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Application | Trusts & Companies

ATLAS Infrastructure Australian Feeder Fund - AUD Hedged Class

ATLAS Infrastructure Australian Feeder Fund - AUD Unhedged Class

WHO SHOULD COMPLETE THIS FORM?

This application form is for domestic and foreign companies investing on their own behalf, and individuals, domestic and foreign companies investing in their capacity as trustee of a trust.

If you are a self-managed super fund (SMSF) please use the stand alone application form for SMSF.

HOW TO COMPLETE THIS FORM

Step 1 Before submitting this form, please read the Product Disclosure Statement (PDS) available here www.atlasinfrastructure.com or if you are unable to access the link or print the document, contact us on (03) 9046 4057.

Units in a fund will only be issued following acceptance of an application form issued with the relevant PDS, with all required documents attached.

Online applications: Please complete online and then print to sign using a black pen.

Manual applications: Please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.

Note: Please ensure all fields are completed including those in sections A and B.

Step 2 For identification and verification purposes please complete the following sections in accordance with your investment type.

If you are:

- a regulated trust, complete sections 1, 2 and 3 (where applicable)
- a regulated custodian, complete sections 1, 2 and 3
- an unregulated trust, complete sections 1, 2, 3 (where applicable) and 4
- a company acting on your own behalf, please complete section 3 and 4 (where applicable)
- if you are investing under a margin loan please complete section C, and proceed
- all investors must complete sections A, B and 12. Review the instructions in sections 1 to 4 to determine if you need
 to complete those sections.

Step 3 Tell us your foreign tax status

Please complete the Global Tax Reporting (FATCA/CRS) information in section 12.

Step 4 Sign and send your documents to the below address.

Please ensure you sign section 14 of the form in accordance with the instructions provided.

You can return your forms by post to:

ATLAS Infrastructure GPO Box 804 Melbourne VIC 3001

Step 5 Make your payment

Please refer to **section 7** of the application form and follow the instructions on how to pay the application amount. Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Please ensure all fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- If you have any questions as you complete this form, please refer to the FAQs of this form, or contact us on (03) 9046 4057.

Section A: Your investment objectives In line with the Design and Distribution Obligations (DDO) under the Corporations Act, we require the below information. **Consumer Attributes** A. What is your primary investment objective? (select only one option) Capital growth (increased value of your investment over time) Capital preservation (preserving the value of your investment and preventing loss) Capital guaranteed (shielding your investment from any losses) Income distribution (receiving regular income from your investment) B. What is the intended use of this fund in your investment portfolio? (select only one option) Solution / standalone (your primary investment - 75% - 100% of portfolio) Core component (a large proportion of your investment - 25% - 75% of portfolio) Satellite / small allocation (a small part of your investment - less than 25% of portfolio) C. What is the intended investment timeframe? (select only one option) Short term (less than 2 years) Medium term (more than 2 years) Long term (more than 8 years) D. What is your tolerance for risk / return? (select only one option) (How much of a loss you are willing to tolerate within your portfolio when assessed against the possibility of greater returns). Medium Hiah Low Very high E. What is your anticipated frequency of withdrawals? (select only one option) Quarterly Annually or longer Daily Weekly Monthly F. Have you received advice prior to applying to invest in this fund(s)? (select only one option) Yes - I/We have received personal advice in relation to my investment in this fund (financial product advice provided to you by a person who has considered one or more of your investment objectives). No - I/We have not received personal advice in relation to my investment in this fund. Note: Acceptance of your application should not be taken as a representation or confirmation that an investment in the fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions.

Section B: Investor details
What is the full legal name of the individual or sole trader that will hold title of the units?
Full name of account designation
If you are an existing investor, please provide your account number
I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.
I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

1. TRUST Please complete this section if you are: · An individual acting in your capacity as trustee of a trust, or A company acting in your capacity as a trustee of a trust. For guidance about when you may be acting as a trustee and for whom, please refer to the FAQs at the back of this form. 1.1 Trust details Full name of trust. If the trust for which you act as a trustee does not have a name, please insert N/A Type of trust Business name (if any) of the trustee of the trust Country in which the trust was established Nature of business 1.2 Type of trust 1.2.1 Custodian No - go to 1.2.2. Yes - please complete the questions below. No Yes Do you provide a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the AML/CTF Act 2006 (Cth)? (ie to the underlying investor not your related body corporate) Do you hold an AFSL or are you exempt from the requirement to hold such license? If Yes, AFSL Number or b. specify the grounds for exemption Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in C. subsection 6(6) of the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act)? Have you carried out all applicable customer identification procedures (ACIP) and ongoing customer due diligence (OCDD) requirements in accordance with chapter 15 of the AML/CTF Rules in relation to your d. underlying customers? (including where you have relied on a member of your designated business group or an Authorised representative to perform the ACIP and OCDD) If you have answered Yes to all questions in 1.2.1, go to section 2. If not, please complete 1.2.2. Regulated trust 1.2.2 Registered MIS - is the trust for which you are the trustee a registered managed investment scheme? No - qo to 1.2.3 Yes - please tell us the ARSN. Now go to section 2.

clients and does not make small scale offering to which section 1012E of the Corporations Act applies)
No - go to 1.2.4
Yes - please provide the ABN for the unregistered managed investment scheme.
Trust ABN or registration/licence number
Now go to 1.4 , then section 2 .
1.2.4 Government superannuation fund - is the trust for which you are the trustee a government superannuation fund established by legislation?
No - go to 1.2.5
Yes - please tell us the name of the Act that establishes the fund
Now go to 1.4, then section 2.
1.2.5 Other regulated trust (a trust registered and subject to the regulatory oversight of a Commonwealth statutory regulator in relation to its activities as a trust)
Note: This includes registered charities with the ACNC, superannuation funds, approved deposit funds, pooled superannuation trusts, public sector superannuation schemes (within the meaning of the Superannuation Industry (Supervision) Act 1993 (Cth)). If you are an SMSF, please use the stand alone application form for SMSF.
No - go to 1.3
Yes - please provide the details below, then go to section 2 .
Provide name of regulator (eg ASIC, APRA, ATO & ACNC) Provide the Trust's ABN or registration/licensing details
If you answered NO to any of the questions in 1.2 , then go to 1.3 .
1.3 Unregulated trusts
All other unregulated trusts must complete this section. This includes family trusts, testamentary trusts, discretionary trusts, unregistered charitable trusts, nominee and sub-custodian entities that do not qualify as a custodian under 1.2.1 .
Trust ABN (if any) Trust TFN (if any)
Now go to 1.3.1 .
1.3.1 Beneficiary details (class of beneficiaries)
Do the terms of the trust describe the beneficiaries by reference to members of a class?
No - please go to 1.3.2
Yes - please provide details of the class to which the beneficiaries belong (e.g. family members, unit holders, un-named charities). Then go to Settlor details 1.3.3.

