

Please complete the Trust - Corporate Trustee (Family, Unit, Charitable, Fund of Funds, Discretionary) Data Collection form in order to initiate your application in Olivia123. This process is essential for AUSTRAC security screening. We are required by law to confirm the legal identity of all investors (and their entities), as part of the Australian Government's protection measures against money laundering and anti-terrorism funding.

<b>Full Name of Applicant</b>	
-------------------------------	--

<b>Date</b>	
-------------	--

### 1. Trust

#### Family, Unit, Charitable, Fund of Funds

<b>ABN/ACN</b>	
----------------	--

<b>Trust Name</b>	
-------------------	--

<b>Registered Address</b>	
---------------------------	--

<b>Country in which Trust established</b>	
---	--

<b>Is the Trust regulated?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--------------------------------	------------------------------	-----------------------------

<i>If yes, name of Regulator and go to section 2</i>	
--	--

<i>If no, please answer the following regarding Settlor and Appointer</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

#### Settlor

<b>Is there a Settlor of the Trust AND the Trust was settled with over \$10,000 on establishment?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

<i>If yes, do you have the details of the Settlor of the Trust and the Settlor is not deceased?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

<i>If no, provide a reason</i>	<input type="checkbox"/> Settlor is deceased	<i>If Settlor is deceased, go to section 2</i>
--------------------------------	--	--

<i>If other, please specify</i>	
---------------------------------	--

*Please complete the Settlor or the Trust section at the end of the form*

#### Appointor

<b>Is there an Appointor of the Trust who holds the power to appoint or remove the trustees of the trust?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

<i>If no, is the Appointer Deceased?</i>	<input type="checkbox"/> Appointer Deceased	<i>If Appointer is deceased, go to section 2</i>
--	---	--

<b>Is the Appointor an Individual or Corporate Entity?</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate Entity
--	-------------------------------------	---

<i>If individual, how many individual Appointors are there?</i>	
---	--

<i>If Corporate Entity, provide Appointer details - ABN/ACN</i>	
---	--

<i>Appointor Name</i>	
-----------------------	--

<i>Appointor Registered Address</i>	
-------------------------------------	--

*Please complete the Appointor of the Trust section at the end of the form*

**2. Trust Description**

<b>Please provide a description of the Trust</b>		
<b>Do the terms of the trust identify the beneficiaries by reference to membership of a class?</b>	<input type="checkbox"/> _YES	<input type="checkbox"/> _NO
<i>If yes, please provide details of membership class(es)</i>		
<b>How many individuals have an interest of 25% or more in the trust, or directly or indirectly control the trust?</b>		
<b>If more than 1 Beneficial Owner, please complete section 3, 4, and 5 on additional form</b>		

**3. Beneficial Owners or Controllers**

<b>Full Name</b> (Mr/Mrs/Ms/Miss)	
<b>Date of birth</b>	
<b>Country of birth</b>	
<b>Residential Address</b>	
<b>Postal Address</b>	
<b>Occupation</b>	

**4. Beneficial Owners or Controllers Tax information**

To comply with FATCA and CRS - Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence, or their place of work. For the US, tax residency can be as a result of citizenship or residency.

<b>Is this individual a tax resident of Australia?</b>	<input type="checkbox"/> _YES	<input type="checkbox"/> _NO
<i>If yes, please provide TFN or Exemption Code</i>		
<b>Is this individual a US citizen or US resident for tax purposes?</b>	<input type="checkbox"/> _YES	<input type="checkbox"/> _NO
<i>If yes, please provide the Taxpayer Identification Number (TIN)</i>		
<b>How many other countries (i.e. not Australia or the US) is this individual a tax resident of?</b> <i>Go to Declaration if none</i>		
<b>Which country is your Primary Residence for Tax Purposes?</b>		
<i>Provide the individuals Tax Identification Number (TIN) for this country?</i>		
<b>List the additional countries and TINs this individual is a tax resident of?</b>		

