READY SET SHORT TERM RENTAL FUND

WHOLESALE INVESTOR STATUS

This investment is classified as suitable only for wholesale investors as defined under ss 761G and 761GA of the Corporations Act 2001 (Cth). For joint investors, both investors must separately meet one of the below tests and provide the relevant documentation.

I/We/The Professional Investor Declaration Applicant(s) acknowledge that one of the following circumstances apply to the Applicant(s) (please indicate):

a) The Applicant(s) has net assets of at least $2.5 million, and the applicant(s) are applying for Units in the Fund for a purpose other than for use in connection with a business. Please complete the Form A - Wholesale Investor Certificate below.

b) The Applicant(s) have a gross income for each of the last two financial years of at least $250,000 per year, and the applicant(s) are applying for Units in the fund for use in connection with a business. Please complete the Form A - Wholesale Investor Certificate below.

c) The Applicant(s) are applying for Units at a price, or for the value of at least $500,000AUD under this application form.

d) If the Applicant(s) qualify under any of the items listed in Form B below, then the applicant is a 'professional investor' as defined in the Corporations Act 2001 (Cth). Please complete Form B – Professional Investor Declaration below.

e) The Applicant(s) is a business that employs more than:
   a. 100 people, if the business is or includes the manufacture of goods, or
   b. 20 people, in all other cases.

NOTE: This business test does not apply to a superannuation management company.

ReadySet
Short Term Rental Fund

NC GROUP

FORM A - WHOLESALE INVESTOR CERTIFICATE

Chapter 6D and 7 of the Corporations Act 2001 (Cth).

2.1. INDIVIDUAL (Including Individual Trustee)

Investor Name 1

Investor Name 2

Entity Name (if applicable)

Address

City/Town

Postcode

State

Country

I certify that:

1. The person or entity whose details are set out above:
   - has net assets of at least $2.5million; or
   - has a gross income for each of the last 2 financial years of at least $250,000.

(This includes the net assets or gross income of any companies controlled by the investor. Under section 50AA of the Corporations Act 2001, an investor controls a company where the investor has the capacity to determine the outcome of decisions about the company's financial and operating policies.)

2. I belong to the following professional body:
   - A member of the Australian Society of Certified Practicing Accountants
   - A member of the Institute of Chartered Accountants of Australia
   - A member of the Institute of Public Accountants
   - A member of an eligible foreign professional body - please specify:

3. I comply with this body's continuing professional education requirements.

Accountant's Full Name

Designation (e.g. CA/CPA/MNIA)

Company/Practice name

Accountant's address

Signature

Date

ReadySet
Short Term Rental Fund

NC GROUP

FORM B - PROFESSIONAL INVESTOR DECLARATION

Chapter 6D and 7 of the Corporations Act 2001 (Cth).

2.1. INDIVIDUAL (Including Individual Trustee)

Investor Name 1

Investor Name 2

Entity Name (if applicable)

Address

City/Town

Postcode

State

Country

The investor named above declares to Non Correlated Group Pty Ltd ('NCG') that the following is true and correct:

The investor is a professional investor because they meet one or more of the following criteria (please indicate)::

- A financial services licensee: AFSL number
- Controls at least $10 million (including any amount held by an associate or under a trust that the person manages).
- A listed entity, or a related body corporate of a listed entity.
- An exempt public authority.
- The trustee of one of the following, where the fund, trust or scheme has net assets of at least $10 million:
  - a superannuation fund; or
  - an approved deposit fund; or
  - a pooled superannuation trust; or
  - a public sector superannuation scheme, within the meaning of the Superannuation Industry (Supervision) Act 1993.
- A body regulated by APRA, other than a trustee of any of the following (within the meaning of the Superannuation Industry (Supervision) Act 1993):
  - a superannuation fund,
  - an approved deposit fund,
  - a pooled superannuation trust,
  - a public sector superannuation scheme.
- A body registered under the Financial Corporations Act 1974.
- A body corporate, or an unincorporated body, that:
  - carries on a business of investment in financial products, interests in land or other investments; and
  - for those purposes, invests funds received (directly or indirectly) following an offer or invitation to the public, within the meaning of Section 82, Corporations Act 2001, the terms of which provided for the funds subscribed to be invested for those purposes.
- A foreign entity that, if established or incorporated in Australia, would be covered by one of the preceding paragraphs.

This certificate is given in relation to units to be subscribed for by the Investor as a professional investor in the <insert fund name>. The investor will inform NCG immediately should the investor's circumstance change.

Investor Name

Capacity (if applicable)

Investor Signature

Date

READY SET SHORT TERM RENTAL FUND
APPLICATION FORM

This application form ('Application Form') relates to the subscription of units in the Ready Set Short Term Rental Fund ('Fund') on the terms set out in the attached information memorandum ('Information Memorandum') and trust deed for the Fund ('Trust Deed') (together the 'Constituent Documents'). You should read the Constituent Documents in their entirety prior to applying for units in the Fund ('Units'). You should also consult a solicitor, accountant, financial advisor or other qualified advisers regarding an investment in the Fund and its suitability for you. To lodge an Application Form and for general questions relating to this form, please contact us by email.

Email: investorrelations@noncorrelatedgroup.com

1. NEW OR EXISTING CLIENT

THIS APPLICATION SHOULD BE APPLIED TO (PLEASE TICK ONE): ✓

NEW ☐ I would like to open a new account *(please go to Section 2 and complete the remainder of the Application Form).*

EXISTING ☐ Please provide the account name and number below (and then go Section 7).

