

La Trobe Australian Credit Fund ARSN 088 178 321. Product Disclosure Statement dated 24 June 2019 covering LTC0001AU La Trobe Australian Credit Fund – Classic 48 hour Account and LTC0002AU La Trobe Australian Credit Fund – 12 Month Term Account. La Trobe Financial Asset Management Limited ABN 27 007 332 363 AFSL 222213 is the issuer of this PDS.

**Please refer to section 14 of the PDS for guidance with completing the Application Form.**

**If you are an existing Investor please insert your Investor number:**

## SECTION A – Organisation/Trust details (Only if investing in Company or Trust name)

**If you are investing in the name of a company, trust, partnership or other entity, you must complete both sections A & B**

Entity Type (circle)	Company   Trust   Superannuation Fund   Partnership   Sole Trader   Association   Other		
Full Name of Entity			
Corporate Trustee Name <i>(Individual trustees, please complete Section B)</i>			
ACN/ARBN		ABN	
Tax File Number or Exemption Reason		Tax Residence Country (non Australian residents)	
A company, partnership, trust or association established under the laws of the US or a US taxpayer	Entity's US Taxpayer Identification Number (TIN)	If TIN provided, please complete the FATCA Details form available on <b>latrobefinancial.com</b> and submit with your Application Form.	
Country of incorporation, formation or registration and name of relevant registered body (if applicable)		Registration or Identification Number	
Individuals who hold 25% or more of the company, trust or partnership.	Individual 1	Individual 2	
	Individual 3	Individual 4	
Full Name and address of the chairman, secretary and treasurer (associations only)	Chairman	Secretary	
	Address	Address	
	Treasurer	Other	
	Address		
Type of Government body, level of Government and Jurisdiction (Government bodies only)			
<b>Address details</b>	<b>Registered Office</b>	Principal Place of Business <input type="checkbox"/> Same as Reg. Office	
Street Address			
City, State, Province & Postcode			
Country (if not Australia)			

## SECTION B – Individual Investor details (All Investors)

	Applicant 1	Applicant 2
Investor Type (circle)	Individual   Joint   Company Director   Trustee   Partner	Individual   Joint   Company Director   Trustee   Partner
Title		
Surname		
Given Names		
Any other names known by		
Date of Birth		
Country of citizenship/s		
Tax File Number or Exemption Reason		
Tax Residence Country (non Australian residents)		
US citizen or resident of the US for tax purposes	US Taxpayer Identification Number (TIN)	US Taxpayer Identification Number (TIN)

If TIN provided, please complete the FATCA Details form available on [latrobefinancial.com](http://latrobefinancial.com) and submit with your Application Form.

If there are more than two (2) applicants, including trustees or company directors, please provide their full details on a separate page.

Address & Contact Details		<input type="checkbox"/> Tick if address is same as Applicant 1	
Residential Street Address			
City, State, Province & Postcode			
Country (if not Australia)			
PO Box or Postal Address (if different to residential address)			
Contact person			
Phone (home)		Phone (work)	
Mobile		Fax	
Email			

Please note that all communications with you will be via email. If you do not provide us with your email address, you will receive your Transaction Statements via post which will be issued annually each July for the previous financial year.

## SECTION C – Account Authorities (Optional)

Authorisation for account changes and redemptions (tick)	One signatory <input type="checkbox"/>	All signatories <input type="checkbox"/>	Other (please specify) <input type="text"/>
--	--	--	---

## SECTION D – Investment details (Required)

Account	Investment Amount	Investment Method (please circle)	12 Month Regular Access Cycle
C 48 hour Account	\$	Direct Debit <small>(Please complete Section L)</small>	Monthly
90 Day Notice Account	\$	BPAY	Quarterly
12 Month Term Account	\$	EFT	Half Yearly
Select Investment Account	\$	Cheque	
High Yield Credit Account	\$	Other <small>(please specify)</small>	
<b>TOTAL INVESTMENT</b>	<b>\$</b>		

## SECTION E – Nominated Bank Account (Required)

Bank Account details – must be provided in all cases

Account Name			
BSB		Account Number	
Bank/Branch			

## SECTION F – Income Payment details (Required)

Payment direction (tick)	<input type="checkbox"/>	Reinvest to Classic 48 hour	<input type="checkbox"/>	Reinvest to 90 Day Notice
	<input type="checkbox"/>	Reinvest to 12 Month Term	<input type="checkbox"/>	Credit to nominated bank account

## SECTION G – Financial Adviser details (Optional; Advisers only)

Information relating to your investment is provided to your Financial Adviser. You may wish to provide further authority for your Financial Adviser to transact on your account. See Section I below.

