

13. HOW TO COMPLETE THE APPLICATION FORM

1. Complete the information required in the Application Form forming part of this Memorandum. Please read Section 1 below for further instructions. Provide the identification and verification documents listed in Section 2.
2. These documents are required under the Anti-Money Laundering & Counter-Terrorism Financing Act and Rules in Australia. If you are lodging your application through a financial adviser you are not required to include the identification & verification documents referred to in Section 2 with your application. Your financial adviser will complete the identification process and retain these documents.

The Application Form, your payment set out in the Application Form and certified copies of the documents required to verify your identity should be sent to:

Apex Fund Services (Sydney) Pty Ltd
Attention: Investor Relations
PO Box A517, Sydney South NSW 1235,
Australia T: +61(0)2 7201 9015
F: +61(0)2 9475 1417
Email: ssg.aus@apexfs.com

GENERAL

- Please use CAPITAL LETTERS and a black ball point when completing the forms.
- For joint investors we require the usual residential address of each investor. You may only elect one postal address for all notices and correspondence.
Your usual residential address cannot be your financial advisors address or a PO Box.
- Company applications should include a contact name and ACN, ABN, or ARBN as applicable.
- For company applications the full address of the registered office, plus principal place of business is required.
- Individual applicants should be 18 years of age or over.
- You can invest on a minor's behalf by putting their name in the account designation box. The unit holder will not, however, be the minor.
- If you have an existing account and would like to add to the account, please quote your existing account number.

IDENTIFICATION REQUIREMENTS - ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING

Under Australian anti-money laundering and counter-terrorism financing legislation, certain due diligence must be conducted on any prospective investor before Units in the Trust may be issued to that investor. The due diligence includes verifying a prospective investor's identity. Applications made without providing this information cannot be processed until all the necessary information has been provided. The AML/CTF compliance program will also include ongoing customer due diligence which may require the Trustee to collect further information. For more information, please see Section 3 of the Application Form

TAX FILE NUMBER (TFN)

You are not obliged to provide your TFN, ABN or claim an exemption. However, if you do not do so there is a requirement to deduct tax from distributions of income made to you at the highest marginal rate, plus Medicare Levy (if you are an Australian resident). Tax File Numbers for minors will not be accepted. If you are claiming an exemption, write the full name of the benefit you receive e.g. age pension, service pension, special benefit pension etc.

APPLICATION INSTRUCTIONS

The minimum initial investment for Units is \$50,000 for investors who qualify as Wholesale Clients (or such other amount determined by the Investment Manager). You must indicate in section the Application Form which Class of Units you are subscribing for.

Please cross your cheque "not negotiable" and make it payable to "Quay Fund Services Ltd ATF Coaster Multi-Strategy Fund". Cash is not accepted. If payment is made by EFT the application money should be sent to the bank account details of which are set out in the Application Form.

ACCOUNT OPERATION INSTRUCTIONS

Please indicate how you wish your account to be operated. In the case of joint accounts, you may request joint signatures or allow either signatory to sign. For a company or trustee please indicate your operation instructions.

EXAMPLES OF CORRECT NAMES AND ACCOUNT DESIGNATIONS

TYPE OF INVESTOR	CORRECT NAME	INCORRECT NAME	SIGNATURE(S) REQUIRED
Individual/joint holding Use full name of each Applicant, not initials	Luke John Smith Susan Mary Smith	Luke J Smith Susan M Smith	Each Applicant
Company holding Use full company name	ZYX Pty Ltd	ZYX inc ZYX Co ZYX p/l	2 directors; A director & secretary; A single director if a sole director company
Minors Use full name of each Applicant, not initials Use minor name as Beneficiary	Susan Mary Smith a/c designation <Josh Smith>	Josh Smith	Each applicant (not minor)
Superannuation funds/ trusts – individual trustee(s) Use trustee(s) Personal name(s). Use fund/trust name as beneficiary	Susan Mary Smith a/c designation <Susan Smith Trust> <Susan Smith Super Fund>	M Smith Trust S M Smith Super Funds	Each trustee
Superannuation funds/ trusts – corporate trustee Use trustee company name. Use fund/trust name as beneficiary	ZYX Pty Ltd <ZYX Trust> <ZYX Super Fund>	ZYX Trust ZYX Super Fund	Trustee – as per company holding above

DISTRIBUTIONS AND REDEMPTIONS

Distributions (if not reinvested) and redemptions will be paid directly into your bank account specified in your application. Please ensure that you complete all details of the institution in full. If this section is not completed or if a payment to your nominated back account is returned, your distributions will be reinvested.

SIGNATURE(S)

You should ensure that you have read the attached Memorandum in full before signing the application. Joint applications must be signed by all persons. If the application is being signed under Power of Attorney please enclose a certified copy of the Power of Attorney and appropriate photo identification for the attorney.

ADVISER INFORMATION & DECLARATION

All advisers must read and sign the declaration to certify they have complied with the Australian Anti-Money Laundering and Counter-Terrorism Financing legislation, as certain due diligence must be conducted on any prospective investor before Units may be issued to that investor. The due diligence includes verifying a prospective investor's identity.