Account Name | Account Number

Note: If you are an existing investor, only complete sections 2 to 6 of the Application Form if your details or preferences have changed.

2. NEW CLIENT DETAILS

Please continue to relevant section:

- Section 2.1 - Individual (Trustee, Sole Trader or Association Member)
- Section 2.2 - Australian Company (Including Corporate Trustee)
- Section 2.3 - Foreign Companies (Registered in Australia)
- Section 2.4 - Foreign Companies (**Not** Registered in Australia)
- Section 2.5 - Partnerships
- Section 2.6 - Associations
- Section 2.7 - Registered Co-operatives
- Section 2.8 - Government Bodies
- Section 2.9 - Self Managed Superfund (SMSF)
- Section 2.10 - Trust
- Section 2.11 - Other

2.1. INDIVIDUAL (Trustee, Sole Trader, or Association Member)

Investor 1.

Title | Surname | Given Names | Date of Birth

TFN | Nationality | Country of Birth

Source of money/ wealth/ income used for this investment | Occupation

Purpose of Investment | Expected frequency of transactions

Residential Address (PO Box is not acceptable)

City/Town | Postcode | State | Country

Investor 2.

Title | Surname | Given Names | Date of Birth

TFN | Nationality | Country of Birth

Source of money/ wealth/ income used for this investment | Occupation

Purpose of Investment | Expected frequency of transactions

Residential Address (PO Box is not acceptable)

City/Town | Postcode | State | Country

FOR SOLE TRADERS ONLY

Full Business Name

ABN | Nationality | Country of Birth

Source of money/ wealth/ income used for this investment | Occupation

Purpose of Investment | Expected frequency of transactions

FOR AGENTS OF SOLE TRADERS ONLY

Agents Full Name | Date of Birth

Residential Address

Nature of relationship to the individual

▶ CONTINUE TO SECTION 3

2.2. AUSTRALIAN COMPANY (Including Corporate Trustee)

Full Company Name as per ASIC registration

ACN or ARBN (if any) | TFN

Residential or registered address (PO Box is not acceptable)

City/Town Postcode State

Source of the money/ wealth/ income used for this investment | Nature of the investor's business

Purpose of the Investment | Expected frequency of transactions

2.2 (a) For the signer of the Application form (if not already identified as Connected Party or Beneficial Owner) the following information:

Name in full | Date of birth

Residential address (PO Box is not acceptable) | Position/ role the signer holds with the Investor

2.2 (b) If an Australian Company, registration status with ASIC? PROPRIETARY PUBLIC

2.2 (c) If a Foreign Company, registration status with relevant foreign registration body? PRIVATE/PROPRIETARY PUBLIC OTHER

2.2 (d) If a Foreign Company, country formed, incorporated or registered?

COUNTRY | FOREIGN ID NUMBER

2.2 (e) Is the company a listed public company? YES NO

IF YES, EXCHANGE NAME

2.2 (f) Is the company a majority owned subsidiary of an Australian listed company? YES NO

IF YES, COMPANY NAME

2.2 (g) Is the company regulated by Commonwealth or State in Australia? YES NO

2.2 (h) If the company is regulated, please provide LICENCE NUMBER:

2.2 (i) If registered as a private or propriety company, is not licensed and regulated as above, please provide director details.

Director 1.

Title | Surname

Given Names

Director 2.

Title | Surname

Given Names

Director 3.

Title | Surname

Given Names

Director 4.

Title | Surname

Given Names

Please provide details below for each beneficial owner. A beneficial owner is an individual who ultimately owns or controls (either directly or indirectly) 25% or more of the company.

If the Company is an Australian listed public company; a majority owned subsidiary of an Australian listed public company; or licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company (eg. as an Australian financial services licensee, Australian credit licensee or Australian registrable superannuation entity), the details for each beneficial owner is not required.

Beneficial Owner 1.

Name in Full | Date of Birth

Residential Address (PO Box is not acceptable)

City/Town | Postcode | State | Country

Beneficial Owner 2.

Name in Full | Date of Birth

Residential Address (PO Box is not acceptable)

City/Town | Postcode | State | Country

Beneficial Owner 3.

Name in Full | Date of Birth

Residential Address (PO Box is not acceptable)

City/Town | Postcode | State | Country

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

▶ CONTINUE TO SECTION 3

2.3. FOREIGN COMPANIES (Registered in Australia)

Full Company Name as per ASIC registration

ACN or ARBN (if any) | TFN

Address of Registered Office in Australia (PO Box is not acceptable)

Address of Principal Place of Business in Australia (if any) or Full Name and Address of Company's Local Agent in Australia (if any)

Source of the money/ wealth/ income used for this investment | Nature of the investor's business

Purpose of the Investment | Expected frequency of transactions

2.3 (a) For the signer of the Application form (if not already identified as Connected Party or Beneficial Owner) the following information:

Name in full

Date of birth

Residential address (PO Box is not acceptable)

Position/ role the signer holds with the Investor

2.3 (b) Is the company registered by the relevant foreign registration body? YES NO

If YES, is it registered as a private or public company or some other type of company: PRIVATE/PROPRIETARY PUBLIC OTHER

2.3 (c) Name each company director if the company is registered as a private company by the relevant foreign registration body

Director 1.

Title Surname

Given Names

Director 2.