For a nominee or sub-custodian

The **beneficiary** is the person or entity for whom the applicant holds its interests in the Fund.

1.3.2 Beneficiary details (specified beneficiaries)

Please specify each beneficiary below (using the applicable section for individuals or companies). If there are more beneficiaries than there is space for below, please complete the details in a separate sheet and attach to this application form.

Individual be	neficiary 1		
Title	Given name(s)		Surname
Individual be	neficiaru 2		
Title	Given name(s)		Surname
Individual be	peficiaru 3		
Title	Given name(s)		Surname
Individual be	preficiaru 4		
Title	Given name(s)		Surname
Corporate Be	eneficiaru 1		
Company na	_	ACN	
Corporate Be	eneficiaru 2		
Company na	_	ACN	
Corporate Be	eneficiary 3		
Company na	_	ACN	
Corporate Be	eneficiary 4		
Company na	_	ACN	
Now go to 1.3	3.3.		
1.3.3 Settlor	details		
			to make the investment and may be specified in the trust appointed the applicant as nominee or sub-custodian.
	de the name of the settlor of the trust (unless th trust was established was less than \$10,000).	ney are deceased or	the material asset contribution to the trust by the settlor at
Title	Given name(s)		Surname
Related body	Lorporate		
Tolatea boat	3 001 por uco		

Note : You do not have to complete this section if you are a regulated trust.	
1.4 Trust verification procedures	
1.4.1 Did you answer yes to all of the questions in 1.2.1 or any of the questions in 1.2.2 - 1.2.5?	
No - please go to 1.4.3	
Yes - please go to 1.4.2.	
1.4.2 Verification procedure for regulated trusts	
Please provide a copy of the document(s) as set out below.	
For trustees of unregistered managed investment scheme which only has wholesale clients and does not make small scale offering to which s1012E of the Corporations Act applies (you answered yes 1.2.3)	s
A letter confirming these details from an external lawyer or accountant	
The relevant offer document for the scheme in English	
For regulated Government superannuation funds (you answered yes 1.2.4)	
An extract of the establishing legislation, sourced from a government website.	
Now go to section 2 .	
1.4.3 Verification procedure for non-regulated trusts	
Trust deed	
A certified copy of the trust deed/will or if not reasonably available a certified extract * of the trust deed that includes the name of the trust, trustees, and settlor(s) where applicable; or	
A letter from an accountant or solicitor verifying the name, existence of the trust and the name of the settlor(s) where applicable	
Letter of compliance for nominees and sub-custodians	
If you have relied on the ACIP and OCDD performed by a member of your designated Business Group in respect to the underlying investor, please attach a signed AML/CTF compliance letter from the entity that has appointed you	
Margin loan	
For Margin Lenders or Nominees of the Margin Lender, please provide a certified copy or certified extract of the Loan Agreement with the Borrower	
*Please see the FAQs at the back of this form for the meaning of certified copy and certified extract. Now go to section 2.	

2. TRUSTEE DETAILS

For Australian regulated trusts, identification information is required for only ONE of the trustees, even if the trust has multiple trustees.

For unregulated trusts, please provide:

- Identification information for **ALL** trustees. If there are multiple Trustees, complete **section 2** on another application form and attach it to the main application form.
- If you are an individual trustee, in respect of ONE trustee complete section 4.b and 5
- If you are a corporate trustee, in respect of ONE trustee complete section 3 and 4.

2.1 Type of trus	stee				
The trustee	es are all individuals - go to	2.2.			
The trustee	s are all companies - go to	2.3.			
2.2 Individual	trustee(s) details				
Individual trustee	e 1				
Title	Given name(s)			Surname	
Date of birth (DD	/MM/YYYY) /			Occupation	
Residential addre	ess - (A PO Box/RMB/Locke	d Bag is not accep	table)		
Unit	Street number	Street name			
Suburb			State	Postcode	Country
Contact details Home number (in	ncluding country and area	code)	Mob	oile number (including	country code)
Email (default ad	dress for all investor corre	spondence)			
Individual trustee	e 2				
Title	Given name(s)			Surname	
Date of birth (DD	/MM/YYYY) /			Occupation	
Residential addre	ess - (A PO Box/RMB/Locke	d Bag is not accep	table)		
Unit	Street number	Street name			1
Suburb			State	Postcode	Country

Contact details			
Home number (including country and area code)	Mobile	number (including c	ountry code)
Email			
All correspondence will be sent to the email address provi	ded by Individual trus t	tee 1.	
2.3 Corporate trustee details			
Corporate trustee 1			
Company name	ACN		
Nature of business			
Registered office address - (A PO Box/RMB/Locked Bag is	not acceptable)		
Property/building name (if applicable)			
Unit Street number Street name	9		
Suburb	State	Postcode	Country
Corporate trustee 2			
Company name	ACN		
Nature of business			
Registered office address - (A PO Box/RMB/Locked Bag is	not acceptable)		
Property/building name (if applicable)			
Unit Street number Street name	9		
Suburb	State	Postcode	Country

Now go to **section 3**.

