address (not a PO Box)

Unit no.	Street no.	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main source(s) of funds for investment:

<input type="checkbox"/> Employment	<input type="checkbox"/> Financial investments	<input type="checkbox"/> Other (please provide brief description)
<input type="checkbox"/> Superannuation savings	<input type="checkbox"/> Inheritance/gift	<input type="text"/>

Occupation
<input type="text"/>

Additional information for Sole Traders (only applicable if applying as a Sole Trader)

Full business name	ABN
<input type="text"/>	<input type="text"/>

Principal place of business

Unit no.	Street no.	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INVESTOR B (ONLY APPLICABLE FOR JOINT INVESTORS)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YY)	Citizenship	<input type="checkbox"/> Australia	<input type="checkbox"/> New Zealand	<input type="checkbox"/> Other (please state)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>			

Tax File Number (TFN) – or exemption code	<input type="text"/>
-------------------------------------------	----------------------

It is not compulsory to provide your Tax File Number (TFN), however, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

Tax residence (non-Australian residents)	<input type="text"/>
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Residential address (not a PO Box)

Unit no.	Street no.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main source(s) of funds for investment:

<input type="checkbox"/> Employment	<input type="checkbox"/> Financial investments	<input type="checkbox"/> Other (please provide brief description)
<input type="checkbox"/> Superannuation savings	<input type="checkbox"/> Inheritance/gift	<input type="text"/>

Occupation
<input type="text"/>

If there are more than two individuals, please provide details on a separate page and attach to this Application Form.

SIGNING AUTHORITY (FOR JOINT APPLICATIONS)

Please tick to indicate signing requirements for withdrawal requests or to change account details:

Any one investor to sign Both investors to sign

If no selection is made, 'both investors to sign' will be assumed.

IDENTIFICATION DOCUMENTATION REQUIRED

Identification documents provided must be certified (see Section 4 on page 19 of this Application Form for requirements). Non-English documents must be accompanied by an English translation prepared by an accredited translator.

Please provide us with a certified copy of a document from Part I below.

If you do not have the documents as set out in Part I, please contact Citco Fund Services (Australia) Pty Limited Investor Relations on +61 2 9005 0400 or email: sydirteam@citco.com

PART I

Provide **ONE** document from this section:

- Australian Government issued driver's licence containing your photograph and date of birth or address (must not be expired)
- Government issued passport containing your photograph and date of birth (Australian passports may have expired within the past two years but must not have been cancelled. All other passports must be current) and a document showing name and residential address issued by the ATO within the past 12 months or issued by a utilities provider within the past 3 months.

Please proceed to **Section 2** on page 14.

SECTION B

1. APPLICANT DETAILS – COMPANY/CORPORATE TRUSTEE

Complete this section if you are investing for, or on behalf of, a Company or as a Trust/Superannuation Fund with a Corporate Trustee.

COMPANY/CORPORATE TRUSTEE

Full company name

Country of formation, incorporation or registration (if non-Australian)

ACN or ARBN (if any)

TFN, ABN or Exemption Code (if any)

It is not compulsory to provide your Tax File Number (TFN), however, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

Tax residence (non-Australian residents)

Name of regulator (if licensed by an Australian Commonwealth, State or Territory statutory regulator)

Licence details

Registered business address in Australia or country of formation (not a PO Box)

Unit no. Street no. Street name

Suburb State Postcode Country

Principal place of business (not a PO Box)

Unit no. Street no. Street name

Suburb State Postcode Country

Main source(s) of funds for investment:

Employment Financial investments Other (please provide brief description)

Superannuation savings Inheritance/gift

Industry/nature of business

If an Australian company, please tick registration status with ASIC

Proprietary company

Public company

If a foreign company, please tick registration status with the relevant foreign registration body

Proprietary company Public company Other (please specify)

Name of the relevant foreign registration body

Foreign company identification number

Name of local agent (if a local agent is used)

DIRECTOR INFORMATION

Australian proprietary companies and non-Australian private companies, please provide the full name of each director of the Company

Director 1

Director 2

Director 3

Director 4

If there are more than four directors, please write their full names on a separate page and attach to this Application Form.