Title Surname

Given Names

Director 3.

Title Surname

Given Names

Director 4.

Title Surname

Given Names

▶ CONTINUE TO SECTION 3

2.4. FOREIGN COMPANIES (NOT Registered in Australia)

Full Company Name

Country in which the company was formed, incorporated or registered

Source of the money/ wealth/ income used for this investment

Nature of the investor's business

Purpose of the Investment

Expected frequency of transactions

2.4 (a) For the signer of the Application form (if not already identified as Connected Party or Beneficial Owner), please provide:

Name in full

Date of birth

Residential address (PO Box is not acceptable)

Position/ role the signer holds with the Investor

Is the company registered by the relevant foreign registration body? YES NO

If YES, is the company registered as: PRIVATE/PROPRIETARY PUBLIC OTHER

Address for the Company's Country of formation, incorporation or registration as registered by the relevant foreign registration body or, if the company is not registered by the relevant foreign registration body, the address for the companies principal place of business.

2.4 (b) Name each company director if the company is registered as a private company by the relevant foreign registration body.

Director 1.

Title Surname

Given Names

Director 2.

Title Surname

Given Names

Director 3.

Title Surname

Given Names

Director 4.

Title Surname

Given Names

▶ CONTINUE TO SECTION 3

2.5. PARTNERSHIPS

Full Name of Partnership

Country in which the partnership was established

Full Business Name (if any) of the partnership as registered under any State or Territory business names legislation

ABN

TFN (or exemption reason)

Is the Partnership regulated? YES NO If YES, please provide the name of the regulator

Source of the money/ wealth/ income used for this investment

Nature of the investor's business

Purpose of the Investment

Expected frequency of transactions

2.5 (a) For the signer of the Application form (if not already identified as Connected Party or Beneficial Owner), please provide:

Name in full

Date of birth

Residential address (PO Box is not acceptable)

Position/ role the signer holds with the Investor

2.5 (b) For all partnerships - complete the following in respect of **one** partner:

Name

Surname

Residential Address

Full name and residential address of each partner in the partnership, **except** where the regulated status of the partnership is confirmed through reference to the current membership directory of the relevant professional association.

Beneficial Owner 1.

Name

Surname

Residential Address

Beneficial Owner 2.

Name

Surname

Residential Address

Beneficial Owner 3.

Name

Surname

Residential Address

Beneficial Owner 4.

Name

Surname

Residential Address

▶ CONTINUE TO SECTION 3

2.6. ASSOCIATIONS

For un-incorporated associations, continue to section 2.6 (b).

2.6 (a) For **incorporated** associations, please provide:

Full Name of Association

Full address of the association's principal place of administration or registered office (if any) or; Residential address of the association's public officer. If there is no such person the association's president, secretary or treasurer

Any unique identifying number issued to the association upon its incorporation by the State, Territory or overseas body responsible for the incorporation of the association

Full name of the chairman, secretary and treasurer or equivalent officer in each case of the association

2.6 (b) For **un-incorporated** association, please provide:

Full Name of Association

Full address of the association's principal place of administration (if any)

Full name of the chairman, secretary and treasurer or equivalent officer in each case of the association

Member 1. Full Name

Member 2. Full Name

Member 2. Full Name

Member 3. Full Name

Beneficial Owner 1. Full Name

Date of Birth OR Full Residential Address

Beneficial Owner 2. Full Name

Date of Birth OR Full Residential Address

Beneficial Owner 3. Full Name

Date of Birth OR Full Residential Address

Beneficial Owner 4. Full Name

Date of Birth OR Full Residential Address

2.6 (c) For the signer of the Application form (if not already identified as Connected Party or Beneficial Owner), please provide:

Name in full

Date of birth

Residential address (PO Box is not acceptable)

Position/ role the signer holds with the Investor

Note: Please complete Section 2.1 in respect to the association members identification details.

▶ CONTINUE TO SECTION 3

2.7. REGISTERED CO-OPERATIVES

Full Name of the Co-Operative

Full address of the co-operatives registered office or principal place of operations (if any)

Or, residential address of the co-operatives secretary, president or treasurer

Any unique identifying number issued to the co-operative upon its registration by the State, Territory or overseas body responsible for the registration of the co-operative

Full name of chairman, secretary and treasurer or equivalent officer name in the co-operative:

▶ CONTINUE TO SECTION 3

2.8. GOVERNMENT BODIES

Full Name of the Government Body

Full address of the government body's principal place of operations

Is the Government Body an: Entity / Emanation, or Established under legislation of the Commonwealth, State, Territory, or a Foreign Country

Please provide a Name for that State, Territory or Country

If a foreign government body, please provide information on who is the ultimate owner or controller of that government body.

2.8 (a) For the signer of the Application form (if not already identified as Connected Party or Beneficial Owner), please provide:

Name in full

Date of birth

Residential address (PO Box is not acceptable)

Position/ role the signer holds with the Investor

▶ CONTINUE TO SECTION 3

2.9. SELF MANAGED SUPERANNUATION FUND (SMSF)

Full Name of SMSF

Business Name (if any) of Trustee

ABN

TFN (or exemption reason)

SMSF Establishment Date

Principal Place of Business

Primary Activity/Nature of Business

Beneficiaries

Does the terms of the trust identify the beneficiaries by reference to membership of a class? YES NO

If yes, please provide details of membership class(es) (e.g. unit holders, family members of Trustee, charitable purposes) below.