**5. Beneficial Owners or Controllers Tax Information - Declaration**

I declare that the Tax Information provided above (page 2) is, to the best of my knowledge and belief, accurate and complete.	
I acknowledge that the Tax Information contained in this application will be reported to the tax authorities of the country in which the information is maintained, and exchanged with tax authorities of another country or countries in which I may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.	
I undertake to advise the Fund's Administrator promptly, and provide an updated Self-Certification form, where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.	
<b>I declare the above statements to be true and correct</b>	<input type="checkbox"/> _YES

**6. Other Beneficiaries**

<b>How many additional beneficiaries are there?</b>	
If there are any other beneficiaries of the trust who have not previously been named on this form, please provide their details <i>at the end of this form</i> - <i>ONLY name individuals who have not been previously mentioned, do NOT have a 25% or more interest in the trust, and do NOT directly or indirectly control the trust.</i>	

**7. Corporate Trustee**

<b>Please indicate whether the Corporate Trustee is</b>		<input type="checkbox"/> Australian	<input type="checkbox"/> Foreign
<i>If foreign</i>	Foreign company ID number	ARBN	

**8. Corporate Trustee Details**

<b>ABN/ACN</b>			
<b>Corporate Trustee name</b>			
<b>Tax File Number (TFN) or Exemption Code of Corporate Trustee</b>			
<b>Registered office address</b>			
<b>Principal place of business</b>			
<b>Mailing address</b>			
<b>Nature of business activity</b>			
<b>Registration status</b>	<input type="checkbox"/> Proprietary Company	<input type="checkbox"/> Public Company	
<b>Is the Corporate Trustee regulated by an authority other than ASIC?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>If yes, name of Regulator</i>			
<b>Number of Corporate Trustee Directors</b>			
<i>If more than 1 Corporate Trustee Directors, please complete section 9, 10, 11, and 12 on additional form</i>			

**9. Corporate Trustee Director Details**

<b>Full Name</b> (Mr/Mrs/Ms/Miss)			
<b>Date of birth</b>			
<b>Country of birth</b>			
<b>Residential Address</b>			
<b>Postal Address</b>			
<b>Occupation</b>			
<b>Phone</b>			
<b>Email</b>			
Is this director also a shareholder of 25% or more, or exerts control over the Corporate Trustee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**10. Corporate Trustee Director Politically exposed persons (PEPs)**

To comply with AML/CTF Law we require you to disclose whether you are or have an association with a politically exposed person (PEP).			
<b>Is this individual a PEP?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<p><i>A PEP is an individual who holds a prominent public position or function in a Government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de-facto partner, child and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP.</i></p> <p><i>Where you identify as, or have an association with a PEP, we may request additional information from you.</i></p>			
<b>Please provide description of PEP's position.</b>			

**11. Corporate Trustee Director Details Tax information**

To comply with FATCA and CRS - Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence, or their place of work. For the US, tax residency can be as a result of citizenship or residency.

<b>Is this individual a tax resident of Australia?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide TFN or Exemption Code</i>		
<b>Is this individual a US citizen or US resident for tax purposes?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide the Taxpayer Identification Number (TIN)</i>		
<b>How many other countries (i.e. not Australia or the US) is this individual a tax resident of?</b> <i>Go to Declaration if none</i>		
<b>Which country is your Primary Residence for Tax Purposes?</b>		
<i>Provide the individuals Tax Identification Number (TIN) for this country?</i>		
<b>List the additional countries and TINs this individual is a tax resident of?</b>		

**12. Corporate Trustee Director Tax Information - Declaration**

I declare that the Tax Information provided above is, to the best of my knowledge and belief, accurate and complete.

I acknowledge that the Tax Information contained in this application will be reported to the tax authorities of the country in which the information is maintained, and exchanged with tax authorities of another country or countries in which I may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the Fund's Administrator promptly, and provide an updated Self-Certification form, where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

<b>I declare the above statements to be true and correct</b>	<input type="checkbox"/> YES
--	------------------------------

**13. Shareholders**

If the corporate trustee is a privately owned company which is not regulated, please provide details below for each individual who owns, through one or more shareholdings, more than 25% of the corporate trustee's issued capital.