Please complete this section if you are: • A company investing on your own behalf, or • A corporate trustee. Full legal name of company as registered by ASIC ACN Noture of business Do you have an authorised signatories list (ASL)? No Yes - For the ASL to be valid, please provide all the requirements below A certified copy of the ASL with the full name, position and signature of each authorised representative A certified copy of the authorising document (e.g. Power of Attorney) Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked Do you have a verifying officer? No Yes - Please provide all of the following Full name of verifying officer Verifying officer residential address Certified copy of your ID (see section 5) letter of appointment in company's letterhead signed by an authorised person I confirm I have: • Identified the authorised representatives or signatories of the above customer in accordance with requirements of the Anti-Money Loundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have provided with this form the full name and signature of each authorised representative or signatory (ASL). • collected the following details from each authorised representatives or signatory: • full name of authorised representative signatory with the customer	3. COMPANY DETAILS	
Nature of business Do you have an authorised signatories list (ASL)? No Yes - For the ASL to be valid, please provide all the requirements below A certified copy of the ASL with the full name, position and signature of each authorised representative A certified copy of the authorising document (e.g. Power of Attorney) Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked Do you have a verifying officer? No Yes - Please provide all of the following Full name of verifying officer Oate of birth (DD/MM/YY) Verifying officer residential address certified copy of your ID (see section 5) letter of appointment in company's letterhead signed by an authorised person I confirm I have: I Identified the authorised representatives or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have provided with this form the full name and signature of each authorised representative or signatory (ASL). collected the following details from each authorised representative or signatory: o full name of authorised representative/signatory	 A company investing on your own behalf, or 	
Do you have an authorised signatories list (ASL)? No Yes - For the ASL to be valid, please provide all the requirements below A certified copy of the ASL with the full name, position and signature of each authorised representative A certified copy of the authorising document (e.g. Power of Attorney) Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked Do you have a verifying officer? No Yes - Please provide all of the following Full name of verifying officer Date of birth (DD/MM/YY) / / / / / / / / / / / / / / / / / /	Full legal name of company as registered by ASIC	ACN
A certified copy of the ASL with the full name, position and signature of each authorised representative A certified copy of the authorising document (e.g. Power of Attorney) Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked Do you have a verifying officer? No Yes - Please provide all of the following Full name of verifying officer Date of birth (DD/MM/YY) / / / / Verifying officer residential address certified copy of your ID (see section 5) letter of appointment in company's letterhead signed by an authorised person I confirm I have: • Identified the authorised representatives or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have provided with this form the full name and signature of each authorised representative or signatory (ASL). • collected the following details from each authorised representative or signatory: o full name of authorised representative/signatory	Nature of business	
A certified copy of the authorising document (e.g. Power of Attorney) Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked Do you have a verifying officer? No Yes - Please provide all of the following Full name of verifying officer Date of birth (DD/MM/YY) / / / / / / / / / / / / / / / / / /	Do you have an authorised signatories list (ASL)? No Ye	es - For the ASL to be valid, please provide all the requirements below
Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked Do you have a verifying officer? No Yes - Please provide all of the following Full name of verifying officer Date of birth (DD/MM/YY) / / / / / / / / / / / / / / / / / /	A certified copy of the ASL with the full name, position and signature of	each authorised representative
Do you have a verifying officer? No Yes - Please provide all of the following Full name of verifying officer Date of birth (DD/MM/YY) / / / / / / / / / / / / / / / / / /	A certified copy of the authorising document (e.g. Power of Attorney)	
Full name of verifying officer Date of birth (DD/MM/YY) / / / / / / / / / / / / / / / / / /	Please tick to confirm the authorising document or Power of Attorney is	s still valid and it has not been revoked
Verifying officer residential address certified copy of your ID (see section 5) letter of appointment in company's letterhead signed by an authorised person I confirm I have: • Identified the authorised representatives or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have provided with this form the full name and signature of each authorised representative or signatory (ASL). • collected the following details from each authorised representative or signatory: o full name of authorised representative/signatory		l of the following
letter of appointment in company's letterhead signed by an authorised person I confirm I have: • Identified the authorised representatives or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have provided with this form the full name and signature of each authorised representative or signatory (ASL). • collected the following details from each authorised representative or signatory: o full name of authorised representative/signatory		
o a copy of the authorised representative/signatory's signature; and o evidence of the authorised representative/signatory's authorisation to act on behalf of the customer • made a record of the above details for each authorised representative/signatory which will be retained by the customer. Signature of Verifying Officer Date (DD/MM/YY)	letter of appointment in company's letterhead signed by an author I confirm I have: • Identified the authorised representatives or signatories of the absolute Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have authorised representative or signatory (ASL). • collected the following details from each authorised representation of full name of authorised representative/signatory of title of the position/role held by the authorised representation of a copy of the authorised representative/signatory's signature of evidence of the authorised representative/signatory's authorised a record of the above details for each authorised representative/signatory's authorised and a record of the above details for each authorised representative/signatory's authorised and a record of the above details for each authorised representative/signatory's authorised and a record of the above details for each authorised representative/signatory's authorised and a record of the above details for each authorised representative/signatory's authorised and a record of the above details for each authorised representative/signatory's authorised representative/sig	provided with this form the full name and signature of each cive or signatory: ive/signatory with the customer cure; and orisation to act on behalf of the customer intative/signatory which will be retained by the customer.

If you are a foreign company, go to **3.2**.

3.1 Australian company			
Registered office address - (A PO Box/RMB/Lock	ked Bag is not acceptable)		
Property/building name (if applicable)			
Unit Street number St	reet name		
Suburb	State	Postcode	Country
Principal place of business address (if different	to registered office address) - (A	PO Box/RMB/Locke	ed Bag is not acceptable)
Property/building name (if applicable)			
Unit Street number St	reet name		
Suburb	State	Postcode	Country
Postal address (if different to above) - (A PO Box	:/RMB/Locked Bag is not accept	able)	
Unit Street number St	reet name		
Suburb	State	Postcode	Country
ACN	ABN		
Contact details (for company or contact person) Name) Email		
Business number (include country and area cod	e) Mobile r	umber (include cou	ntry code)
, J		•	
Now go to 3.3.			
-			
3.2 Foreign company			
Country of formation			
Registered in Australia? No Yes - pl	ease provide below the ARBN		
Registered in country of formation? No	Yes - Name of foreign regist	ration body and ide	ntification number (if any)
If you are a foreign company registered in Austro of your Australian authorised representative.	alia, please provide your principa	ıl place of business	in Australia, or the full name and address
If you are not registered in Australia, please prov the principal place of business in the country of		company as regist	ered by the foreign registration body or