If no, please provide full names of beneficiaries below:

Beneficiary 1.

Name in Full

Date of Birth

Residential Address (PO Box is not acceptable)

City/Town

Postcode

State

Country

Beneficiary 2.

Name in Full

Date of Birth

Residential Address (PO Box is not acceptable)

City/Town

Postcode

State

Country

Beneficiary 3.

Name in Full

Date of Birth

Residential Address (PO Box is not acceptable)

City/Town

Postcode

State

Country

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

Settlor of the Trust (as contained in the Trust deed)

Trustee Details (Please tick one box and complete relevant section):

For all Trusts, if the trustees are individuals then this information is required to be collected in respect of one of those individuals and if the trustees are companies then this information is required to be collected in respect of one of those companies. For "Other Trusts" this information is required to be collected in respect of all of the individual trustees and/or trustee companies.

Individual Trustee. **Please complete Section 2.1**

Corporate Trustee. **Please complete Section 2.2**

▶ CONTINUE TO SECTION 3

2.10. TRUST

Full Name of Trust

TFN (or exemption reason)

Business Name (if any) of Trustee

Country in which the Trust was established

Principal place of business

Primary Activity/Nature of Business

Type of Trust (Please tick one box) ✓

- Registered managed investment scheme — ARSN number
- Regulated trust — Regulator name (e.g. ASIC, APRA, ATO)
- Government Superannuation Fund — ABN
- Other Trust - Please complete below — Registration/licence details (if applicable)

Name of legislation establishing the Fund

Trust description (family, charitable, unit)

For "Other Trust" to complete

Does the terms of the trust identify the beneficiaries by reference to membership of a class? YES NO

If yes, please provide details of membership class(es) (e.g. unit holders, family members of Trustee, charitable purposes) below.

If no, please provide full names of beneficiaries below:

Beneficiary 1.

Name in Full — Date of Birth

Residential Address (PO Box is not acceptable)

City/Town — Postcode — State — Country

Beneficiary 2.

Name in Full — Date of Birth

Residential Address (PO Box is not acceptable)

City/Town — Postcode — State — Country

Beneficiary 3.

Name in Full — Date of Birth

Residential Address (PO Box is not acceptable)

City/Town — Postcode — State — Country

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

Settlor of the Trust (as contained in the Trust deed)

Trustee Details (Please tick one box and complete relevant section):

For all Trusts, if the trustees are individuals then this information is required to be collected in respect of one of those individuals and if the trustees are companies then this information is required to be collected in respect of one of those companies. For "Other Trusts" this information is required to be collected in respect of all of the individual trustees and/or trustee companies.

Individual Trustee. **Please complete Section 2.1** Corporate Trustee. **Please complete Section 2.2**

▶ CONTINUE TO SECTION 3

2.11. OTHER

For other structures not listed above, please contact NCG.

3. CONTACT DETAILS

Investor 1.

Full Name

Occupation

Residential Address (PO Box is not acceptable)

City/Town

Postcode

State

Country

Phone (Work)

Phone (Mobile)

Email

Postal Address (if different from above)

City/Town

Postcode

State

Country

Investor 2.

Full Name

Occupation

Residential Address (PO Box is not acceptable)

City/Town

Postcode

State

Country

Phone (Work)

Phone (Mobile)

Email

Postal Address (if different from above)

City/Town

Postcode

State

Country

4. COMMUNICATION

Investor 1.

Please tick one of the following: ✓

- ☐ I wish to receive the above information directly from the investment manager and NCG and request that all information be sent to the email address as specified in Section 3

  or

- ☐ I wish all correspondence to be sent to my financial advisers (please insert details below):

Adviser Name

Adviser Address

City/Town

Postcode

State

Country

Adviser Phone (Work)

Adviser Phone (Mobile)

Adviser Email

Investor 2.

Please tick one of the following: ✓

- I wish to receive the above information directly from the investment manager and NCG and request that all information be sent to the email address as specified in Section 3

or

- I wish all correspondence to be sent to my financial advisers (please insert details below):

Adviser Name

Adviser Address

City/Town | Postcode | State | Country

Adviser Phone (Work) | Adviser Phone (Mobile)

Adviser Email

5. REFERRAL DETAILS

Please complete this section only if you were referred to the fund.

Referee Name | Company

Email | Phone

Referral Fee

please only complete this section if you have negotiated a fee to the referee above for your referral to the fund.

- I request, until further notice from me, that the Trustee deduct a professional fee for service from my Application Amount and/or an ongoing professional fee for service from my distribution payments as set out below. I acknowledge that these fees will be paid to the referee as specified in section 5 of this Application Form and that the balance of my Application Amount will be invested in the Fund and/or the balance of my distribution payments will be paid to me.

Upfront professional fee for service

Either a percentage of your Application Amount or a fixed amount. 1% 2% 3% 4% 5% or $

Ongoing professional fee for service

Either a percentage or fixed amount from your distributions up to a maximum of 1% per annum (excluding GST) of your net Application Amount after deduction of any upfront professional fee for service: % or $

6. DISTRIBUTIONS

Note: Any net income distributions are generally reinvested for you into new units in the Fund. Please contact the Fund administrator at the email below should you wish to have your distributions paid to your bank account instead:

Email investorrelations@noncorrelatedgroup.com

7. BANKING DETAILS

Please specify the bank account details of the applicant below:

Account Name(s)

Bank Name | Account No. | BSB No.