INVESTORS APPOINTING AN AGENT

This section applies to applicants where:

- One or more of joint applicants wishes to appoint one of the other joint applicant(s) as its agent;
- An individual wishes to appoint another person as his or her agent;
- A company wishes to appoint one of its officers, or some other person, as its agent;
- A partnership wishes to appoint one of their partners, or some other person, as their agent; to act for the appointing applicant(s) whenever an additional investment is being made in the Trust. If you wish to appoint an agent, you must complete the separate authorisation in the application form. The following conditions and acknowledgments apply to the appointment of an agent:
- An agent of the applicant has authority, until the applicant advises the Trustee in writing to the contrary to apply for Units in the Trust on behalf of the applicant and to sign all documents.
- Where the agent is a company or a partnership, the powers vested in the agent are taken to extend respectively to any director, partner or authorised officer of the agent, as long as appropriate supporting documentation is received by the Trustee.
- The Trustee may, after giving not less than 14 days' prior written notice to the applicant who has appointed an agent, vary these conditions or cancel this appointment, without prejudice to paragraphs 4 and 5 below.
- The applicant and the agent, during the term of the agent's appointment and at all times thereafter, discharges and indemnifies the Trustee from and against all actions, proceedings, claims, losses and/or any other liabilities incurred directly or indirectly in consequence of the appointment of the agent, except if and to the extent that, the loss or liability is attributable to the Trustee's negligence or willful default.
- The applicant irrevocably ratifies each and every action taken by the agent pursuant to its appointment and agrees that the applicant and every person claiming through or under the applicant has no claim in relation to any action or any payment made or purporting to be made to or at the direction of the agent against the Trust, the Trust property or the Trustee, at any time.
- The agent may not delegate its powers or duties to any other person.

LODGING THE APPLICATION

Please mail the completed Application form, along with the documents to certify your identity:

Apex Fund Services (Sydney) Pty Ltd
Attention: Investor Relations
PO Box A517, Sydney South NSW 1235, Australia
T: +61(0)2 7201 9015
F: +61(0)2 9475 1417
Email: ssg.aus@apexfs.com

Please ensure payment is made in full.

Units in the Trust are issued when a properly completed application form is received and clear funds are available.

Both events need to have occurred before Units will be issued. Please ensure you sign the declaration in the Application Form.

Coaster Capital Pty Ltd
Level 1, 60 James Street
Fortitude Valley QLD 4006
Australia
T: +61 7 3039 0000
E: info@Coastercapital.com.au
W: www.Coastercapital.com.au

14. APPLICATION FORM

Application Form

For all applications, please complete the Investor and Investment Details section (being these first 2 pages) and Section 1: Application Details of the Anti-Money Laundering Supplement (**AML Supplement**) in this Subscription Agreement. Please forward the completed sections and the required certified identification evidence from Section 3: Identification Documents of the AML Supplement to:

Coaster Multi-Strategy Fund
c/o Apex Fund Services (Sydney) Pty Ltd
Attention: Investor Relations
PO Box A517, Sydney South NSW 1235, Australia
T: +61 (0)2 7201 9015 F: +61(0)2 9475 1417
E: ssg.aug@apexfs.com

Payments of subscription money should be made to:

Bank Name:	Westpac
Account Name:	Quay Fund Services Ltd ATF Coaster Multi-Strategy Fund
BSB Number:	032-135
Account Number:	779660
Reference:	Investor name

The Administrator reserves the right to collect more Anti-Money Laundering/Know Your Customer (AML/KYC) documents should they require it.

This Subscription Agreement forms part of the Information Memorandum for the Fund. You must read the Information Memorandum before completing this Subscription Agreement. All terms not defined in this Subscription Agreement but defined in the Information Memorandum will have the meaning in the Information Memorandum.

Investor and Investment Details

Funds Transfer via: EFT/TT (circle)

You must indicate in this section which Class of Units you are subscribing for. Investors may gain access to the investment strategy of the:

- Arrow Fund by subscribing for Class A Units in the Fund;
- Dorado Fund by subscribing for Class B Units in the Fund

Choice of class of Units:

☐ Arrow Fund Class A
Application Amount

\$

☐ Dorado Fund Class B
Application Amount

\$

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COASTER MULTI-STRATEGY FUND

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Investor Contact Details:

Contact Person:

First Name:

Last Name:

Phone Number:

Email:

Postal Address

Communication:

Mailing Address (if different to the contact person's address above)

Address

Please list below the bank account from which the electronic transfer of funds will be made. The bank account must be in the name of the investor. Distribution payments will be paid into this bank account.

Distributions

I/we elect to receive distributions by:

☐ Distribution reinvestment

☐ Pay to bank account (below)

All investors must complete this section with an Australian banking institution, for distributions and redemptions. The bank account must be in the name of the investing entity or individual, payments to third parties are not permitted.