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Suburb State Postcode Country Postal address (if different to above) - (A PO Box/RMB/Locked Bag is not acceptable) Unit Street number Street name Suburb Stote Postcode Country Contact details (for company or contact person) Nome Email Business number (include country and area code) Mobile number (include country code) 8.3. Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname	Unit	Street number	Street name			
Postal address (if different to above) - (A PO Box/RMB/Locked Bag is not acceptable) Unit Street number Street name Suburb State Postcode Country Contact details (for company or contact person) Name Email Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How mong directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname						
Unit Street number Street name Suburb State Postcode Country Contact details (for company or contact person) Name Email Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details an a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname	Suburb			State	Postcode	Country
Unit Street number Street name Suburb State Postcode Country Contact details (for company or contact person) Name Email Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details an a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname						
Unit Street number Street name Suburb State Postcode Country Contact details (for company or contact person) Name Email Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details an a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname	Postal address	s (if different to above) - (/	A PO Box/RMB/Lock	ed Bag is not acc	eptable)	
Contact details (for company or contact person) Name Email Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 3 Title Given name(s) Surname Surname Surname Surname				ŭ		
Contact details (for company or contact person) Name Email Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 3 Title Given name(s) Surname Surname Surname Surname Surname Surname						
Contact details (for company or contact person) Name Email Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 3 Title Given name(s) Surname Surname Surname Surname	Suburb			State	Postcode	Countru
Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 3 Title Given name(s) Surname Surname Director 4 Title Given name(s) Surname						
Business number (include country and area code) Mobile number (include country code) 3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname	Contact detail	s (for company or contac	t nerson)			
3.3 Type of company Are you a public company or a private/proprietary company? Private/proprietary company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietary company Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname		s (for company or contac	c person,	Emai	il	
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3.3 Type of company Are you a public company or a private/proprietory company? Private/proprietory company - please go to 3.4 Public company - please go to 3.5. 3.4 Private/Proprietory company Please complete the director details below if you are an Australian proprietory company or a foreign private company. Do not complete for public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname	Business num	ber (include country and	area code)	Mob	ile number (include (country code)
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public companies. Directors details How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname	3.4 Private/	Proprietary company				
How many directors are there? Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname			low if you are an Aus	stralian proprietar	y company or a fore	eign private company. Do not complete for
Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate she and attach to this application form. Director 1 Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 3 Title Given name(s) Surname Surname Surname Surname Director 4 Title Given name(s) Surname	Directors deta	ils				
and attach to this application form. Director 1 Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname Surname	How many dire	ectors are there?				
Title Given name(s) Surname Director 2 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname			I the directors. If the	re are more than	four directors, pleas	se complete the details on a separate shee
Director 2 Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname						
Title Given name(s) Surname Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname Surname	Title	Given name(s)			Surname	
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Director 3 Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname		Given name(s)			Surname	
Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname		Civen name(e)				
Title Given name(s) Surname Director 4 Title Given name(s) Surname Surname	Director 3					
Title Given name(s) Surname		Given name(s)			Surname	
Title Given name(s) Surname						
	Director (J [
Now go to 3.6.	Director 4	Civon namo(o)			Surname	
Now go to 3.6.		Given nume(s)				
THE PARTY AND AND ADDRESS OF THE PARTY AND ADD		Given nume(s)				

3.5 Public company	
Are you an Australian listed company?	
No - please go to 3.6 Yes - please provide name of the m	arket/exchange on which the company is listed
Listed company name	Market/exchange
Now go to 3.8.	
3.6 Majority owned subsidiary of an Australian public listed compo	ıny
Are you a majority-owned subsidiary of an Australian publicly listed (company?
No - please go to 3.7	
Yes - please provide name of the parent listed company and the	e market/exchange on which the company is listed
Listed company name	Market/exchange
Now go to 3.8 .	
3.7 Regulated company	
This only includes companies that are licensed by an Australian Comregulatory oversight for example, Australian Financial Services Licen Superannuation Entity (RSE) Licensees. Are you a regulated company? No. places as to 2.0 Yes. places provide details of the results of th	sees (AFSL), Australian Credit Licensees (ACL) and Registrable
No - please go to 3.9 Yes - please provide details of the re	
Regulator	Licence number
Now go to 3.8.	
Now go to 3.5.	
3.8 Verification procedures for regulated companies	
If you have answered Yes to 3.6, please provide evidence of being a providing a copy of one or more of the following:	majority or wholly owned subsidiary of a listed company by
ASIC company extract	
company annual statement	
certified company share structure	
a public document issued by the relevant company	

3.9 Verification process for all other company types	
Please provide evidence of beneficial ownership by providing a copy of one or r	more of the following:
ASIC or Foreign Company Extract	
company annual statement	
certified company share structure	
a public document issued by the relevant company	
4. BENEFICIAL OWNER	
4A Beneficial owner of a company (including a company acting in the capacity	of trustee)
 You must complete this section if you are an unregulated company and you have a substrainty. 3.5 (you are an Australian domestic listed company) 3.6 (you are a majority-owned subsidiary of an Australian listed company of state or Territory statutory regulator). You are exempt from completing section 4 if you are a regulated company or: You are a foreign listed company or a wholly owned subsidiary of a lister disclosure requirements that ensure transparency of beneficial owners. Listed company name A beneficial owner is an individual who ultimately owns (directly or indirectly) 2 indirectly) the customer (see FAQs). If you cannot identify any beneficial owners. 	ny) versight of a Commonwealth, ed company in a financial market that is subject to hip. Market/exchange 25% or more of the customer, or controls (directly or
Please provide details of your beneficial owner(s) below (see FAQs for guidance).	
4.1 Beneficial owner(s) details	
Beneficial owner 1	
Title Given name(s)	Surname
Residential address - (A PO Box/RMB/Locked Bag is not acceptable)	
Date of birth (DD/MM/YYYY) / / / / / / / / / / / Beneficial owner 2	
Title Given name(s)	Surname
Residential address - (A PO Box/RMB/Locked Bag is not acceptable)	
Date of birth (DD/MM/YYYY)	

Beneficial owner	3				
Title	Given name(s)			Surname	
Residential addre	ess - (A PO Box/RMB/Locked	Bag is not accep	otable)		
Date of birth (DD	/MM/YYYY) / / [1			
Beneficial owner	4				
Title	Given name(s)			Surname	
Residential addre	ess - (A PO Box/RMB/Locked	Bag is not accep	otable)		
Date of birth (DD	/MM/YYYY) / / /	/			
4.2 Fallback pr	ocedure				
If you are a comp please complete		ılf) or corporate t	rustee and cannot ic	dentify any benef	icial owner owning 25% or more,
4.2.1 Senior mar	naging official				
Please provide th	ne details of the senior mand	iging official (or e	equivalent) (please se	ee FAQs for the m	eaning of 'senior managing official')
Title	Given name(s)			Surname	
Date of birth (DD	/MM/YYYY)//	/			
Residential addre	ess - (A PO Box/RMB/Locked	Baa is not accer	otable)		
Unit	Street number	Street name	•		
Suburb			State	Postcode	Country

4B BENEFICIAL OWNER OF THE TRUST

of the corporate trustee.