BENEFICIAL OWNERSHIP

Are there any individuals who ultimately own 25% or more of more of the company's issued share capital (through direct or indirect shareholdings) or are entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto?

Yes No

For each of those individuals provide the following information. If there are no such individuals, please proceed to Other Beneficial Owners.

1 Shareholder Beneficial Owner						
Title	Given name(s)			Surname		
<input type="text"/>	<input type="text"/>			<input type="text"/>		
Date of birth (DD/MM/YY)		Citizenship				
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please state) <input type="text"/>
Residential address (not a PO Box)						
Unit no.	Street no.	Street name				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Suburb	State	Postcode	Country			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

2 Shareholder Beneficial Owner

Title Given name(s) Surname

Date of birth (DD/MM/YY) / / Citizenship Australia Other (please state)

Residential address (not a PO Box)

Unit no. Street no. Street name

Suburb State Postcode Country

3 Shareholder Beneficial Owner

Title Given name(s) Surname

Date of birth (DD/MM/YY) / / Citizenship Australia Other (please state)

Residential address (not a PO Box)

Unit no. Street no. Street name

Suburb State Postcode Country

4 Shareholder Beneficial Owner

Title Given name(s) Surname

Date of birth (DD/MM/YY) / / Citizenship Australia Other (please state)

Residential address (not a PO Box)

Unit no. Street no. Street name

Suburb State Postcode Country

B

OTHER BENEFICIAL OWNERS

If there are no individuals who own 25% or more of the company's issued share capital please provide the names of the individuals who hold the position of senior managing officials (or equivalent), for example Managing Director or Directors.

1	Other Beneficial Owner			
Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (DD/MM/YY)	Citizenship			
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please state) <input type="text"/>			
Residential address (not a PO Box)				
Unit no.	Street no.	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Role (for example Managing Director)				
<input type="text"/>				

2	Other Beneficial Owner			
Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (DD/MM/YY)	Citizenship			
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please state) <input type="text"/>			
Residential address (not a PO Box)				
Unit no.	Street no.	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Role (for example Managing Director)				
<input type="text"/>				

3	Other Beneficial Owner			
Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (DD/MM/YY)	Citizenship			
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please state) <input type="text"/>			

Residential address (not a PO Box)

Unit no.	Street no.	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role (for example Managing Director)			
<input type="text"/>			

4
Other Beneficial Owner

Title	Given name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YY)	Citizenship		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please state) <input type="text"/>		
Residential address (not a PO Box)			
Unit no.	Street no.	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role (for example Managing Director)			
<input type="text"/>			

If there are more beneficial owners/shareholders, please write their full names, dates of birth, citizenship and residential addresses on a separate page and attach to this Application Form.

IDENTIFICATION DOCUMENTATION REQUIRED

Identification documents provided by you or your agent must be certified (see Section 4 on page 19 of this Application Form for requirements). Non-English documents must be accompanied by an English translation prepared by an accredited translator.

Please provide us with a certified copy of a document from the following:

Provide **ONE** document from this section:

- Most recent annual Statement or current Company Extract issued by ASIC
- If a regulated company, a report extracted from the relevant registration body
- Certificate of registration or incorporation issued by the relevant foreign registration body

AND

- For each individual beneficial owner the identification documentation as set out in Part 1 on page 5 titled 'Identification Documentation Required'.

Please proceed to **Section 2** on page 14.

SECTION C

1. APPLICANT DETAILS – TRUST/SUPERANNUATION FUND

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

Full Trust/Superannuation Fund name

Country in which Trust was established

Full business name of Trustee (if any)

TFN or Exemption Code

It is not compulsory to provide the trust/fund's TFN, however, without a TFN or exemption information, withholding tax will be deducted from the trust/fund's distributions at the highest marginal rate (plus Medicare Levy).

Tax residence (non-Australian residents)

TYPE OF TRUST

Please check ONE box and provide the specified information

Registered managed investment scheme provide ARSN

Unregistered managed investment scheme

Foreign Superannuation Fund

Regulated trust (e.g. self-managed superannuation fund) Name of regulator (e.g. ASIC, APRA, ATO)

ABN/Registration/licensing details

Government Superannuation Fund

Name of the legislation establishing the Fund

Other trust type

Trust description (e.g. family, unit, charitable, testamentary)

Full name of settlor of the trust

BENEFICIARY DETAILS

Please complete only if the Trust falls under the category '**Foreign Superannuation Fund**' or '**Other trust type**'. Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes > please provide details of membership class(es) (e.g. Unitholders, family members of named person, charitable purposes)

No > please provide full names of all company and individual beneficiaries below

Beneficiary 1

Beneficiary 3

Beneficiary 2

Beneficiary 4

If there are more beneficiaries, please write their full names on a separate page and attach to this Application Form.