8. INVESTMENT AMOUNT

The undersigned applicant ("Applicant", "you", or "I") wishes to apply for Units on the terms of the Constituent Documents equivalent to the following:

New Investor A$

(The minimum initial investment is $20,000.)

Existing Investor A$

(The minimum additional investment is $5,000.)

9. PAYMENT METHOD

The Fund accepts payment via electronic transfer to:

Account Name: **Primary Securities Ltd as trustee for the Ready Set Short Term Rental Fund**

Bank Name: **NAB** BSB No. **086-270** Account No. **71-060-3025**

Reference/Narration: Please include the applicant name in narration/reference section when making an electronic transfer.

For alternative payment options please contact us: investorrelations@noncorrelatedgroup.com

10. DECLARATION

I/We acknowledge, declare and agree that by signing this Application Form:

All details in the Application Form are true and correct.

I/We have provided all the accompanying information as required in Attachment 3, and it is true and correct.

I/We have provided a Wholesale Investor Declaration as given by NCG, should my investment be less than A$500,000 or I am/we are a professional investor under the Corporation Act (or other investor) that does not require disclosure under the Corporations Act.

I am/We are an individual over 18 years of age or I am a duly incorporated body.

I/We have read carefully and understand I am/we are applying solely on the basis of the Fund's Information Memorandum and this completed Application Form.

I/We understand that the information contained in the Information Memorandum is not legal, financial or tax advice nor a recommendation that the Fund is suitable to my/our needs.

I/We agree to be bound by the terms of the Trust Deed governing the Fund, this completed Application Form and the current Information Memorandum, as amended or issued from time to time.

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 obtained advice from a financial advisor, or I/we have knowledge and experience in financial and business matter such that I am/we are 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, nor any repayment of capital invested in the Fund is guaranteed by NCG, or any of their officers, directors, advisors, associates, affiliates or representatives (including placement agents and legal counsel) (each a 'Relevant Person (ie. 'Relevant Person')).

I/We understand the risks involved in investing in the Fund.

That NCG is authorised to apply the Tax File Number or ABN provided and it will be applied to all future applications for Units, including re-investments, unless I otherwise advise NCG.

That the Units in the Fund do not represent deposits with, or other liabilities of NCG.

I/We consent to details relating to my/our application and holdings being disclosed to relevant service providers to the Fund (including companies associated with NCG which perform marketing and investor servicing) or to any regulatory body in applicable jurisdiction. Any such disclosure will not be treated as a breach of any restriction upon the disclosure of information imposed on such person by law or otherwise.

I/We will comply and continue to comply with Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF) laws and regulations, including but not limited to the law and regulations of Australia in force from time to time (AML/CTF Law).

I/We agree to provide NCG with all true and correct information and assistance that it may request to comply with and AML/CTF Law.

I represent that the Units are or will be purchased with funds that are from legitimate sources. I am not aware and have no reason to suspect:

a. that the monies or property used to fund my investment in the Fund have been or will be derived from or related to proceeds of crime, money laundering, terrorism financing or similar activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement; and
b. the proceeds of my investment in the Fund will be used to finance illegal activities.

I/We acknowledge that due to AML and CTF requirements, NCG may require proof of identity before the application can be processed and NCG will be held harmless and indemnified against any loss ensuring due to failure or any delays in processing this application, if such information has been required by the parties hereto and has not been provided by me/us.

I/We agree to indemnify, keep indemnified and hold harmless the Relevant Persons from and against any and all losses relating to or arising out of any breach any representation, warranty or declaration made by me in this Application Form or in any other document provided by me to the Relevant Persons in connection with my investment, or any failure to fulfil any covenants or agreements contained in the Information Memorandum and Trust Deed. This indemnification survives the execution and delivery of this Application Form, any investigation at any time made by the Relevant Persons and the issue, sale and/or redemption of Units and shall be in addition to any liability I/we may have.

NCG reserves the right to not accept any application at its absolute discretion.

I/We agree not to bring proceedings against the NCG in its personal capacity or seek to wind up, dissolve or appoint an administrator, manager, receiver, liquidator or similar to the Issuer or its assets except to the extent allowed under the Constituent Documents.

I agree that I shall not disclose or cause to be disclosed any confidential proprietary information concerning the Fund or Relevant Persons to any person or use any such confidential information for my own purposes or my own account, except as permitted under the Constituent Documents.

This Application Form and the rights and obligations of the parties hereto shall be interpreted and enforced in accordance with and governed by the laws of NSW, Australia.

Each party irrevocably and unconditionally submits to the exclusive jurisdiction of the courts of NSW, Australia and its appellate courts.

Executed as a deed poll

Investor 1.
(or authorised signatory of Applicant as shown in Attachment 2)

Print Name

Signature

Date

Investor 2.
(or authorised signatory of Applicant as shown in Attachment 2)

Print Name

Signature

Date

ATTACHMENT 1

Please contact us for questions relating to this form: investorrelations@noncorrelatedgroup.com

How do I complete an Application?

To make an investment please:

- Complete an application form and sign it.
- Complete a FATCA self certification declaration and sign it.
- Provide certified identification documents as outlined in the attached Know Your Customer Policy (as per Attachment 3).

How do I send in my Application Form?

To lodge your completed application form please email with the FATCA self certification declaration and certified identification documents to: investorrelations@noncorrelatedgroup.com

Do I have to a quote Tax File Number (TFN)?