If no election is made, distributions will be automatically reinvested in additional units in the same series. If you wish to change your election, you must notify the Administrator in writing.

Bank account details (for distributions and redemptions):

Bank Name/Institution:

Branch name and address:

BSB:

Account Number

Account Name:

Banking Information: Please note that this bank account must be in the name of the registered investor and held at a branch of an Australian domiciled bank. Withdrawal payments will not be made to third parties and payments must originate from an account in the name of the investor.

Additionally, as part of our compliance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), the Regulations and Applicable Rules (**AML Law**), we require detailed verification of the investor's identity and the source of the payment of the application money. If your bank is unable to wire the funds as per the specifications mentioned, we will request your bank to confirm to us in writing that the funds were wired from a bank account held with them in the name of the investor. We reserve the right to request such information as is necessary to verify the identity of any investor.

Should this not be to the satisfaction of the Administrator, the funds will be returned to the remitting party.

Declaration

YOU SHOULD READ THE MEMORANDUM IN FULL BEFORE SIGNING THIS APPLICATION FORM

By completing the application form you:

1. Declare that you have read the Memorandum dated 1st November 2020, and this application form and agree to be bound by the provisions of the Memorandum and Trust Deed, as amended ("Constituent Documents").
2. Declare that you are a 'wholesale client' for purposes of the Corporations Act 2001.
3. Declare that you are over 18 years of age or a duly incorporated body.
4. Declare if you have received the Memorandum from the internet or other electronic means, that it was received either personally or a printout accompanied the application form before making an application for Units.
5. Declare that all information provided in the application form and any other information provided in support of the application is true and you agree to provide any additional information the Trustee may require for the purposes of the AML/CTF Laws;
6. Have provided the constituent document as applicable of the entity for which you make this application and execution, delivery and performance under this application have been authorised by all necessary action.
7. Declare that if the application is signed under power of attorney, you have no knowledge of the revocation of that power of attorney.
8. Declare that sole signatories signing on behalf of a company are signing as sole director or as a sole director/secretary of the company.
9. Declare that if investing as a trustee on behalf of a superannuation fund or trust you are acting in accordance with your designated powers and authority under the relevant trust deed. In the case of superannuation funds, you also confirm that the funds are complying funds under the Superannuation Industry (Supervision) Act and will notify the Trustee immediately if the fund should no longer be classified as such.
10. Acknowledge that none of the Trustee, the Fund, Investment Manager, Administrator or any member of their respective groups or any of their directors or associates or any other entity guarantees the performance of or the repayment of capital invested in, or income from the Fund.
11. Acknowledge that an investment in the Fund is subject to investment risks including possible delays in repayment and possible loss of income or capital invested.
12. Acknowledge that you have relied in every respect on your own independent investigation, enquiries and appraisals in connection with the Fund before deciding to subscribe for Units.
13. Have not relied on or acted on the basis of any statement, representation or other information purported to be given on behalf of the Trustee, except as expressly set forth in the Constituent Documents.
14. Acknowledge that this Memorandum does not constitute an offer in any jurisdiction in which, or to any person to whom, it would be unlawful to make the offer.
15. Acknowledge that the information contained in this Memorandum is not legal, financial or tax advice nor a recommendation that the Fund is suitable for my/our investment needs.
16. Acknowledge that the Trustee reserves its right to allocate Units in such manner as it thinks fit and you agree to accept the number of Units allocated to you by the Trustee notwithstanding that it is less than the number you have applied for. The Trustee reserves the right not to accept any application in its absolute discretion and to cancel the offer contained in the Memorandum.
17. Agree to the collection, use and disclosure of your personal information for the purposes of:
 - a. Providing or marketing products and services to you (unless you have indicated otherwise);
 - b. Administration purposes; and
 - c. Compliance with all applicable regulatory or legal requirements.

If you do not provide the information, we ask you to supply in this application form we may not be able to process or accept your application.

18. Acknowledge that you are not aware and have no reason to suspect that the application monies used to subscribe for Units have been or will be derived from or related to any money laundering, terrorism financing or similar activities that would be illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement or that the proceeds of your investment in the Fund will be used to finance any illegal activities.
19. Declare that the Units to be purchased by you pursuant to this application form is not in connection with a business, for investment purposes only and not with a view to on selling (whether directly, indirectly or synthetically).
20. Understand that you do not have to provide your TFN, ABN or ATO Exemption Number, but if you do not, tax will be deducted from distributions at the highest marginal rate plus Medicare Levy.
21. Agree to furnish the Trustee with any representations and information as shall reasonably be requested by the Trustee.
22. Acknowledge that this application form, once signed by you, holds you to a number of representations and warranties, amongst other things, relating to matters of which the Trustee must seek confirmation in order to comply with the provisions the AML/CTF Laws.
23. Acknowledge that if your investment becomes a US Account, you will promptly notify the Trustee and provide the Trustee on request with any information which is necessary or desirable for the Trustee to comply with any obligations it may have in connection with FATCA.