You must complete this section if you are an unregulated trust. The beneficial owner of a trust is an individual who controls (directly or indirectly) the operations of the trust and has power to appoint or remove the trustee(s) of the trust.

You are exempt from completing this section if:

• You are a custodian and the beneficial owner is the underlying investor(s). If not, complete 4.2.2.

4.2.2 Beneficial owner of the trust (individual with power to appoint or remove trustees)

Please provide the details of the individual who directly or indirectly controls the Trust. If this is confirmed to be the same individual as the trustee, he/she must be listed again below to confirm the trust's beneficial owner.

Title Given name(s) Surname

Company title

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

Please follow the verification procedure in section 5, unless the individual is already providing the ID as a trustee or beneficial owner

5. VERIFICATION PROCEDURE FOR INDIVIDUAL TRUSTEE, BENEFICIAL OWNER(S), SENIOR MANAGING OFFICIAL AND APPOINTOR

Please complete the below verification procedure in respect of each individual identified in **section 4**. You may also need to complete the below in respect of an individual trustee if directed to do so under **2.2**. If you cannot meet the requirements of **option A**, please follow the instructions in **option B**.

	П	N	

Provide a certified copy* of one of the following:	
Current Australian Driver's Licence containing a photo of the person (scan the front and back)	
Current Australian Passport or an Australian Passport that has expired within the preceding 2 years	
Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature	
Current Foreign Government Identity Card showing the person's date of birth, photo and signature**	
Current Foreign Driver's Licence showing the person's date of birth, photo and signature**	
Current Foreign Passport showing the person's date of birth, photo and signature**	
OPTION B	
If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.	
GROUP 1	
Birth Certificate or Birth Extract issued by an Australian State or Territory	
Australian Government issued Citizenship Certificate	
Current Concession or Health Care Card issued by Centrelink (scan the front and back)	
GROUP 2	
Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits	
Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO	
Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services	

If the investor is below the age of 18, please contact us on (03) 9046 4057.

^{*}Please see the FAQs at the end of this form for the meaning of certified copy.

^{**}If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

6. INVESTMENT DETAILS & DISTRIBUTION INSTRUCTIONS

Specify your initial application amount.

There is typically a minimum investment amount per fund, however, we may waive or vary the investment minimums. Indicate your distribution choice below. If you do not make an election, distributions will be reinvested.

Fund name		ADID	Fund	Investment	Distribution option (indicate (X) one option per fund	
Fund name		APIR	minimum AUD\$	amount AUD\$	Pay to my bank a/c	Reinves
ATLAS Infrastruct - AUD Hedged Cla	ure Australian Feeder Fund ss	PIM9253AU	\$25,000			
ATLAS Infrastructo - AUD Unhedged C	ure Australian Feeder Fund Class	PIM6769AU	\$25,000			
Please indicate the	e source and origin of funds being	g invested				
Savings						
Investment						
Superannuation c	ontributions					
Commission						
Donation/gift						
Inheritance						
Normal course of l	business					
Sale of assets (e.g	g. shares, property)					
Other	, , , , , , , , , , , , , , , , , , , ,					
Othor						
7. PAYMENT OF A	APPLICATION AMOUNT					
Select your payme	ent method and complete the rele	evant section if applical	ble. All payments r	must be made in Al	JD.	
EFT	Direct de	bit				
EFT	Electronic Funds Transfer					
Account name:	OVFS ATF ATLAS INFRASTRUCT	TURE APPLICATION ACC	COUNT			
BSB:	083-001					
Account number:	986730631					

Direct debit authority - Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

We use OneVue Fund Services Pty Ltd as our external service provider to process your application and payment. By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this request and in your <u>Direct Debit Request Service Agreement</u>, available <u>www.iress.com</u>.

Financial institution name	Branch name
Account name	
BSB number	Account number
I/We request and authorise [OneVue Fund Services Pty Ltd ABN 18 10 institution, a debit to the nominated account as deemed payable by	
Signature of primary account holder	
Full name	Date (DD/MM/YYYY)
Signature of joint account holder (if applicable)	
Full name	Date (DD/MM/YYYY)
8. FINANCIAL INSTITUTION ACCOUNT DETAILS	
Australian bank account details	
Please provide your bank account details if you have selected to take redemptions. We will only pay cash proceeds to a bank account in the party bank accounts.	e your distribution in cash or wish to provide these details for future e name(s) of the investor(s). We will not make any payments into third
Financial institution name	Branch name
Account name	
BSB number	Account number

9. COMMUNICATION

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Note: You may receive marketing material (e.g. market commentary, event invitations) from us, from time to time. Please indicate if you do not wish to receive these communications.				
Annual & semi-annual report options				
The annual and any semi-annual financial statements of the fund are ava post or email, please indicate below. (This refers to annual and semi-annual regarding general correspondence for your fund).				
By email By post				
Marketing Material				
You may receive information from us via mail, telephone, email or oth services or information that may be of interest to you. By providing uthese methods for these purposes. Please indicate if you do not wish our group.	us with your contact details you consent to being contacted by			
10. FINANCIAL ADVISER DETAILS				
Use this section to tell us about your financial adviser. If you change your If you would like your financial adviser to receive copies of your statement	financial adviser, it's important to let us know in a timely way. ts by email, please enter their email address below.			
Adviser email address				
Operating your account				
Do you want your financial adviser to be able to operate your account?				
No				
Yes - Please complete section 11 (Authorised representative of invest	tor).			
In general, an appointed financial adviser can do everything you can do w your account. It is important to tell us promptly if you no longer wish your adviser changes - Iress and OneVue will keep accepting their instructions has terminated.	financial adviser to operate your account, or if your financial			
We may suspend or terminate their appointment for any reason considere your account.	ed reasonable, and may change the terms on which they operate			
You indemnify us from any loss you or we suffer as a result of the actions actions if we ask.	of your appointed financial adviser, and agree to ratify their			
Notice to financial adviser: by completing this section of the application Financial Services Licence (AFSL), or are otherwise authorised to advise				
Adviser details				
AFSL holder name	FSL number			
Adviser name				
Advisor code or Authorised representative number	dviser ABN			