BENEFICIAL OWNERSHIP

Individual trustee(s) and/or the beneficial owners of any corporate trustee previously provided will be considered to be the beneficial owners of the Trust.

IDENTIFICATION DOCUMENTATION REQUIRED

Identification documents provided must be certified (see Section 4 on page 19 of this Application Form for requirements). Non-English documents must be accompanied by an English translation prepared by an accredited translator. The identification documents you must provide depend on the type of Trust and type of Trustee.

REGULATED TRUSTS (REGISTERED MANAGEMENT INVESTMENT FUND/GOVERNMENT SUPERANNUATION FUND, SMSF)

If you are a regulated trust or foreign Superannuation Fund, provide ONE document from this section. Screen print from the relevant regulator's website showing the full name of the Trust, and that the trust is a registered scheme, regulated trust or government superannuation fund:

ASIC (asic.gov.au) ATO (ato.gov.au) e.g. self-managed superannuation fund; or Super Fund Look-up (abn.business.gov.au)

AND one of the following based on the type of Trustee for the Trust:

Individual Trustee > each Individual Trustee must provide the identification documentation as set out in Section 1 on page 5 titled 'Identification Documentation Required'.

Corporate Trustee > Corporate Trustee must provide the identification documentation for a company as set out in Section 1 on page 10 titled 'Identification Documentation Required'.

UNREGULATED TRUSTS (FOREIGN SUPERANNUATION FUND/OTHER TRUST TYPE)

If you are an unregulated trust, provide ONE document from this section

A certified copy or certified extract of the Trust Deed showing the name of the Trust and Settlor (Verification of settlor's name using the trust deed is not required if at the time the trust was established, the settlor's contribution to the trust was less than \$10,000.00, or if the settlor is deceased. If the settlor falls within this category, an ATO certificate verifying the name of the trust would be sufficient.)

AND one of the following based on the type of Trustee for the Trust:

Individual Trustee > each Individual Trustee must provide the identification documentation as set out in Section 1 on page 5 titled 'Identification Documentation Required'.

Corporate Trustee > Corporate Trustee must provide the identification documentation for a company as set out in Section 1 on page 10 titled 'Identification Documentation Required'.

Please proceed to **Section 2** on page 14.

SECTION D

1. APPLICANT DETAILS – AGENT OF INVESTORS

Complete this section if you are an:

- **investor appointing an agent** to act on your behalf in relation to your investment in the Fund; or
- **agent making an initial investment on behalf of an investor** and acting on their behalf in relation to their investment in the Fund. You will also be required to complete the relevant sections applicable to the investor on whose behalf you are investing.

AGENT APPOINTED BY INDIVIDUAL AND NON-INDIVIDUAL INVESTORS

Title	Agent's given name(s)	Agent's surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agent's company name (if any)

Licence Number or Authorised Representative Number (if any)

Agent's phone

Agent's facsimile

Agent's email

Agent's postal address (not a PO Box)

Unit no.	Street no.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are two or more agents, you may provide these details on a separate page and attach to this Application Form. Please specify whether these agents can act individually or jointly. If you do not indicate, then two will be required.

IDENTIFICATION DOCUMENTATION REQUIRED

An Agent appointed by an individual or non-individual investor must provide (please tick):

- Evidence of the agent's authority to act on behalf of the investor (e.g. signed letter, certified copy of a power of attorney)

AND

- Identification documentation for the Agent

Please proceed to **Section 2** on page 14.

2. GENERAL DETAILS

Section 2A
Contact Details

Please provide the details you would like us to use for all communications to you.