You choose whether to quote your TFN on your application form.

Without your TFN or appropriate exemption information, we are required to withhold tax at the highest marginal tax rate (plus Medicare Levy) from income distributions made to you.

An Australian Business Number (ABN) may be used as an alternative to a TFN if your investment is undertaken in the course of carrying out an enterprise.

What happens if I send in an application form that is not valid?

NCG 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.

ATTACHMENT 2

APPLICANT GUIDE

TYPE OF INVESTOR	CORRECT NAME	INCORRECT NAME	SIGNATURES REQUIRED
INDIVIDUAL/ JOINT HOLDINGS			
Use full name(s) of each applicant.	Name: David John Smith Name: Jane Anne Smith	David J Smith Jane A Smith Jane A Smith	Signature of each applicant.
COMPANY			
Use full company title.	Name: ABC Pty Ltd	ABC Inc, ABC Co, ABC P/L	1. by two directors; or 2. by a director and a company secretary; or 3. if there is only a single director, by that director; 4. by a duly authorised officer or attorney.
TRUSTS/ MINORS			
Use trustee(s)/individual(s) name(s). Use trust/minor name as designation.	Name: John Jones as trustee for <Jones Family Trust> <John Jones King>	Name: John Jones Family Trust	Signature of each trustee/individual. If trustee is a company, see above.
SUPERANNUATION FUNDS			
Use trustee(s) personal name(s). Use fund name as designation.	Name: Mary Sara James as trustee for <Mary James Super fund>	Name: M J James Super fund	Signature of each trustee. If trustee is a company, see above.

ATTACHMENT 3

KNOW YOUR CUSTOMER POLICY DOCUMENTATION

The Administrator is obliged to comply with the Know Your Customer policy in addition to Australian anti-money laundering legislation which dictates that we identify each investor in the fund and retain supporting documentation as evidence of the same.

In order to satisfy the above we require the following documents:

1. INDIVIDUAL INVESTORS *(Including Joint Investors, Sole Traders and Individual Trustee):*

A certified* copy of an Australian Passport.

OR

A certified* copy of an Australian drivers licence.

OR

A certified* current foreign driver's licence, passport or similar travel document containing applicant signature.

If these documents are unavailable, please contact Non Correlated Group for alternatives.

2. COMPANY INVESTOR/ COMPANY TRUSTEE

A certified* copy of an Australian Passport for each Director.

OR

A certified* copy of an Australian drivers licence for each Director.

OR

A certified* current foreign driver's licence, passport or similar travel document containing applicant signature for each Director.

AND

Certificate of registration or incorporation issued by ASIC.

OR

Certificate of registration or incorporation issued by the relevant foreign registration body.

AND (if applicable)

If a listed public company, the relevant financial market record.

OR

If a regulated company, a copy of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.

OR

If the Company is not a listed public company, not a majority owned subsidiary of an Australian listed public company, or not a regulated company, certified identification of the beneficial owner(s) of the company (see 1 above).

If these documents are unavailable, please contact Non Correlated Group for alternatives.

3. PARTNERSHIPS

A certified* copy of the partnership registration with the relevant foreign registration body.

AND

A certified* copy of signed partnership agreement identifying the general partner.

AND

A signed, certified* corporate resolution identifying the corporate officer(s) empowered to sign the Application Form.

AND

Identification documentation for at least one partner (refer to the relevant entity type for details).

AND

Identification documentation as specified for Individual for each Beneficial Owner and the signer of the Application Form or redemption document.

4A. REGISTERED MANAGED INVESTMENT SCHEME / REGULATED TRUSTS / GOVERNMENT SUPERANNUATION FUNDS:

A 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.

4B. OTHER TRUSTS

An original, certified copy or certified extract of the Trust Deed.

AND

The relevant identification documents for the identified trustee (individual or corporate) as outlined in 1 and 2 above.

AND

For the beneficiaries of the trust, the relevant documents as outlined in 1 above.

AND

For the beneficial owners of the trust, the relevant documents as outlined in 1 above.

***Certified:** A certifier must be a suitable person, such as a justice of peace, lawyer, accountant, an officer with 2 or more continuous years of service of an entity that holds an Australian credit licence or Australian financial services licence, a notary public, a member of the judiciary (eg. judge, magistrate, chief executive officer of a court, registrar or deputy registrar of a court), Commissioner of Affidavits, Commissioner of Declarations, police officer, agent of the Australian Postal Corporation, permanent employee of the Australian Postal Corporation with 2 or more continuous years of service, Australian Consular Officer or Australian Diplomatic Officer.*

FATCA/CRS SELF CERTIFICATION DECLARATION

This certification must be completed by all investors to declare their FATCA status or U.S. tax status. U.S. IRS Form W-8 or W-9 is accepted in place of this declaration. Please refer to section 8 for explanations of FATCA terms before completing this form. We strongly encourage you to seek the advice of an experienced tax or professional adviser in relation to completing this form.

PURPOSE OF THIS FORM

The Foreign Account Tax Compliance Act (FATCA), a United States regulatory requirement that aims to deter tax evasion by U.S. taxpayers, was introduced in 2010. From 1 July 2014 financial institutions (being managed investment funds) are required to identify investors that hold certain "financial accounts" and are U.S. persons or that are entities with substantial U.S. owners. Information on accounts and investments held by these U.S. investors must then be reported to the U.S. Internal Revenue Service (IRS) via the Australian Taxation Office (ATO).

