



- If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS
- Use ticks in boxes where applicable
- The applicant must complete, print and sign this form
- Keep a photocopy of your completed Application Form for your records
- Please ensure all relevant sections are complete before submitting this form

This application form is part of the Product Disclosure Statement dated 17 February 2017 ('PDS') relating to units in the Spire USA ROC Seniors Housing and Medical Properties Fund II – AUD Class

Fund issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975).

- The PDS contains information about investing in the Fund. You should read the PDS before applying for units in the Fund.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.
- Equity Trustees will provide you with a copy of the PDS and the Application Form on request without charge *(If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes).*

#### US Persons

**This offer is not open to any U.S. Person. Please refer to the Product Disclosure Statement and the accompanying Reference Guide for further information.**

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## SECTION 1 – INTRODUCTION

Do you have an existing investment in the Spire USA ROC III Fund (AUD) Fund and the information provided for that investment remains current and correct?

**YES** – my details are:

Account Number

Account Name

Contact Telephone Number (Including Country Code)

**Not appointing a power of attorney, agent or financial adviser** – Complete sections 8, 9, 10

**Appointing a power of attorney, agent or financial adviser** – Complete sections 6 and/or 7, 8, 9, 10

\* Please note there will be instances where we may be required to collect additional information about you and may ask you to provide certified copies of certain identification documents along with the Application Form.

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**NO** – only complete the sections relevant to you, as indicated below:

SELECT ONE	ACCOUNT TYPE	SECTIONS TO COMPLETE	IDENTIFICATION REQUIREMENT GROUPS TO COMPLETE
	Individual(s)	1, 2, 7, 8, 9, 10	Group A
	Partnership	1, 3, 7, 8, 9, 10	Group A & B
	Trust/Superannuation fund with an individual trustee	1, 2, 4, 7, 8, 9, 10	Group C or D, & E
	Trust/Superannuation fund with a corporate trustee	1, 4, 5, 7, 8, 9, 10	Group C or D, & E
	Company	1, 5, 7, 8, 9, 10	Group F, G or H
<b>And complete these if you would like to appoint a power of attorney or agent</b>			
	Power of attorney or agent	Section 6	Group I
	Financial adviser	Section 7	Group I – if acting under direct authority

If you are an Association, Co-operative, Government Body or other type of entity not listed above, please contact the Fund.

### CONTACTING THE FUND

**Fund Manager**

Spire Capital Pty Ltd  
Phone: +61 2 9377 0755  
Email: mail@spirecapital.com.au  
Website: www.spirecapital.com.au

**Post your completed application form to:**

Link Fund Solutions  
Attention: Unitholder Services - Spire  
GPO Box 5482  
Sydney NSW 2001



## AML/IDENTIFICATION REQUIREMENTS

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') program. The AML/CTF program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please call +612 9547 4311.

**These documents should be provided as an original or CERTIFIED COPY of the original.**

### GROUP A – INDIVIDUALS

Each individual investor, individual trustee, partner, beneficial owner or individual agent or authorised representative must provide one of the following primary photographic ID:

A current Australian driver's licence (or foreign equivalent) that includes a photo and signature.

An Australian passport (not expired more than 2 years previously).

An identity card issued by a State or Territory Government that includes a photo.

A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that includes your photograph and signature.

**If you do NOT own one of the above ID documents, please provide one valid option from Column A and one valid option from Column B.**

COLUMN A	COLUMN B
Australian Birth Certificate	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
Australian Citizen Certificate	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
Pension card issued by Department of Human Services (previously known as Centrelink)	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school.

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## GROUP B – PARTNERSHIPS

Provide Group A verification documents for at least one partner and each beneficial owner of the Partnership and one of the following:

A certified copy or certified extract\* of the partnership agreement.

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A notice issued by the Australian Taxation Office (“ATO”) within the last 12 months.

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An original or certified copy of a certificate of registration of business name issued by a government agency in Australia.

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A certified copy or certified extract\* of minutes of a partnership meeting.

All the above must show the full name of the partnership.

## GROUP C – REGISTERED MANAGED INVESTMENT SCHEME, REGULATED SUPERANNUATION FUND (INCLUDING A SELF- MANAGED SUPER FUND), GOVERNMENT SUPERANNUATION FUND OR A TRUST REGISTERED WITH THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFIT COMMISSION (ACNC)

Provide one of the following:

A copy of the company search of the relevant regulator’s website e.g. APRA, ASIC or the ATO.