Further, the Trustee is bound by laws relating to the prevention of money laundering and the financing of terrorism, including the AML/CTF Laws. By completing this Application Form:

- a. You declare that you will not knowingly do anything to put the Trustee in breach of the AML/CTF Laws;
- b. You agree to notify the Trustee if you are aware of anything that would put the Trustee in breach of AML/CTF Laws;
- c. You declare that you are not commonly known by any other names different from those disclosed in this form;
- d. You declare that monies used by you to invest in the Fund are not derived from or related to any criminal activities or terrorism financing;
- e. You declare that any proceeds from your investment will not be used in relation to any criminal activities or terrorism financing;
- f. You declare that any documents or information used for verification purposes in support of your application as identified in 'Section 3 – Identification Documents' are complete and correct;
- g. You agree to provide any additional information the Trustee may require for the purposes of the AML/CTF Laws;
- h. You consent to the Trustee, the Administrator, Custodian or the Trustee's agents disclosing in connection with AML/CTF Laws or FATCA any of my/our Personal Information (as defined in the Privacy Act 1988 (Cth)) they have;
- i. If requested, you agree to provide additional information and assistance and comply with all reasonable requests to facilitate the Trustee's compliance with AML/CTF Laws in Australia or an equivalent overseas jurisdiction;
- j. You acknowledge that it may be a criminal offence to knowingly provide false, forged, altered or falsified documents or misleading information or documents when completing this form;
- k. You acknowledge that where a transaction is delayed, blocked, frozen or refused, the Trustee and the Administrator will not be liable for any loss (including consequential loss) whatsoever as a result of

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its compliance with the AML/CTF

Laws and agree to indemnify the Trustee and the Administrator if they are found liable to a third party in connection with freezing or blocking my/our account;

- I. You agree that the Trustee may decide to delay or refuse to accept any application if you do not provide the AML/CTF information requested or the Trustee is not satisfied as to your identity and the Trustee will not incur any liability to you if it does so; and

You will notify the Trustee if you become a 'politically exposed' person or organisation for the purposes of the AML/CTF Laws, or become known by a name other than the name provided in this Application Form at the time of applying for units in the Fund."

Signature by individual or joint applicant(s)

Signature

X

Signature

X

Print Name

Print Name

Date

Date

Signature of corporate applicants or corporate trustee applicants

Executed by:

Company Name

As Trustee For

(if applicable)

By its directors / secretary:

Signature

X

Signature

X

Position

Director

Position

Director/Secretary

Print Name

Print Name

Date

Date

Anti-Money Laundering Supplement

Section 1: Application Details

Please indicate who is making the investment.

Investor Type	Go to
<input type="checkbox"/> Individual/Joint Investors/Sole Trader/Individual Trustee	Section 1A
<input type="checkbox"/> Company/Corporate Trustee	Section 1B
<input type="checkbox"/> Trust/Superannuation fund	Section 1C and either Section 1A or 1B
<input type="checkbox"/> Partnership	Section 1D
<input type="checkbox"/> Agent of Customer	Section 1E

If you do not fall into any of the above categories or would require any further information, please contact the Administrator on:
T: +61(0)2 7201 9015.

SECTION 1A - INDIVIDUAL / JOINT INVESTORS / SOLE TRADER / INDIVIDUAL TRUSTEE

INVESTOR A / INDIVIDUAL TRUSTEE

Full Name

Title (Mr/Mrs/Miss/Ms)

TFN or Exemption Code (not required for individual trustee or partner)

Country of residence for tax purposes (not required for individual trustee or partner)

Full business name (if sole trader)

Residential address (not PO box)

Suburb

Postcode

Principal place of business (if sole trader)

Suburb

Postcode

Full Name		
Title (Mr/Mrs/Miss/Ms)	Date of Birth	/ /
TFN or Exemption Code (not required for individual trustee or partner)		
Country of residence for tax purposes (not required for individual trustee or partner)		
Full business name (if sole trader)	ABN	
Residential address (not PO box)		
Suburb	State	
Postcode	Country	
Principal place of business (if sole trader)		
Suburb	State	
Postcode	Country	

INVESTOR B

Full Name

Title (Mr/Mrs/Miss/Ms)

TFN or Exemption Code (not required for individual trustee or partner)

Country of residence for tax purposes (not required for individual trustee or partner)

Full business name (if sole trader)

Residential address (not PO box)

Full Name		
Title (Mr/Mrs/Miss/Ms)	Date of Birth	/ /
TFN or Exemption Code (not required for individual trustee or partner)		
Country of residence for tax purposes (not required for individual trustee or partner)		
Full business name (if sole trader)	ABN	
Residential address (not PO box)		

Suburb

Postcode

Principal place of business (if sole trader)

Suburb

Postcode

State

Country

Please proceed to Section 2.