Postal address (if different to above) - (A PO	Box/RMB/Locked	Bag is no	от ассерта	bie	
Property/building name					
Unit Street number	Street name				
Suburb		State		Postcode	Country
Phone			Mobile		
Contact details					
Business number (include country and area	ı code)		Mohile n	umber (include	countru code)
Cashings names (morage country and area					
Adviser signature					
, taviosi eigilataio					
Performance of investor identification & ver	rification procedure	es			
Please indicate below whether client identif	ication and verifica	ation pro	cedures ho	ave been perfor	med.
No - I have not performed the applical		•		•	
			-		
Yes - I have completed the applicable	customer identific	ation pro	ceaure on	this investor.	
Financial adviser declaration					
Notice to financial adviser: please note the below is met.	at reliance on the k	KYC perfo	ormed by t	he financial ad	visor is only acceptable if all the criteria
I hold an AFSL in my own name or hav	ve been appointed	as an au	thorised re	epresentative b	y the licensee.
I am a reporting entity for AML/CTF pu	urposes.				
The issuer has reasonable grounds to	believe that it is a	ppropriat	te to relu o	n the KYC proc	edure I have undertaken.
_			.		
I have attached the KYC documents to	o this form.				
AFSL full legal entity name					
AFSL number					
Please print full name of Financial Adviser					
·					
Signature					

11. AUTHORISED REPRESENTATIVE OF INVESTOR

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the fund. If you have appointed an entity as your authorised representative, please contact us on (03) 9046 4057 to obtain the relevant KYC form.

11.1 Authoris	ed representative details			
Authorised rep	resentative 1			
Title	Given name(s)		Surname	
Authorised rep	resentative's phone number			
Email				
Authorised rep	resentative's signature			
Authorised rep	resentative 2			
Title	Given name(s)		Surname	
Authorised rep	resentative's phone number			
Email				
Authorised rep	resentative's signature			
If you wish to application for	appoint more than two authorised representatives, plea m.	ase complete	the details on a separate sheet and attach to this	
11.2 How aut	thorised representatives may act in relation to the acc	ount?		
Please tick as	applicable			
Each authoris	eed representative listed above may provide instruction e other	ns in relation	to the investment individually without the	
All authorised	representatives must act jointly to provide instruction	s in relation	to the investment	
Other arrange	ement – please provide details below			
			·	

11.3 Verification procedure for authorised representatives who are individuals	
For each authorised representative, please provide verification documents in accordance with the verification procedure in section 5 . In addition, please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) you have provided.	ı
Verification documents - mandatory	
A certified copy of ID as per section 2	
Authorised representative's authority - one of the following (not required for a Financial Adviser listed in Section 10)	
Certified copy of the authorising document (e.g. POA); or	
A certified copy of a guardianship order; or	
Other arrangement - please provide details	
I confirm that the document authorising each authorised representative is still valid and has not been revoked.	

12. TAX INFORMATION - GLOBAL TAX REPORTING REQUIREMENTS (CRS/FATCA)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading in a material particular. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

HELP

Tell me about tax residence

You can be a resident of more than one country for tax purposes. Whether you are tax resident of a particular country for tax purposes is often based on the amount of time you spend in a country and the location of your residence and/or place of work. If you pay tax or have a tax liability somewhere, you are probably a tax resident there. Dual citizenship often brings dual tax residency. It depends on the country. For the US, tax residency can be as a result of citizenship or residency for tax purposes.

If you are unsure, ask someone who knows, usually your accountant.

12.1	12.1 Companies and non-superannuation trusts				
12.1.1	12.1.1 Are you a specified US person for tax purposes?				
1	No				
<u> </u>	es - please tell us your TIN				
12.1.2	Are you a resident of any other country t	for tax purposes? Other than the US	S or Australia.		
1	No				
<u> </u>	es - please tell us which ones, using the f	ollowing table			
HELI					
Reas	IN? Reasons we accept are: son A: The country of tax residency does r				
	son B: The entity/individual has not been i son C: The country of tax residency does r				
	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See above HELP box.		
1					
2					
3					
4					