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (not a PO Box)

Unit no.	Street no.	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone (business hours)	Telephone (other)
<input type="text"/>	<input type="text"/>

Facsimile (optional)

Email address 1	Email address 2
<input type="text"/>	<input type="text"/>

Section 2B
Unitholder Communication

Unitholders in the Totus Alpha Fund are distributed the following information:

- Monthly Fund Performance Summary
- Annual Tax Distribution Statement
- Monthly Unitholder Statement
- Fund Annual Report

I wish to receive the above information directly from Totus Alpha Fund and request that all information be sent to the email address as specified in Contact Details above.

AND/OR

I wish all correspondence to be sent to my financial advisers at the following address (insert below):

Email address

Adviser name	Company
<input type="text"/>	<input type="text"/>

Postal address (not a PO Box)

Unit no.	Street no.	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Facsimile
<input type="text"/>	<input type="text"/>

3. DECLARATION

I acknowledge declare and agree that by signing this application form:

- I have received and read the Information Memorandum to which this Application Form applies and have received and accepted the offer to invest in the Totus Alpha Fund.
- I declare that I am a wholesale client as defined in section 761G or 761GA of the Corporations Act and I have provided a Wholesale Investor Declaration Form as shown in Section 5 should my investment be less than A\$500,000.00.
- I am an individual over 18 years of age, or I am a duly registered company, and have the legal power to invest in accordance with this application.
- I am a professional investor under the Corporations Act or other investor that does not require disclosure under the Corporations Act 2001, including in respect of each additional investment application (unless I/we notify Totus Alpha Fund).
- I have read carefully and understood I am applying solely on the basis of the current Information Memorandum and this completed application form,
- I agree to be bound by the terms of the Constitution governing the Fund, this completed application form and the current Fund Information Memorandum, as amended or issued from time to time.
- That Totus Alpha Fund is authorised to apply the Tax File Number or ABN provided above to all future applications for Units, including reinvestments, unless I otherwise advise the Trustee.
- That the units in the Fund do not represent deposits with, or other liabilities of Totus Alpha Fund or, the Trustee or Investment Manager.
- That holding units in the Fund is subject to investment risk, including possible delays in repayment, loss of income and principal invested.
- That I/ We have such knowledge and experience in financial and business matters or we have obtained advice from a financial advisor such as I am capable of evaluating the merits and risks of my/our acquisition of the Units.
- That the performance of the Fund, nor any particular return from, or any repayment of capital invested in the Fund is not guaranteed by the Trustee, the Investment Manager, the Custodian, the Auditor, or any of their subsidiaries or any other person or organisation and I/we understand the risks involved in investing in the Fund.
- I/We acknowledge that due to anti-money laundering requirements, the Administrator and/or the Trustee may require proof of identity before the application can be processed and the Trustee and/or the Administrator be held harmless and indemnified against any loss ensuing due to the failure to process this application, if such information has been required by the parties hereto has not been provided by me/us.
- I acknowledge that the Trustee may be required to pass on information about me or my investment to the relevant regulatory authority in compliance with the AML Act. I will provide such information and assistance that may be requested by the Trustee to comply with its obligations under the AML Act and I indemnify it against any loss caused by my failure to provide such information or assistance.
- I/We consent to the Trustee, the Investment Manager or Administrator disclosing, in connection with AML/CTF Laws, any of my/our Personal Information (as defined in the Privacy Act 1988 (Commonwealth) and its amendments) that they may have.
- I/We are not a 'politically exposed' person or organisation for the purpose of any AML Law.

AML/CTF TERMS AND CONDITIONS

- Each of the Trustee, the Investment Manager and Administrator are required to comply with the AML/CTF Laws and I/we undertake to provide them with such additional information or documentation as may be requested of me/us, from time to time, to ensure its compliance with such requirements.
- By making this application and holding units in the Fund;
 - I/We will not knowingly do anything to put the trustee, the Investment Manager or Administrator in breach of AML/CTF Laws, and agree to promptly notify each of them if I/we am/are aware of anything that would put them in breach of AML/CTF Laws.