SECTION 1B - COMPANY / CORPORATE TRUSTEE

Full Company Name

ACN/ARBN (if any)

TFN, ABN or exemption code (if any)

Country of residence for tax purposes

Country of formation, incorporation or registration

Name of regulator (if licensed by an Australian commonwealth, state or territory statutory regulator)

Licence details

If the company is registered as a proprietary company by ASIC or a private company by a foreign registration body, please provide the name of two directors of the company:

Director 1

Full Name

Director 2

Full Name

Registered office address in Australia

Suburb

Postcode

State

Country

Principal place of business

Suburb

Postcode

State

Country

If an Australian company, registration status with ASIC:

<input type="checkbox"/> Proprietary company	<input type="checkbox"/> Public company
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If a foreign company, registration status with the relevant foreign registration body:

<input type="checkbox"/> Private/proprietary company	<input type="checkbox"/> Public company
<input type="checkbox"/> Other (please specify) _____	

Name of the relevant foreign registration body

Foreign company identification number

Is the company listed?

☐ Yes Name of the market/exchange

☐ No

Is the company a majority-owned subsidiary of an Australian listed company?

☐ Yes Name of Australian listed company

☐ No

Name of the market/exchange

If the company is an Australian proprietary company or a foreign private company which is not regulated, please provide the details below for each individual who owns through one or more shareholdings more than 25% of the company's issued capital:

Shareholder 1

Full Name

Address (not PO box)

Suburb

Postcode

State

Country

Shareholder 2

Full Name

Address (not PO box)

Suburb

Postcode

State

Country

Shareholder 3

Full Name

Address (not PO box)

Suburb

State

Postcode

Country

If there are more shareholders, please provide the above details on a separate page and attach to this AML Supplement.
Please proceed to Section 2.

SECTION 1C - TRUST / SUPERANNUATION FUND

Trust Details

Full Name of
Trust/Superannuation Fund

Full business name of
trustee (if any)

TFN, ABN or Exemption Code

Country of residence for tax purposes
Country in which the
trust/superannuation fund was
established

Type of Trust

☐ Category A: Registered managed investment scheme

ARSN

☐ Category B: Regulated Trust (e.g. self-managed superannuation fund)

Name of regulator (e.g. ASIC, APRA, ATO)

ABN of Trust

Registration/licensing details

☐ Category C: Government superannuation fund

Name of the legislation establishing the fund

☐ Category D: Other trust type

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

Complete if the trust falls under Category D

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 Details

Beneficiary 1

Full name

Beneficiary 2

Full name
Beneficiary 3

--

Full name

--

If there are more beneficiaries, please provide the above details on a separate page and attach to this AML Supplement.

Trustee details (all investors)

If individual trustees, please complete Section 1A in respect of one of the individual trustees.

If corporate trustees, please complete Section 1B in respect of one of the corporate trustees.

Please proceed to Section 2.

SECTION 1D - PARTNERSHIP

Partnership Details

Full Name of partnership

--

Registered business name of
partnership (if any)

--

TFN, ABN or Exemption Code

--

Country of residence for tax purposes
Country in which the Partnership was
established

--

Type of Partnership

Is the partnership regulated by a professional association?

☐ Yes - Name of association

--

Membership details

--

☐ No - please provide details below with respect to all the
partners

--

Number of partners

--

Partner 1

Full Name

--

Title (Mr/Mrs/Miss/Ms)

--

Residential address (not PO Box)

--

Suburb

--

State

--

Postcode

--

Country

--

Partner 2

Full Name

--

Title (Mr/Mrs/Miss/Ms)

--

Residential address (not PO Box)			
Suburb		State	
Postcode		Country	

Partner 3

Full Name			
Title (Mr/Mrs/Miss/Ms)			
Residential address (not PO Box)			
Suburb		State	
Postcode		Country	

If there are more partners, please provide their details on a separate page and attach to this AML Supplement.

Partner Details (All Investors)

Please complete Section 1A in respect of one of the partners who is an individual.

Please proceed to Section 2.

SECTION 1E - AGENT OF CUSTOMER

Please complete Part I if investment is made through an individual authorised agent (i.e. if investment instructions are made by the individual authorised agent on behalf of the investor).

For a non-individual investor, please complete Part II if a verifying officer has been appointed to liaise with the authorised agent in relation to this application.

Part I - Individual Authorised Agent appointed

I/We have appointed the person(s) named below as my/our authorised representatives. I/We confirm that the authorised representatives are required to authorise instructions.

Full name of agent			
Agent's company name (if any)			
Licence Number or Authorised Representative Number (if any)			

Contact Details of Agent:

Phone		Facsimile	
Email			
Postal Address (not PO Box)			
Suburb		State	
Postcode		Country	

If there are two or more authorised representatives, you may attach a schedule of representatives. Please specify whether an authorised representative can act **individually** or **jointly** (circle). If you do not indicate, then two will be required.

Part II - Verifying Officer appointed

It is the agent's responsibility to notify the investor that the verifying officer has specific obligations under the AML/CTF Law. In completing and signing this application as authorised agent for the investor, you agree to notify the investor that the verifying officer is required to:

- a) Collect the following: full name of the agent; position title or role held by the agent in relation to the investor; a copy of the agent's signature; and evidence that the agent is authorised to act for the investor;
- (b) Make a record of the above information; and
- (c) Provide the full name of the agent and a copy of the agent's signature if requested to do so.