<b>Shareholders for the Corporate Trustee</b>		
<b>Are there any shareholders that have NOT been previously mentioned on this form?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please answer the below</i>	<i>If no, go to section 14</i>	
Number of Corporate Shareholders with 25% or more issued capital		
Provide Corporate Shareholder ABN/ACN?		
<i>Registered Address</i>		
<i>Principal place of business</i>		
<i>Nature of Business Activity</i>		
<b>Does this corporate shareholder or any of its directors or shareholders exert control over the corporate trustee?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, provide the number of individuals with 25% or more issued capital: (directors, individual shareholders, directors of corporate shareholders)</i>		
Number of Individual Shareholders with 25% or more issued capital, or control the company		
<b>For Individual Shareholders, please also complete the section at the end of the form.</b>		

**14. Regulatory Information - Australian Company/Corporate Trustee**

<b>Does the Corporate Trustee have an Australian Financial Services Licence (AFSL)?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide AFSL number			
<b>If no, is the Corporate Trustee regulated by an authority other than ASIC?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<b>If yes please provide the name of Regulator</b>	<input type="checkbox"/> APRA	<input type="checkbox"/> OTHER
	If other, please provide Regulator details:		

**15. Taxation Information**

<b>Is this trust a tax resident of Australia?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide the Tax File Number (TFN)			
<b>Is this trust a Specified US Entity?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide the Taxpayer Identification Number (TIN)			
<b>Is this trust a Financial Institution for the purposes of FATCA?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please select one of the following:			
<input type="checkbox"/> Participating Foreign Financial Institution			
<input type="checkbox"/> Non Participating Foreign Financial Institution			
<input type="checkbox"/> Registered Deemed Compliant Foreign Financial Institution			
<input type="checkbox"/> Reporting Model 1 Foreign Financial Institution			
<input type="checkbox"/> Reporting Model 2 Foreign Financial Institution			
<b>Does the trust have a GIIN? Please provide</b>			
<b>CRS Information</b>			
<b>Is this trust a tax resident of any other country outside Australia or the US?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please list the countries and TIN			
<b>Is this trust a Financial Institution for the purposes of CRS?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, Specify the type of Financial Institution:			
<input type="checkbox"/> Reporting Financial Institution			
<input type="checkbox"/> Non Reporting Financial Institution			
<input type="checkbox"/> A resident in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution			
<b>Are you an active or passive non-financial entity?</b>		<input type="checkbox"/> Passive	<input type="checkbox"/> Active
If active, please select one:			
<input type="checkbox"/> Less than 50% of the entity's gross income from the proceeding calendar year was passive			
<input type="checkbox"/> A corporation that is regularly traded or a related entity of a regularly traded corporation			
<input type="checkbox"/> Government entity, international organisation or central bank			
<input type="checkbox"/> Other, please list			
<b>Declaration</b>			
I/we undertake to provide an update within 30 days of any change in circumstance which causes the above Tax Information to be incorrect.			
<b>I/we declare the above Taxation Information to be true and correct</b>			<input type="checkbox"/> YES

**16. Investment Amount**

The minimum investment amount for the Diogenes Disability Housing Fund No.1 is \$50,000.	
Your investment amount \$	

**17. Source of Funds**

<b>Please select the origin and source of funds being invested - Tick all that apply</b>			
<i>AUSTRAC and AML/CTF regulations require you to provide the following information regarding your investment. Please select at least one of the options to the questions below:</i>			
<input type="checkbox"/> savings	<input type="checkbox"/> super contributions	<input type="checkbox"/> donation/gift	<input type="checkbox"/> normal course of business
<input type="checkbox"/> investment	<input type="checkbox"/> commissions	<input type="checkbox"/> inheritance	<input type="checkbox"/> asset sale
other:			
<b>What is the purpose of this investment?</b>			
<input type="checkbox"/> savings	<input type="checkbox"/> retirement	<input type="checkbox"/> income	
<input type="checkbox"/> growth	<input type="checkbox"/> business account		