Be careful - financial Institution is broadly defined - see HELP box	
No	
Yes - please tell us your GIIN* - see HELP box.	
HELP	
What is a Financial Institution?	
For further details about a Financial Institution, please refer to the ATO's AEOI Guidance - https://www.ato.gov.au/general/internationternation-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-informationcrs-and-fatca/?page=2#2_Financial_institutions.	<u>onal-</u> -
HELP	
What is a GIIN? This stands for Olahal Internal district Identification Number CIINs are 10 distincton in 100 to	
This stands for Global Intermediary Identification Number. GIINs are 19 digits long, issued by US tax authorities (the IRS) to non US financial institutions and sponsoring entities for purposes of identifying their registration with the IRS under US tax laws (called FA	
For further details about the GIIN please refer to the IRS GIIN Composition Information - Please refer to https://www.irs.gov/busines.corporations/fatca-registration-and-ffi-list-giin-composition-information .	ses/
Where to now?	
I ticked yes and completed my GIIN - go to 12.1.4 .	
I ticked yes and I am a Managed Investment Entity in a non-CRS participating jurisdiction - If no, proceed to question 12.1.4 .	
I ticked yes but did not write a GIIN - please tick below why you did not write a GIIN - then go to 12.1.4 .	
Exempted financial institution	
Deemed compliant financial institution	
Deemed compliant financial institution Exempt beneficial owner	
Exempt beneficial owner	
Exempt beneficial owner Non-participating financial institution	
Exempt beneficial owner Non-participating financial institution Non-reporting IGA financial institution	
Exempt beneficial owner Non-participating financial institution Non-reporting IGA financial institution Sponsored financial institution - their GIIN is Other	
Exempt beneficial owner Non-participating financial institution Non-reporting IGA financial institution Sponsored financial institution - their GIIN is Other 12.1.4 Are you a public company listed on a stock exchange or a related entity of a publicly listed company or a governmental entity	
Exempt beneficial owner Non-participating financial institution Non-reporting IGA financial institution Sponsored financial institution - their GIIN is Other 12.1.4 Are you a public company listed on a stock exchange or a related entity of a publicly listed company or a governmental entity. No	uy?
Exempt beneficial owner Non-participating financial institution Non-reporting IGA financial institution Sponsored financial institution - their GIIN is Other 12.1.4 Are you a public company listed on a stock exchange or a related entity of a publicly listed company or a governmental entity	
Exempt beneficial owner Non-participating financial institution Non-reporting IGA financial institution Sponsored financial institution - their GIIN is Other 12.1.4 Are you a public company listed on a stock exchange or a related entity of a publicly listed company or a governmental entity. No	
Exempt beneficial owner Non-participating financial institution Non-reporting IGA financial institution Sponsored financial institution - their GIIN is Other 12.1.4 Are you a public company listed on a stock exchange or a related entity of a publicly listed company or a governmental entity No Yes - then go to section 13 and 14.	

HELP						
What is active and passive?	t is not a financial institution a	s defined above				
A non-financial entity (NFE) is any entity that is not a financial institution as defined above. You will be a passive NFE if you are not an active NFE.						
Generally, you will be an active NFE if:	······ =·					
your stock (or a related entity's sto for the previous reporting period we to produce passive income.						
you are a Governmental entity, an international organisation, a central bank or an entity wholly owned by one of the above.						
	you are exempt from income tax in your residential jurisdiction and were established and operated exclusively for religious, charitable, scientific, artistic, athletic or educational purposes and meet certain other specific criteria.					
you have not been a financial institution with the intent to recommence ope			ating your assets or reorganising			
If you are unsure whether you are an active	or passive NFE, please get advi	ce.				
12.1.6 Do you have any controlling persons w	ho are resident of another cou	ntry or jurisdiction of tax res	sidency for tax purposes?			
I am passive, and yes I do have controllir	ng persons who are resident of	a country or jurisdiction oth	er than Australia for tax purposes			
Complete the controlling persons details in th copy the page and attach it to your completed		on 14 and 15. If there is not	enough room in the table, please			
I am massive but no I do not beve contro	lling paragraphs are recident.	of a country or inviodiction o	they then Augtralia for tay nursesses			
I am passive, but no I do not have contro It would be unusual to think of no-one. P	• .	- ·	• •			
HELP						
Controlling persons						
Controlling persons are natural persons who						
For trusts, the settlor(s), the trustee(s), the p treated as Controlling Persons of a trust, reg purposes.						
For companies, controlling persons generall	y include any person who holds	s (directly or indirectly) more	e than 25% of the shares in the			
company and any person who has the powe managing officials or directors.	r to influence decisions about t	the company's financial and	l operating policies, such as senior			
managing omorals of all colors.						
Controlling person 1						
Title Given name(s)		Surname				
Date of birth (DD/MM/YYYY)	City and country of birth					
Residential address						
Unit Street number	Street name					
Suburb	State	Postcode Cou	ıntry			
			-			

	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See 12.1.2 HELP box.		
1					
2					
3					
4					
Contr	rolling person 2				
Title	Given name(s)	S	Surname		
Date	of birth (DD/MM/YYYY) C	City and country of birth			
Resid	lential address				
Unit	Street number S	Street name			
Subu		Ohada F	Postonia Osvetevi		
Subul	ro	State F	Postcode Country		
	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See 12.1.2 HELP box.		
1					
2					
3					
4					
Contr	rolling person 3				
Title	Given name(s)	5	Surname		
Date	of birth (DD/MM/YYYY)	City and country of birth			
Resid	Residential address				
Unit	Street number S	Street name	7		
Subu	rb	State F	Postcode Country		

	Country or jurisdiction of tax residency	TIN		reason? If Reason B has been selected an explanation. See 12.1.2 HELP box.		
1						
2						
3						
4						
Conti	rolling person 4					
Title Given name(s)			Surname			
Date of birth (DD/MM/YYYY) City and country of birth						
Residential address						
Unit Street number Street name		treet name				
Suburb		State	Postcode	Country		
	Country or jurisdiction of tax residency	TIN		reason? If Reason B has been selected an explanation. See 12.1.2 HELP box.		
1						
2						
3						
/,			TH			

13. DECLARATIONS & ACKNOWLEDGEMENTS

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form. When you apply to invest, you (the applicant) are telling us:

- to the best of your knowledge, all details in this application (including all related documents provided) are true, correct and complete
- you have received, read an understood the current PDS. You agree to be bound by the constitution of the fund, the PDS as supplemented, replaced or re-issued from time to time
- you are not bankrupt or a minor, and are authorised to sign this form
- · you have received and accepted this offer in Australia
- you have read and understood the information relating to privacy in the PDS
- I consent to the issuer disclosing my personal information to any issuer's service providers, in relation to any identification and verification that the issuer is required to undertake on me, as required under the AML/CTF Act. This shall include any information:
 - o required by any third party document verification service provider, and/or
 - o provided to any third party document verification service provider.

By applying to invest you also acknowledge that:

- monies deposited are not associated with crime, money laundering and/or financing terrorism. We may decide to delay or refuse any
 request or transaction, including by suspending the issue or redemption of units. If we are concerned that the request or transaction
 may breach any obligation of, or cause us to commit or participate in an offence under any AML/CTF and Sanctions Law and FATCA/
 CRS obligations, we will incur no liability to you if we do so
- we may take other action we reasonably believe is necessary to comply with AML/CTF and Sanctions Law and FATCA/CRS
 obligations, including disclosing any information held about you to any of our related bodies corporate or service providers whether in
 Australia or outside Australia, or to any relevant Australian or foreign regulator, and
- we collect additional information about you from time to time, from you or from third parties, for the purposes of satisfying AML/CTF
 and Sanctions Law and FATCA/CRS obligations, and that any such information may be used and disclosed as
 described in the Atlas Infrastructure privacy policy available online at https://www.atlasinfrastructure.com/privacy/.