International Advisers please contact La Trobe Financial

La Trobe Financial Adviser Number			
Name			
Company			
Dealer Group			
Contact Name		Contact Telephone	
Email			

### Identity verification declaration

In accordance with the Financial Services Council/Financial Planning Association Industry Guidance Note 24, I confirm that customer identification has taken place under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ('Act') and that I will provide La Trobe Financial with access to the records as required, or that the industry agreed 'Customer Identification Form' confirming compliance is attached. I also agree to forward these documents to La Trobe Financial if I ever become unable to retain the documents. I understand and agree that La Trobe Financial is authorised to conduct random audits of these records in accordance with its obligations under the Act.

Signature of Financial Adviser	Date
--------------------------------	------

## SECTION H – Payments to your investment referrer (Optional)

You may instruct us to make certain payments to your Investor Referrer as follows:

<input type="checkbox"/> <b>Upfront payment:</b> % (Paid upon initial investment from your investment capital)	<input type="checkbox"/> Repeat payment for subsequent investments
<input type="checkbox"/> <b>Ongoing payments:</b> % p.a. Please refer to page 53 for further explanation.	

I instruct La Trobe Financial to deduct the Upfront payment amount from my account following my investment/s and/or deduct the Ongoing payment on a regular basis, and to remit the amounts deducted to my financial adviser/investment referrer.

Signature of Investor	Signature of Investor
Date	Date

## SECTION I – Appointing someone to be your investor representative (Optional)

### MUST BE COMPLETED BY INVESTOR(S)

You may appoint someone to represent you in dealing with your investments with La Trobe Financial. If you would like to do this, please complete the following steps:

#### A. Name and Signature of Investor Representative

Full name of Investor Representative

Signature of Investor Representative

#### B. Level of authority

There are two levels of authority that you can provide to your Investor Representative. Please select your preferred level of authority.

**Enquiry Only:** I/we authorise you as our Investor Representative to make enquiries and receive information from La Trobe Financial in relation to but not to transact on this account.

**Full Transaction Authority:** I/we authorise you as my/our Investor Representative to transact on this account as if you were the legal and beneficial owner of the account, including making further investments, transfers or withdrawals to/from the account.

#### C. Declaration and acknowledgement

I/we have read the section on Third Party Access to my/our account in the PDS and agree to its terms and conditions. I/we wish to appoint our Investor Representative to deal with the account as authorised. I/we hereby release, discharge and agree to indemnify La Trobe Financial and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon the instructions of my/our Investor Representative.

Signature of Investor

Signature of Investor

Date

Date

## SECTION J – Verifying your identity (Required)

*Commonwealth legislation requires La Trobe Financial to collect and verify information about your identity before providing services to you.*

While the verification process will depend on the type of investor you are, we will require each applicant (the individuals listed in Section B of this application form) to provide us with **certified** copies of:

- Current Australian driver's licence; or
- Passport (Australian passports can be current or expired less than 2 years).

Further information on the identification requirements, including alternative forms of identification, can be found on page 63 of the PDS. Please refer to page 50 of the PDS to understand how La Trobe Financial will identify each investor, including to whom La Trobe Financial may disclose your personal information (such as your name, date of birth and address).

**Please note that by signing this Application Form, you will be consenting to La Trobe Financial collecting information about you for the purposes of verifying you. This may include sending your information to credit reporting agencies for the purpose of verification.**

## SECTION K – Declaration and Signature (Required)

1. I/We hereby apply for registration in the La Trobe Australian Credit Fund ("the Fund").
2. I/We declare that I/we have received a paper or electronic copy of the PDS dated 24 June 2019 and read this PDS in full before completing this Application Form and the details in the Application Form are true and correct.
3. I/We agree to be bound by the provisions of the Fund Constitution dated 24 December 2004 as amended from time to time, a copy of which is available for my/our inspection and acknowledge the terms of La Trobe Financial's privacy policy available at **latrobefinancial.com**.
4. I/We authorise the disclosure to my/our Financial Adviser, Authorised Representative or Referrer and/or other service provider of any information in relation to this application or my/our investment ("personal information") and I/we consent to the payment of fees to the Financial Adviser, Authorised Representative or Referrer as set out in this PDS or subsequent disclosure.
5. I/We understand and agree that La Trobe Financial may disclose information about me/us to courts, tribunals or as required by law, including to verify my/our identity as necessary for La Trobe Financial to comply with its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act.
6. I/We understand that La Trobe Financial may use my/our personal information for marketing to me/us products and services offered by it and organisations with which it is affiliated or which it represents. I/We have the right not to receive marketing material by contacting you.
7. I/We understand and agree that La Trobe Financial may provide personal information to an external organisation that provides information technology services.
8. I/We hereby irrevocably appoint La Trobe Financial, and any Director, agent, attorney or substitute nominated by it and the Investment Manager to be my/our attorney for the purpose of performing its duties under the Fund's Constitution in relation to any investment which I/we make.
9. I/We hereby acknowledge that neither La Trobe Financial nor its Authorised Representatives has provided me/us with any financial product advice, made any representation or given any guarantee as to the Fund performance, the maintenance of capital or any particular rate of Investor return.
10. I/We acknowledge and agree to the instructions by fax and email provisions contained in this PDS.
11. If signed under a power of attorney, I/we declare that I/we have no knowledge of the revocation of that power of attorney.