You also agree to inform the Investor that they must retain the records made by the verifying officer.

Full name of verifying officer			
Title (Mr/Mrs/Miss/Ms)		Date of Birth	/ /
Residential address (not PO Box)			
Suburb		State	
Postcode		Country	

Section 2 – Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standard (CRS) Self-Certification Form - Australia

All Investors MUST complete

We are obliged under the Foreign Account Tax Compliance Act (FATCA), related intergovernmental agreements (“IGAs”) and regulations based on the OECD Common Reporting Standard (“CRS”) to collect certain information about each investor’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor’s interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by local law.

For further information on FATCA or CRS please refer to the US Department of the Treasury’s website at <http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If you have any questions about this form or defining the investor’s tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

If any of the information below about the investor’s tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

Section 2.1 Individuals

Please fill this Section 1 only if you are an individual. If you are an entity, please fill Section 2.2.

1. Are you a US citizen or resident of the US for tax purposes?

☐

NO – Continue to question 2

☐

YES – Provide your Taxpayer Identification Number (TIN) below. Continue to question 2

Investor	Tax Identification Number (TIN)	

2. Are you a tax resident of any other country outside of Australia?

☐

NO – Skip to question 7 (Declaration)

☐

YES – Provide the details below and skip to question 7. If resident in more than one jurisdiction please include details for all jurisdictions

Investor	Country of Residence	TIN	Reason Code if no TIN provided (see below)

If Reason B has been selected above, explain why you are not required to obtain a TIN

If TIN or equivalent is not provided, please provide reason from the following options:

Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents

Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)

Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the

TIN issued by such jurisdiction)

2.2 Entities

Please fill this Section II only if you are an entity. If you are an individual, please fill Section I.

1. Are you an Australian Retirement Fund? You will be classified as *Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II)*

- ☐ YES – Skip to question 7
- ☐ NO – Continue to Part A – FATCA, Part B – CRS and Part C – Controlling Persons

A. FATCA

2. Is the Entity a Specified U.S. Person?

- ☐ YES – Provide your Taxpayer Identification Number (TIN) below and skip to question 4

TIN

- ☐ NO – (please also complete question 3,4 and 5)

3. Entity's FATCA Classification* (the information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5):

3.1 Financial Institutions under FATCA:

If the Entity is a Financial Institution, please tick one of the below categories

- ☐ i. Partner Jurisdiction Financial Institution – provide the Entity's GIIN at 3.2 or complete 3.3
- ☐ ii. Registered Deemed Compliant Foreign Financial Institution - provide the Entity's GIIN at 3.2 or complete 3.3
- ☐ iii. Participating Foreign Financial Institution - provide the Entity's GIIN at 3.2 or complete 3.3

3.2 Please provide the Entity's Global Intermediary Identification number (GIIN) _____

3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

- ☐ i. The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN. Please provide the sponsor's name and sponsor's *GIIN* and Continue to question 4

Sponsor's Name: _____ Sponsor's GIIN: _____

- ☐ ii. Exempt Beneficial Owner – Continue to question 4
- ☐ iii. *Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)* – Continue to question 4
- ☐ iv. Non-Participating Foreign Financial *Institution* – Continue to question 4
- ☐ v. *Excepted Foreign Financial Institution* – Continue to question 4

3.3 If the entity is not a Foreign Financial Institution, please confirm the Entity's FATCA status below:

☐ i. The Entity is an Exempt Beneficial Owner² Indicate status:

--

☐ ii. The Entity is an Active Non-Financial Foreign Entity³ (including an Excepted NFFE)

--

If the Entity is a Direct Reporting NFFE, please provide the Entity's GIIN:

--

If the Entity is a Sponsored Direct Reporting NFFE, please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name:

--

Sponsoring Entity's GIIN:

--

☐ iii. The Entity is a Passive Non-Financial Foreign Entity.

If you have ticked 3.3(iii) (Passive Non-Financial Foreign Entity), please indicate the full name of any Controlling Person(s)⁵ and Beneficial Owners:

Full Name of any Controlling Person(s) and Beneficial Owners

B. CRS

4. CRS Declaration of Tax Residency (please note that you may choose more than one country) *

Please indicate the Entity's country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated Tax Identification Numbers ("TIN")).

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

Country of Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided (see below)

If Reason B has been selected above, explain why you are not required to obtain a TIN

If TIN or equivalent is not provided, please provide reason from the following options:

Reason A: The country/jurisdiction where the entity is resident does not issue TINs to its residents

Reason B: The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)

Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

5. Entity's CRS Classification* - Please tick one option that applies in section 5.1 or 5.2 below (The information provided in this section is for CRS.

Please note an Entity's CRS classification may differ from its FATCA classification in question 3):

For more information please see the CRS Standard and associated commentary.