The Account Holder's Country of Tax Residence, TIN, GIIN, FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) should be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders this form must be completed by or on behalf of that other person who is referred to as the Account Holder if you are unable to complete this form please seek an appropriate advice relating to the tax information required.
For further details relating to the implementation of FATCA and CRS, please refer to: www.ato.gov.au

1. TYPE OF INVESTOR

- ☐ Individual or joint investor: complete sections 2 and 6
- ☐ Superannuation fund: complete sections 3 and 6
- ☐ Company, Trust, Partnership or other: complete sections 4, 5 and 6

2. INDIVIDUAL OR JOINT INVESTORS

For joint investors please provide details for each individual (including minors). If there are more than 2 individuals please provide their details on separate page and attach it to this form.

Individual 1.

Full Name

Are you a U.S. citizen or U.S. resident for tax purposes?

- ☐ No: Continue to section 6
- ☐ Yes: Provide your U.S. Taxpayer Identification Number (TIN)

TIN

Individual 2.

Full Name

Are you a U.S. citizen or U.S. resident for tax purposes?

- ☐ No: Continue to section 6
- ☐ Yes: Provide your U.S. Taxpayer Identification Number (TIN)

TIN

▶ CONTINUE TO SECTION 6

3. SUPERANNUATION FUNDS

Full legal name of the Superannuation Fund

Select only ONE of the following options that best describes the Superannuation Fund and provide the information requested.

- ☐ **I am an Australian Retirement Fund** (refer to FATCA definitions in section 8)

We'll record your FATCA status as an Exempt Beneficial Owner

- ☐ **I am not an Australian Retirement Fund** (refer to FATCA definitions in section 8)

Please complete details below

FATCA status

GIIN (IF APPLICABLE)

▶ CONTINUE TO SECTION 6

4. ENTITY INVESTORS

Full legal name of the entity

Select only ONE of the following five FATCA categories that best describes the entity and provide the information requested.

1. U.S. person as defined under FATCA and U.S. Internal Revenue Code.

This includes but is not limited to company, trust or partnership that is established under the laws of a U.S. and is considered a U.S. resident for tax purposes.

(a) Are you exempt from FATCA reporting?

YES: Please provide your FATCA exemption code — FATCA EXEMPTION CODE

NO: Please provide your U.S. Taxpayer Identification Number (TIN) — U.S. TIN

2. Non-Financial Foreign Entity (NFFE) *Select one of the options from (a) to (c) to confirm which type of NFFE you are*

(a) Active NFFE: Continue to section 6

(b) Passive NFFE with no controlling U.S. persons: Continue to section 6

(c) Passive NFFE with controlling persons (refer to FATCA definitions in section 8) **who are U.S. citizens or U.S. residents for tax purposes?** Provide details of each of the controlling U.S. person in section 5

3. Entity that is an Exempt Beneficial Owner: Continue to section 6

4. Financial institution (FFI) *Select one of the options from (a) to (c) to confirm which type of FFI you are*

This includes but is not limited to company, trust or partnership that is established under the laws of a U.S. and is considered a U.S. resident for tax purposes.

(a) Reporting IGA FFI or Participating FFI — GIIN

Provide entity's GIIN and continue to section 6

(b) FFI that does not need to register (e.g. Non-Reporting IGA FFI) Please complete details below and continue to section 6

FATCA status — GIIN (if applicable)

(c) Non-participating FFI Note that information about you will be reported to ATO and IRS. Continue to section 6

5. Other entity type (not listed above) *Please complete details below and continue to section 6*

FATCA status — GIIN (if applicable)

▶ CONTINUE TO SECTION 6

5. CONTROLLING U.S. PERSONS OF PASSIVE NFFE

Only complete this section if you have selected item 2(c) in the previous section. If there are more than 2 controlling U.S. persons please provide their details on separate page and attach it to this form.

U.S. Person 1

☐ CONTROLLING PERSON ☐ BENEFICIARY ☐ TRUSTEE

☐ DIRECTOR ☐ OTHER - please specify

Name in Full

Residential Address (PO Box is not acceptable)

U.S. Taxpayer Identification Number (TIN)

U.S. Person 2

☐ CONTROLLING PERSON ☐ BENEFICIARY ☐ TRUSTEE

☐ DIRECTOR ☐ OTHER - please specify

Name in Full

Residential Address (PO Box is not acceptable)

U.S. Taxpayer Identification Number (TIN)

▶ CONTINUE TO SECTION 6

6. DECLARATION

By completing and signing this form

- I/We declare that the information provided in this form is correct and where relevant reflects my/our tax status for purposes of FATCA
- I/We will promptly notify NC Group and provide it with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by NC Group to comply with any obligation under FATCA

Print Name

Signature Date

Title (select one)

☐ INDIVIDUAL ☐ SOLE DIRECTOR ☐ DIRECTOR

☐ TRUSTEE ☐ PARTNER ☐ OTHER - please detail below

Print Name

Signature Date

☐ INDIVIDUAL ☐ SOLE DIRECTOR ☐ DIRECTOR

☐ TRUSTEE ☐ PARTNER ☐ OTHER - please detail below

Please note it's up to the investor to ensure that they have notified NC Group of authorised signatories on this form.
Where we cannot match the signature to the initial Application Form there may be delays in processing of this form.