Signature of Investor		Signature of Investor	
Date		Date	
Name (please print)		Name (please print)	
Capacity to execute (circle):	Applicant    Director Power of Attorney    Trustee	Capacity to execute (circle):	Applicant    Director Power of Attorney    Trustee

**Please do not use this Application Form unless accompanied by the PDS.**

La Trobe Financial is not responsible for the return on any investment nor does it make any recommendation of any investment. You and your financial adviser are responsible for the suitability of any investment selected by you.

Post or email your application to:

**La Trobe Financial**  
**GPO Box 2289**  
**MELBOURNE Victoria 3001 AUSTRALIA**

For individual Investors please email: **investor@latrobefinancial.com.au**

For Financial Advisers please email: **advisersupport@latrobefinancial.com.au**

La Trobe Financial Authorised Representative Details (if applicable)

Number:

Name:

## SECTION L - Direct Debit Request Authorisation (Optional)

I/We hereby authorise and request La Trobe Financial (APCA User IDs 404708 – Classic 48 hour Account, 535941 – 90 Day Notice Account, 405155 – 12 Month Term Account, and 535931 – High Yield Credit Account) to debit the nominated financial institution account registered with you through the Bulk Electronic Clearing System (BECS) and credit the payment amount to my/our account with the La Trobe Australian Credit Fund in either the Classic 48 hour Account, 90 Day Notice Account or 12 Month Term Account, as instructed

### Payment Details (you want us to debit your bank)

Pay now  OR date  /  /

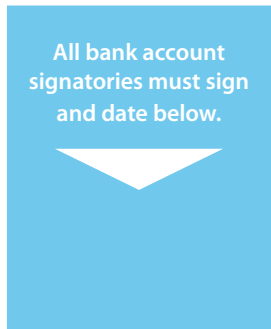
Classic 48 hour Account  \$

90 Day Notice Account  \$

12 Month Term Account  \$

High Yield Credit Account

**Total** \$



### Nominated financial account details as noted in the Application Form

Account Name			
BSB		Account Number	
Bank/Branch			

### Direct Debit Request Service Agreement

This authority covers La Trobe Financial Asset Management Limited ABN 27 007 332 363 (La Trobe Financial) using APCA User IDs 404708 – Classic 48 hour Account, 535941 – 90 Day Notice Account, 405155 – 12 Month Term Account, and 535931 – High Yield Credit Account as the Responsible Entity for the La Trobe Australian Credit Fund ARSN 088 178 321 (the Fund) in which I/we are an investor. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this arrangement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

I/We acknowledge that:

1. This request is for a once only direct debit. The direct debit must be made from the nominated financial institution account registered with La Trobe Financial. The details of the nominated financial institution account must be re-confirmed on this Direct Debit Request to comply with Australian Payment Clearing Association requirements.
2. When the payment date is not a business day in Victoria, the direct debit may be processed on the next business day in Victoria. If I/we are unsure as to when the debit will be processed, I/we can confirm with my/our financial institution.
3. I/We can cancel, defer or amend the Direct Debit Request up to and including the day prior to the payment date by contacting La Trobe Financial's Investor team on 1800 818 818. Alternatively, I/we can cancel the Direct Debit Request by contacting my/our financial institution. La Trobe Financial cannot amend the Direct Debit Request without authorisation from me/us, although it may decline to process the Direct Debit Request.
4. Direct debit, through BECS, is not available for all financial institution accounts. I/We am/are responsible for checking that my/our nominated financial institution account is available through BECS and checking that the account details match a recent bank statement.
5. It is my/our responsibility to ensure that there are sufficient cleared funds in the nominated financial institution account, by the payment date, to allow for the debit of the payment amount. Where there are insufficient funds and the debit request is returned unpaid (ie dishonoured), we acknowledge that a dishonour fee will be charged to our account with the Fund in accordance with the current Product Disclosure Statement (PDS). I/We understand my/our financial institution may also charge a dishonour fee.
6. I/We may contact either our financial institution or La Trobe Financial to dispute a debit. Initial queries should be made by contacting La Trobe Financial's Investor team on 1800 818 818. La Trobe Financial's process for dispute resolution is outlined in the Fund's PDS.
7. My/Our account details will be maintained in accordance with the privacy requirements outlined in the Fund's PDS, subject to the provision of any information required by a financial institution in relation to a claim of alleged incorrect or wrongful debit.
8. I/We can notify you in writing electronically or by ordinary post about anything in this agreement and you may respond either electronically or by ordinary post to the email or postal addresses registered with La Trobe Financial. Any notice is deemed to have been received on the third business day in Victoria after emailing or posting.

### Acknowledgement

By signing this Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and La Trobe Financial as set out in the above Direct Debit Request Service Agreement.

Signature of account holder	Signature of account holder
Date	Date