Important information

- nothing in this form is advice and 'help' is general guidance only. Seek professional advise to be sure of your answers.
- it is a condition of investing that you keep your details (including tax detail) with us, up to date. We recommend that you review this tax information form at the end of the financial year and update your details if required. You must contact us when you learn new things about the matters in this form. Failing to update us can have tax and other consequences. You can update us by requesting and completing this form and emailing, faxing or posting it to our Administrator.

By completing and signing this form:

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, you undertake to inform us within 30 days of receiving it
- you undertake that if information in this form changes, you will tell us within 30 days
- you declare that to the best of your knowledge and belief the information provided in the Global Tax Reporting section is true and correct
- you agree to notify Atlas Infrastructure of any changes to your tax residency or that of any beneficial owners or controlling person.

14. SIGNATURE(S)

For individual trustees, all trustees to sign. For companies or corporate trustee, the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1	Signature 2		
Signature	Signature		
Date (DD/MM/YY)	Date (DD/MM/YY)		
Full name	Full name		
Capacity	Capacity		
Individual trustee 1	Individual trustee 2		
Director	Director		
Company Secretary	Company Secretary		
Authorised Representative	Authorised Representative		
Signature 3	Signature 4		
Signature	Signature		
Date (DD/MM/YY)	Date (DD/MM/YY)		
Full name	Full name		
Capacity	Capacity		
Individual trustee 3	Individual trustee 4		
Director	Director		
Company Secretary	Company Secretary		
Authorised Representative	Authorised Representative		

What should a trust deed extract include?

An extract of the trust deed should include the following information:

- · the full name (if any) of the trust;
- the full name of the trustee(s), and
- the full name of the settlor of the trust.

Who is a senior managing official'?

A senior managing official is an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Who is a 'beneficial owner'?

A beneficial owner is an individual who ultimately owns (directly or indirectly) 25% or more of the customer, or controls (directly or indirectly) the Customer. Control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Information that may assist you in determining your beneficial owner includes (as relevant):

- a certificate of incorporation of a company with ASIC/and or an annual statement including the amendments submitted to ASIC
- a trust deed
- a partnership agreement
- the constitution and/or certificate of information for an incorporated association, or
- the constitution of a registered co-operative.

Determining the beneficial owner of a trust

A beneficial owner of a trust may include:

- any individual shareholder who holds the legal title to 25% or more of the issued shares in the trustee;
- directors of the trustee (if they own or control the trustee)
- company secretary of the trustee (if they own or control the trustee), and/or
- any other individual who has the power to appoint or remove the trustee as the trustee of the trust.

For a nominee that has been appointed by a related body corporate to hold interests in the fund on trust, the nominee agreement may specify the beneficial owner. This may be (but is not necessarily) the person that appointed the nominee.

For a foreign company making an investment as a custodian under a single trust with multiple beneficiaries, the trust document under which the custodian is appointed may specify the beneficial owner/s.

For a foreign company making an investment acting as a custodian for multiple trusts with multiple underlying investors, each trust document with each underlying investor may specify the beneficial owner/s.

Guidance on types of trusts

You will be the trustee of a trust if you are an individual or a company that will hold interests in the fund on trust for another person or persons (known as the beneficiary). It is important to carefully consider who is the beneficiary of the trust for which you are the trustee, keeping in mind that the beneficiary may hold its interest on trust for someone else (i.e. there may be layers of trust relationships down to the underlying investor).

Trustees may include:

- Trustees of a managed investment scheme: Managed investment schemes are a type of trust. The trustee of
 a managed investment scheme is generally a company. If the managed investment scheme is registered with ASIC,
 the trustee is known as the responsible entity.
- Custodians or nominees: These are companies that provide custodial or depository services. In the context of
 managed investment schemes, custodians or nominees may hold interests on trust for the responsible entity of the
 scheme. The responsible entity for the scheme then holds interests on trust for the investors in that scheme. In the
 context of margin lending, a nominee may hold interests on trust for the borrower who has borrowed money from the
 margin lender.
- Trustees of self managed super funds: SMSFs are a type of trust. The trustee of an SMSF may be a company or two to six individuals. If the trustee is a company, there can be one to six members (or beneficiaries) of the SMSF and each member of the SMSF must be a director of the company trustee. If the trustees are individuals, there can be two to six members (or beneficiaries) of the SMSF and each of those members must be a trustee.
- Trustees of retail super funds: Retail super funds are a type of trust. The trustee of a retail super fund is a company.
- Trustees of family trusts: The trustee of a family trust may be one ore more individuals or a company or other type of entity. The trustee holds money or property for the beneficiaries of the family trust.
- Trustees of charitable trusts: Some charities are structured as trusts. Trustees of charitable trusts are commonly
 individuals (for example, a board of trustees) or a company. Other charities may be structured as companies or
 associations.
- Trustees of deceased estates and testamentary trusts: Testamentary trusts are discretionary trusts established in
 wills, that allow the trustees of each trust to decide, from time to time, which of the nominated beneficiaries (if any)
 may receive the benefit of the distributions from that trust for any given period.

Translating documents by an accredited translator

In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) at or above professional level.

NAATI (https://www.naati.com.au/)

In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML compliance officer for assistance.

Getting your copies or extracts certified

Any document(s) requiring certification for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.

Example of certification

I certify that this is a true and correct copy of the original document

Signature of Certifier

Name of Certifier

Capacity of certifier - e.g. Justice of the Peace

Date of certification (DD/MM/YYYY)

List of occupations that can certify (from the Statutory Declaration Regulations 2018)

- Architect
- Chiropractor
- Dentist
- Financial advisor or financial planner
- · Legal practitioner
- Medical practitioner
- Midwife
- Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958
- Nurse
- · Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

List of persons that can certify

- a person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia, as a legal practitioner (however described);
- · a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a notary public (for the purposes of the Statutory Declaration Regulations 2018)
- a police officer
- an authorised representative of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- 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 with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018)
- a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018)
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees and
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.