**18. Bank Account Details**

You must provide current bank account details for distribution (if applicable) and redemption payments. The bank account must be held in the same name as the Applicant / Investing Entity.			
<b>Please provide Australian Bank Account Details</b>			
BSB		Account Name	
Branch Name		Account Number	
Bank Name / Institution			

**19. Statements and Reporting**

The ANNUAL financial report for the Fund will be published on the Diogenes Funds Management Ltd website, and available by email.				
Please indicate the method by which you will receive the ANNUAL report:				
<input type="checkbox"/> via email to the email address/es below				
<input type="checkbox"/> no thanks, I will obtain the annual report from the website				
MONTHLY performance reports will be sent to the email address nominated below:				
Full Name				
Email				
<b>Would you like a copy to be sent to another person or a second email address?</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide the 2nd recipients details</i>				
Full Name				
Email				

**20. Further Instructions - Corporate Trustees**

Please elect who has account signing authority for this investment.			
<b>List people with account signing authority</b>			
Signatory 1		Signatory 2	
Other			
<i>If there are multiple people with account signing authority, please select whether any listed signatory can execute transactions on the account, or if all signatories must sign before transactions are executed.</i>			
<i>If you do not select an option, all future instructions must be signed by all signatories or as otherwise permitted by law.</i>			
<b>Who must sign to transact?</b>			
<input type="checkbox"/> All signatories	<input type="checkbox"/> Only Signatory 1		
<input type="checkbox"/> Any signatory	<input type="checkbox"/> Only Signatory 2		
<input type="checkbox"/> Other, please list			

**21. Financial Advisor/Agent**

Do you wish to nominate a Financial Advisor or Agent who should receive information about your application?		__YES	__NO
<i>If yes, please complete the below</i>			
Name			
Authority Level	__Information Only	__Transaction & Information	
<b>Is the Advisor/Agent part of a dealer group or company with an ABN, or an individual?</b>			
__Dealer group or company		__Individual	
<i>If Dealer group or company, provide the below:</i>			
Dealer group or company name			
Does the company have an ABN/ACN?		__YES	__NO
ABN/ACN:		Company Name:	
<b>Advisors Address</b>			
<b>Business Phone</b>			
<b>Mobile Phone</b>			
<b>Email Address</b>			

**Please return the completed form to support@diogenesfm.com.au**

One of our team will be in contact you in the next few days to finalise your application.

If you have any questions, please call us on 07 3473 0176

**Additional Forms**

*Complete the following sections if there are other beneficiaries.*

*ONLY name individuals who have not been previously mentioned on this form, do NOT have a 25% or more interest in the trust, and do NOT directly or indirectly control the trust.*

**Other Beneficiary Details**

*(if more than 6 beneficiaries, please complete this section on an additional form)*

<b>Beneficiary 1</b>	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Full Name</b> <small>(Mr/Mrs/Ms/Miss)</small>			
<b>Beneficiary 2</b>	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Full Name</b> <small>(Mr/Mrs/Ms/Miss)</small>			
<b>Beneficiary 3</b>	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Full Name</b> <small>(Mr/Mrs/Ms/Miss)</small>			
<b>Beneficiary 4</b>	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Full Name</b> <small>(Mr/Mrs/Ms/Miss)</small>			
<b>Beneficiary 5</b>	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Full Name</b> <small>(Mr/Mrs/Ms/Miss)</small>			
<b>Beneficiary 6</b>	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Full Name</b> <small>(Mr/Mrs/Ms/Miss)</small>			

**Additional Forms**

Complete the following sections if there is a Settlor of the Trust.

**Settlor of the Trust Details**

<b>Full Name</b> (Mr/Mrs/Ms/Miss)	
<b>Date of birth</b>	
<b>Country of birth</b>	
<b>Residential Address</b>	

**Settlor of the Trust Tax information**

To comply with FATCA and CRS - Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence, or their place of work. For the US, tax residency can be as a result of citizenship or residency.