- I/We acknowledge that I/we am/are not aware and have no reason to suspect that:
 - the money used to fund my/our investments in the Fund is derived from or related to money laundering, terrorism financing or similar activities (Illegal Activities); and
 - proceeds of my/our investments in the Fund will fund Illegal Activities.
- I/We consent to the trustee, the Investment Manager or Administrator disclosing, in connection with AML/CTF Laws, any of my/our personal information (as defined in the Privacy Act 1988 (Commonwealth) and its amendments) that they may have.
- I/We acknowledge that in certain circumstances my/our units may be frozen or blocked where it is used in connection with Illegal Activities or suspected Illegal Activities. Freezing or blocking can arise as a result of the monitoring that is required by AML/CTF Laws. If this occurs, neither the Trustee, the Investment Manager nor the Administrator is liable to me/us for any consequences or losses whatsoever and I/we agree to indemnify them if they are found liable to a third party in connection with the freezing or blocking of my/our units.

TAX INFORMATION

- I/We have provided information which is true and accurate for FATCA and CRS purposes.
- I/We undertake in the future to notify the Trustee and its nominee within 30 days of any change in circumstances which causes the information contained in this form which I/we have provided to become incorrect.
- I/We will provide the Trustee or its nominee any information that the Trustee reasonably requires in order to enable the Trustee to meet all of its compliance, reporting and other obligations under the United States of America Foreign Account Tax Compliance Act ('FATCA') and OECD Common Reporting Standards ('CRS') and all associated rules and regulations from time to time.
- I/We understand that where I/we have provided the Trustee or its nominee with information about my status or designation under or for the purposes of FATCA, CRS and all associated rules and regulations, the Trustee will treat that information as true and correct without any additional validation or confirmation being undertaken by the Trustee except where it is under a legal obligation to do so.
- I/We consent to details relating to my/our application and holdings being disclosed to companies associated with Totus Alpha Fund which perform marketing and investor servicing duties.
- I/We, hereby confirm that the Trustee and the Administrator are each authorised and instructed to accept and execute any instructions in respect of this application and the Units to which it related given by me/us by mail, email or facsimile. If instructions are given by me/us by mail, email or facsimile, I/we acknowledge that the onus is on me/us to ensure that such instructions are received in legible form, and I/we undertake to confirm them in writing. I/we hereby indemnify the Trustee, the Directors and the Administrator and agree to keep each of them indemnified, against any loss of any nature whatsoever arising to each of them as a result of any of them acting on post, email or facsimile instructions. The Trustee and the Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instructions or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I acknowledge that the Trustee reserves the right to reject any application.

ELECTRONIC COMMUNICATIONS BETWEEN APPLICANT AND FUND/ADMINISTRATOR

I/We hereby authorise and instruct the Trustee and the Administrator (Citco Fund Services (Australia) Pty Ltd) to accept and execute any instruction, notice, consent or other request (including any initial investment application, additional investment application or redemption request) (collectively, "Instructions") given by me/us in written form submitted by electronic means. I/We acknowledge and agree that the words "execution", "signed", "signature" and words of like import in any such Instruction include electronic signatures (including any electronically scanned and transmitted version of an original signature, digital signature, electronic symbol or other such electronic signing process) and shall be of the same legal effect, validity or enforceability as a manually executed signature to the extent and as provided for in any applicable law, including the Electronic Transactions Act 1999 (Cth).

I/We agree to keep each of the Trustee, the Fund and the Administrator indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon Instructions signed and/or submitted by electronic means. In the event that no acknowledgement is received from the Administrator within five business days of submitting the Instruction, I/we must contact the Administrator either by telephone: +61 2 9005 0400 or by email: sydirteam1@citco.com to confirm receipt by the Administrator of the Instruction. I/We acknowledge that I/we cannot assume the Administrator's successful receipt of the Instruction until I/we receive an acknowledgement from the Administrator.

I/We acknowledge the Trustee and the Administrator may rely conclusively upon and shall incur no liability whatsoever including, without limitation, any losses (whether direct, indirect, consequential, in contract, tort, or otherwise) arising from (i) the non-receipt of any Instruction relating my/our interests in the Fund delivered by electronic means or (ii) any action taken upon any Instruction believed in good faith to be genuine or to be signed by properly authorised persons on my/our behalf (whether or not that is in fact the case). Notwithstanding the foregoing, the Trustee and the Administrator is not obliged to accept any such Instruction as an original and may in any instance require that an original document be submitted in lieu of, or in addition to, any such Instruction.