<https://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/>

5.1 Financial Institutions under CRS:

If the Entity is a Financial Institution, please tick one of the below categories

- ☐ i. Financial Institution under CRS (other than (ii) below) – Skip to question 7
- ☐ ii. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution - Continue to question 6

5.2 Non-Financial Institutions under CRS:

If the Entity is a Non-Financial Institution, please tick one of the below categories

- ☐ i. Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation – Skip to question 7
- ☐ ii. Active Non-Financial Entity – a Government Entity or Central Bank – Skip to question 7
- ☐ iii. Active Non-Financial Entity – an International Organisation – Skip to question 7
- ☐ iv. Active Non-Financial Entity – other than (i)-(iii) (for example a start-up NFE or a non-profit NFE) – Skip to question 7
- ☐ v. Passive Non-Financial Entity – Continue to question 6

C. CONTROLLING PERSONS

6. Passive Non-Financial Entities – please complete details of Controlling Persons, including:

- any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital)?
- If you are a trust, any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust?

Note: If there are more than 3 controlling persons, please list them on a separate piece of paper

Controlling Individual 1:

Full Name			
Residential Address (not PO box)			
Date of Birth			
Place of Birth (City, Country)			
Country(ies) of Tax Residence			
TIN			
Reason Code if no TIN provided			

Controlling Individual 2:

Full Name			
Residential Address (not PO box)			
Date of Birth			
Place of Birth (City, Country)			
Country(ies) of Tax Residence			
TIN			
Reason Code if no TIN provided			

Controlling Individual 3:

Full Name

Residential Address (not PO box)

Date of Birth

Place of Birth (City, Country)

Country(ies) of Tax Residence

TIN

Reason Code if no TIN provided

D. DECLARATION

v.20230328

7. Signature

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

Date: (dd/mm/yyyy):* _____

Section 3 - Identification Documents - ALL INVESTORS

To comply with our obligations under AML Law, we must collect certain information, supported by original or certified copies¹ of relevant documents², about each investor. Documents written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

In order to verify the signature(s) on the Subscription Agreement, as well as the authority for all future requests, please provide a list of authorised signatories (including sample signatures), or for individual investors, a certified copy of the passport or driver's licence.

Investor Type	Go to
<input type="checkbox"/> Individual/Joint Investors/Sole Trader/Individual Trustee	Section 3A
<input type="checkbox"/> Company/Corporate Trustee	Section 3B
<input type="checkbox"/> Trust/Superannuation Fund	Section 3C
<input type="checkbox"/> Partnership	Section 3D
<input type="checkbox"/> Agent of Customer	Section 3E

SECTION 3A - INDIVIDUAL / JOINT INVESTORS / SOLE TRADER / INDIVIDUAL TRUSTEE* / PARTNERS* / AGENTS OF CUSTOMERS

Please provide us with an original or certified copy of a document from Part I, or if you do not own a document from Part I, original or certified copies of documents from Part II or III.

**You only need to provide the relevant documents set out in this Section 3A if you are required to complete Section 1A.*

PART I

Tick	Provide ONE document from this section
	Current Australian driver's licence containing your photograph and date of birth
	Current Australian passport
	Foreign passport or similar travel document containing your photograph and signature
	Current card issued by an Australian State or Territory for the purpose of proving your age containing your photograph and date of birth

PART II - Australian investor (should only be provided if you do not own a document from Part I)

Tick	Provide ONE document from this section
	Australian birth certificate
	Australian citizenship certificate
	Pension card issued by Centrelink
	Health card issued by Centrelink
Tick	AND ONE document from this section
	An original or certified copy of a notice, showing your name and residential address, issued by the Commonwealth or a State or Territory within the past 12 months that records the provision of financial benefits to you
	An original or certified copy of a notice, showing your name and residential address, issued by the Australian Taxation Office within the past 12 months that records a debt payable by you
	An original or certified copy of a notice, showing your name and residential address, issued by a local government body or utilities provider (e.g. rates notice or electricity bill) within the past 3 months which records the provision of services to you
	If you are under age 18: a notice, showing your name and your residential address, issued by a school principal within the past 3 months which records the period of time that you attended at that school

PART III - Foreign investor (Should only be provided if you do not own a document from Part 1)

Tick	Provide BOTH documents from this section
	Foreign driver's licence containing your photograph and date of birth
	National ID card issued by a foreign government containing your photograph and signature

SECTION 3B - COMPANY / CORPORATE TRUSTEE*

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

Tick	Provide the documents from this section
	Certificate of registration or incorporation issued by ASIC

¹ Refer to Section 3 for details about obtaining certified copies.

² Original or certified documents will not be returned.