<b>Is this individual a tax resident of Australia?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide TFN or Exemption Code</i>		
<b>Is this individual a US citizen or US resident for tax purposes?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide the Taxpayer Identification Number (TIN)</i>		
<b>How many other countries (i.e. not Australia or the US) is this individual a tax resident of?</b> <i>Go to Declaration if none</i>		
<b>Which country is your Primary Residence for Tax Purposes?</b>		
<i>Provide the individuals Tax Identification Number (TIN) for this country?</i>		
<b>List the additional countries and TINs this individual is a tax resident of?</b>		

**Settlor of the Trust Tax Information - Declaration**

I declare that the Tax Information provided above is, to the best of my knowledge and belief, accurate and complete.

I acknowledge that the Tax Information contained in this application will be reported to the tax authorities of the country in which the information is maintained, and exchanged with tax authorities of another country or countries in which I may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the Fund's Administrator promptly, and provide an updated Self-Certification form, where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

<b>I declare the above statements to be true and correct</b>	<input type="checkbox"/> YES
--	------------------------------

**Additional Forms**  
 Complete the following sections if there is an Appointer of the Trust.

**Appointor of the Trust Details**

(if more than 1 Appointer, please complete this section on an additional form)

<b>Full Name</b> (Mr/Mrs/Ms/Miss)	
<b>Date of birth</b>	
<b>Country of birth</b>	
<b>Residential Address</b>	

**Appointor of the Trust Tax information**

To comply with FATCA and CRS - Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence, or their place of work. For the US, tax residency can be as a result of citizenship or residency.

<b>Is this individual a tax resident of Australia?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide TFN or Exemption Code</i>		
<b>Is this individual a US citizen or US resident for tax purposes?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide the Taxpayer Identification Number (TIN)</i>		
<b>How many other countries (i.e. not Australia or the US) is this individual a tax resident of?</b> <i>Go to Declaration if none</i>		
<b>Which country is your Primary Residence for Tax Purposes?</b>		
<i>Provide the individuals Tax Identification Number (TIN) for this country?</i>		
<b>List the additional countries and TINs this individual is a tax resident of?</b>		

**Appointer of the Trust Tax Information - Declaration**

I declare that the Tax Information provided above is, to the best of my knowledge and belief, accurate and complete.

I acknowledge that the Tax Information contained in this application will be reported to the tax authorities of the country in which the information is maintained, and exchanged with tax authorities of another country or countries in which I may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the Fund's Administrator promptly, and provide an updated Self-Certification form, where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

<b>I declare the above statements to be true and correct</b>	<input type="checkbox"/> YES
--	------------------------------

<p><b>Additional Forms</b></p> <p>Complete the following sections if there are any Individual Shareholders <b>NOT</b> previously mentioned on this form</p>
---

**Individual Shareholder**

(If more than 1 Individual Shareholder, please complete this section on an additional form)

<b>Full Name</b> (Mr/Mrs/Ms/Miss)	
<b>Date of birth</b>	
<b>Country of birth</b>	
<b>Residential Address</b>	
<b>Occupation</b>	

**Individual Shareholder Tax information**

To comply with FATCA and CRS - Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence, or their place of work. For the US, tax residency can be as a result of citizenship or residency.

<b>Is this individual a tax resident of Australia?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide TFN or Exemption Code</i>		
<b>Is this individual a US citizen or US resident for tax purposes?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide the Taxpayer Identification Number (TIN)</i>		
<b>How many other countries (i.e. not Australia or the US) is this individual a tax resident of?</b> <i>Go to Declaration if none</i>		
<b>Which country is your Primary Residence for Tax Purposes?</b>		
<i>Provide the individuals Tax Identification Number (TIN) for this country?</i>		
<b>List the additional countries and TINs this individual is a tax resident of?</b>		

**Individual Shareholder Tax Information - Declaration**

I declare that the Tax Information provided above is, to the best of my knowledge and belief, accurate and complete.

I acknowledge that the Tax Information contained in this application will be reported to the tax authorities of the country in which the information is maintained, and exchanged with tax authorities of another country or countries in which I may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the Fund's Administrator promptly, and provide an updated Self-Certification form, where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

<b>I declare the above statements to be true and correct</b>	<input type="checkbox"/> YES
--	------------------------------