To lodge your completed application form please send it to Citco Fund Services (Australia) Pty Limited by:

Email: sydcfsorders@citco.com **Fax:** +61 2 9005 0444

Please note: investments are processed monthly.

SIGNATURE OF INVESTOR 1

Full name

Date (DD/MM/YY)

	/		/	
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CAPACITY

- | | |
|--------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Director | <input type="checkbox"/> Joint Investor |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Agent for the Investor |
| <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Sole Director |

SIGNATURE OF INVESTOR 2

Full name

Date (DD/MM/YY)

	/		/	
--	---	--	---	--

CAPACITY

- | | |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Joint Investor | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Company Secretary | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Director | <input type="checkbox"/> Agent for the Investor |
| Company seal (if applicable) | |

4. OBTAINING A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

Certified copy means a document that has been certified as a true copy of an original document.

Certified extract means an extract that has been certified as a true copy of some of the information contained in a complete original document.

People who can certify documents or extracts in Australia are:

- a chiropractor;
- a dentist;
- a medical practitioner;
- a nurse;
- an optometrist;
- a pharmacist;
- a physiotherapist;
- a psychologist;
- a veterinary surgeon;
- 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;
- a magistrate;
- a chief executive officer of a Commonwealth court;
- a registrar or deputy registrar of a court;
- a Justice of the Peace;
- a notary public (for the purposes of the Statutory Declarations Regulations 1993);
- a police officer;
- an agent of the Australian Postal Corporation who is in charge of supplying postal services to the public;
- a permanent employee of the Australian Postal Corporation with two or more years continuous service who is employed in an office supplying postal service to the public;
- an Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955);
- an officer of a bank, building society, credit union or finance company with two or more continuous years of service;
- a member of the Institute of Chartered Accountants in Australia, Australian Society of Certified Practising Accountants or the National Institute of Accounts;
- a teacher employed on a full time basis at a school or tertiary education institution;
- any other person who, under a law in force in a State or Territory, is currently licensed or registered to practise in an occupation listed in Part 1 of Schedule 2 of the Statutory Declaration Regulations 1993 or a person outlined in Part 2 of Schedule 2 of the Statutory Declaration Regulations 1993.

Please note if documents are being certified outside of Australia, only a subset of these people are permitted to certify documents. Please contact Citco Fund Services (Australia) Pty Limited Investor Relations on +61 2 9005 0400 or email: sydirteam1@citco.com

5. WHOLESALE INVESTOR CERTIFICATE

Issued under Chapters 6D and 7 of the Corporations Act 2001 (Cth)

INDIVIDUAL/COMPANY

I certify that:

Print full legal name of person (individual or company)

- Has net assets⁽¹⁾ of at least A\$2.5 million; or
- A gross income⁽²⁾ for each of the last 2 financial years of at least A\$250,000.00 per year

CONTROLLED COMPANIES AND/OR TRUSTS

It is also confirmed for the purposes of the Corporations Act the above named person controls the following companies and trusts:
Print full name of company/trust ABN/ACN/ARBN (if any)

1	1
2	2
3	3
4	4
5	5

I confirm that I am a member of one or more of the following professional bodies (tick appropriate box):

<input type="checkbox"/>	Chartered Accountants Australia and New Zealand (formerly The Institute of Chartered Accountants in Australia)	CA, ACA and FCA
<input type="checkbox"/>	CPA Australia	CPA and FCPA
<input type="checkbox"/>	Institute of Public Accountants (IPA)	AIPA, MIPA and FIPA
<input type="checkbox"/>	Eligible foreign professional body as listed by ASIC with at least three years practical experience in accounting and auditing and I am providing this certificate to a person who is a resident in the same country as myself (not in Australia) http://asic.gov.au/regulatory-resources/financial-services/financial-product-disclosure/certificates-issued-by-a-qualified-accountant/	Please specify professional body: <input type="text"/>

Signature

Name of firm

Signature of accountant

Business address

Name of accountant

Date (DD/MM/YY)

 / /

¹ When determining the net assets of the person, the net assets of a company or trust controlled by the person may be included in the calculations.

² When determining the gross income of the person, the gross income of a company or trust controlled by the person may be included in the calculations.

³ "Control" is defined in section 50AA of the Corporations Act 2001.