7. SUBMITTING THE FORM

Please return the completed form by email to: investorrelations@noncorrelatedgroup.com

▶ PLEASE REFER TO NEXT PAGE FOR EXPLANATIONS OF FACTA TERMS

8. EXPLANATION OF FATCA TERMS

COMMON FATCA TERMS

Financial institution (also referred to as *Foreign financial institution* or ***"FFI"*** under FATCA) - an entity created or organised outside of the U.S. and includes:

a) **Depository institution** – entity that accepts deposits in the ordinary course of banking or similar business (banks, credit unions); or

b) **Custodial institution** – entity that holds financial assets for the account of others as a substantial portion of its business (brokers, custodians); or

c) In**vestments entity** – means any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:

- trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange; interest rate and index instruments; transferable securities; commodity
- futures trading; or
- individual and collective portfolio management; or
- otherwise investing, administering, or managing funds or money on behalf of other persons.

Non-Financial Foreign Entity ("NFFE") - any non-U.S. entity that is not a financial institution. NFFE can be either *Active NFFE* or *Passive NFFE* (refer below for more details).

U.S. citizen or U.S. resident for tax purposes – includes:

- anyone born in the U.S. (who hasn't renounced their citizenship);
- anyone living in the U.S.;
- a green card holder;
- U.S. passport holder (including dual or multiple citizens);
- U.S. companies, trusts or partnerships.

Controlling Persons - means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

GIIN - Global Intermediary Identification Number is an IRS registration number for financial institutions.

TIN – is U.S. Taxpayer Identification Number and may include Social Security Number (SSN) or Employer Identification Number (EIN).

IGA - Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA.

Australian Retirement Fund

1. Any plan, scheme, fund, trust, or other arrangement operated principally to administer or provide pension, retirement, superannuation, or death benefits that is a superannuation entity or public sector superannuation scheme (including an exempt public sector superannuation scheme) as defined in the *Superannuation Industry (Supervision) Act 1993*, or a constitutionally protected fund as defined in the *Income Tax Assessment Act 1997*.
2. A pooled superannuation trust as defined in the Income Tax Assessment Act 1997.
3. Any Entity that is wholly owned by, and conducts investment activities, accepts deposits from, or holds financial assets exclusively for or on behalf of, one or more plans, schemes, funds, trusts, or other arrangements referred to in sub-paragraphs (1) or (2) of this paragraph.

FATCA STATUS

FATCA status refers to entity classification under FATCA and may include:

1. **Active NFFE** - any NFFE that meets the criteria in paragraph 4. B. VI of Annex 1 of the IGA including:
   - NFFE where less than 50% of gross income is passive income (i.e. dividends, interest, annuities etc.) and less than 50% of its assets produce passive income; or
   - Entity's stock is regularly traded on established securities market (e.g. entity listed on ASX) or affiliated group of such entity (eg a listed public company); or
   - Entity organised in U.S. Territory and wholly owned U.S. its residents; or
   - Foreign government; or
   - International organisation; or
   - Foreign Central Bank of Issue; or
   - Any other specifically identified class of entities, including those posing a low risk of tax evasion, as determined by the IRS (e.g. start-up entities, entities in liquidation, not-for profit entities etc eg Australian registered charity).
2. **Passive NFFE with controlling U.S. persons** - any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and has controlling U.S. persons.
3. **Passive NFFE with no controlling U.S. persons** - any NFFE that is not an Active NFFE or is not a withholding foreign partnership or trust and where none of the entity's controlling persons are U.S. persons.
4. **Participating FFI** – an FFI that enters into an agreement with the IRS to undertake certain due diligence, withholding and reporting requirements for U.S. account holders in accordance with FATCA and is generally able to provide GIIN.
5. **Exempt Beneficial Owner** - this is non-reporting entity under FATCA and may include:
   - the Australian Government, State and local governments and local authorities and their wholly owned agencies or instrumentalities, including certain named entities;
   - International organisation or wholly owned agency or instrumentality, intergovernmental organisation (including supranational organisation) the income of which does not inure to the beneficial of private persons, and that has signed a headquarters agreement with the Government of Australia;
   - Reserve Bank of Australia and its subsidiaries;
   - Complying Australian superannuation funds (including self-managed super funds);
   - Investment entity wholly owned by exempt beneficial owners.
6. **Non-Reporting IGA FFI** – this is non-reporting entity (certified or registered deemed-compliant FFI) under FATCA and may include:
   - Financial institution with Australian client base (must satisfy all condition listed in paragraph III. A of Annex II of the IGA, including at least 98% of the U.S. dollar value of all account balances must be held by Australian or New Zealand residents);
   - Small local banks that meet criteria listed in paragraph III. B of Annex 11 of the IGA;
   - Financial Institution that is not an Investment Entity with only Low-Value Accounts (i.e. value of U.S.$ 50,000 or less) and with total assets of no more than U.S.$50 million;
   - Qualified credit card issuer (generally with customer deposits (overpayment) of U.S.$50,000 or less);
   - Trustee-Documented Trust – A trust established under the laws of Australia to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust;
   - Sponsored investment entity - an investment entity established in Australia that has a compliant Sponsoring entity;
   - Certain Investment Managers and Investment Advisers;
   - Certain Collective Investment Vehicles that meet criteria listed in paragraph E. IV of Annex of the IGA.
7. **Non-Participating FFI** - an entity that does not comply with FATCA and generally will not fall into any of the below categories:
   - Participating IGA FFI; or
   - Reporting IGA FFI; or
   - Exempt Beneficial Owner.