	Certificate of registration or incorporation issued by the relevant foreign registration body
	Current company search from ASIC database/relevant foreign registration body
Tick	AND (if applicable) documents from this section
	If a listed company: a search of the relevant financial market
	If a regulated company: a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator

**You only need to provide the relevant documents set out in this Section 3B if you are required to complete Section 1B.*

SECTION 3C – TRUST / SUPERANNUATION FUND

Registered management investment scheme/self-managed superannuation fund/regulated trust/government superannuation fund

Tick	Provide the documents 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, self-managed superannuation fund, regulated trust or government superannuation fund

Other Trusts

Tick	Provide ONE document from this section
	An original or certified copy or certified extract of the trust deed
Tick	AND BOTH documents from this section
	Full name and residential/registered office address of all individual and corporate trustees
	The relevant documents set out in section 3A or 3B for the individual or corporate trustee who has completed section 1A or 1B respectively

SECTION 3D – PARTNERSHIP

Tick	Provide ONE document from this section
	An original or certified copy or certified extract of the partnership agreement
	A certified copy or certified extract of minutes of a partnership meeting
	An original current membership certificate (or equivalent) of a professional association
	Membership details independently sourced from the relevant professional association
	A notice issued to the Partnership by the Australian Taxation Office within the past 12 months
	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia
Tick	AND the documents from this section
	The relevant documents set out in section 3A for the individual partner who has completed section 1A
Tick	AND (if regulated by a professional membership) ONE document from this section
	An original current membership certificate (or equivalent) of a professional association
	Membership details independently sourced from the relevant professional association

SECTION 3E - AGENT OF CUSTOMER

Tick	Provide BOTH documents from this section
	Evidence of the agent's authority to act on behalf of the Investor (e.g. signed letter, power of attorney)
	The relevant documents set out in section 3A in respect of the Agent (if individual agent appointed) or in respect of the verifying officer (if verifying officer appointed)
Tick	AND document from this section if verifying officer appointed
	Written evidence of the Investor's authorisation of the verifying officer to act as a verifying officer

Section 4 - 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 by one of the persons described in the sub-paragraphs below.

The certifier should sign the copy (printing his/her name underneath) and clearly indicate his/her position or capacity and include a contact address and phone number. The certifier must indicate that the document is a true copy of the original document.

People who can certify documents or extracts are:

- A person who, under a law in force in a State or Territory, is currently licensed or registered to practice the following occupations:

- Chiropractor;
- Dentist;
- Legal practitioner;
- Medical practitioner;
- Nurse;
- Optometrist;
- Patent/Trademarks attorney;
- Pharmacist;
- Physiotherapist;
- Psychologist; and
- Veterinary surgeon.
- a **lawyer** - 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 **person** listed in Part 2 of Schedule 2 of the *Statutory Declarations Regulations 1993*, which includes but is not limited to:
 - 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 Declaration Regulations 1993);
 - a **police officer**;
 - a **postal agent** - an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
 - the **post office** - a **permanent employee** of The Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
 - an **Australian consular officer** or an **Australian diplomatic officer** (within the meaning of the Consular Fees Act 1955);
 - an **officer** at a bank, building society, credit union or finance company with 2 or more continuous years of service with one or more **financial institutions** (for the purposes of the Statutory Declaration Regulations 1993);
 - a **member** of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants; and
 - a **teacher** employed on a full-time basis at a school or tertiary education institution.
- an **officer 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.

[On Accountants letterhead]

CERTIFICATE BY QUALIFIED ACCOUNTANT
(for the purposes of Section 761G(7))

[date]

Coaster Multi-Strategy Fund
c/o Apex Fund Services (Sydney) Pty Ltd
PO Box A517, Sydney South NSW 1235, Australia
Melbourne VIC 3000

Attention: Unit Registry ssg.aug@apexfs.com.au
Fax: +61(0)2 9475 1417

Dear Sir/Madam

Re: [Name of Fund] investment by *[insert applicants name as per application form]*

I confirm that I am a qualified accountant as defined by section 9 of the Corporations Act 2001 (Cth), and certify that:

[insert applicants name as per application form]

- (i) has net assets of at least A\$2.5 million; or
- (ii) has had a gross income for each of the last two (2) financial years of at least A\$250,000 a year.
- (iii) is a professional investor for the purposes of Section 761G(7)

Yours faithfully

[Insert – Accountant's name]

[Insert – Accountant's name and phone number if not on firm letterhead]

Redemption Request Form

Investor Name: _____

Amount: _____

or;

No. of Shares: _____

or;

☐ Full Redemption

PAYMENT INSTRUCTIONS

Please check these bank details carefully as it is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds unable to be recovered.

Please tick the applicable box below:

☐ Pay to the existing bank account held on file.

☐ Pay to the bank account provided below*

**This bank account will replace the previously nominated account and be held on record and maintained to pay any future withdrawal proceeds and/or income distributions. This account must be in the name of the investor.*

Withdrawal proceeds will not be paid to a third-party bank account.

Name of Bank: _____

Account name: _____

BSB: _____

Account number: _____

Date: ____/____/____

VERIFICATION OF AUTHORISED SIGNATORY(IES)

For Individuals

Signature : _____

Signature : _____

Print Name: _____

Print Name: _____

For Entities

Signature : _____

Signature : _____

Print Name: _____

Print Name: _____

Position: _____

Position: _____