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A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

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A copy from the ACNC of information registered about the trust as a charity.

All the above must show the Trust’s full name and type (i.e. registered managed investment scheme, regulated superannuation fund (including a self-managed super fund) or government superannuation fund).

## GROUP D – OTHER TRUSTS (UNREGULATED)

Provide Group A verification documents for each beneficial owner of the trust who is directly or indirectly entitled to benefit from a 25% or greater interest in the trust, and in relation to the Trust, one of the following:

A certified copy or certified extract of the Trust Deed.

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Annual report or audited financial statements.

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A certified copy of a notice issued by the ATO within the previous 12 months.

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Signed meeting minutes.

All the above must show the full name of the Trust, its trustees, the appointer (the person authorised to appoint or remove trustees) and the settlor of the Trust (if any).

## GROUP E – TRUSTEES

If you are an **Individual Trustee** – please provide the identification documents listed under Group A.

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If you are a **Corporate Trustee** – please provide the identification documents listed under Group F, G or H.

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If you are a **combination of both** – please provide the identification documents for each investor type listed under Group A and F, G or H.

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#### GROUP F – REGULATED AUSTRALIAN COMPANIES

Provide one of the following:

A copy of information regarding the company's license or other information held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSL, ACL etc.

If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code.

If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code for the holding company.

An Annual Statement from ASIC issued in the previous 12 months; or

A full company search issued in the previous 3 months; or

A certificate of Company Registration.

**All the above must clearly show the company's full name, its type (i.e. public or proprietary) and ACN.**

#### GROUP G – OTHER AUSTRALIAN COMPANIES (UNREGULATED)

Provide Group A verification documents for each beneficial owner (including any shareholder who directly or indirectly owns or controls 25% or more the issued capital, and such documents about the senior managing official(s) who exerts control over the company), and in relation to the unregulated company, one of the following:

An Annual Statement from ASIC issued in the previous 12 months; or

A full company search issued in the previous 3 months; or

A certificate of Company Registration

**All of above must clearly show the company's full name, its type (i.e. public or private) and ACN issued to the company.**

#### GROUP H – NON-AUSTRALIAN COMPANIES

Provide Group A verification requirements for each beneficial owner (shareholder(s) who directly or indirectly owns or controls 25% or more the issued capital and information about the senior managing official(s) who exerts control over the company, and in relation to the foreign company, one of the following:

A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction's in which the company was incorporated, established or formed.

A certified copy of the company's articles of association or constitution.

A copy of a company search on the ASIC database or relevant foreign registration body. The company search from a foreign regulator must include the name of the regulator, the name of the company and the foreign registration number.

**All of above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.**

## GROUP I – AGENTS AND AUTHORISED REPRESENTATIVES

If you are an **Individual Agent or Representative** – please provide the identification documents listed under Group A.

If you are a **Corporate Agent or Representative** – please provide the identification documents listed under Group F, G or G.

**All Agents and Authorised Representatives must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, Executor or Administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.**

## ADDITIONAL INFORMATION

In most cases the information that you provide in this form will satisfy the AML/CTF Act, the US Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standards ('CRS'). However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

### Declarations

When you complete this Application Form you make the following declarations:

- I/We have received the PDS and made this application in Australia.
- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund in which I/we have chosen to invest.
- I/We have considered our personal circumstances and, where appropriate, obtained investment and/or taxation advice.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.
- I/We acknowledge that (if a natural person) I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/we have chosen to invest.
- I/We acknowledge and agree that Equity Trustees have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the Equity Trustees Group Privacy Statement.
- I/We consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services for which I/we have engaged the services of Equity Trustees or its related bodies corporate and to foreign government agencies for reporting purposes (if necessary).
- I/we hereby confirm that the personal information that I/we have provided to Equity Trustees is correct and current in every detail, and should these details change, I/we shall promptly advise Equity Trustees in writing of the change(s).
- I/We agree to provide further information or personal details to the Responsible Entity if required to meet its obligations under anti-money laundering and counter-terrorism legislation, US tax legislation or reporting legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We acknowledge that Equity Trustees does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of Equity Trustees and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- I/We acknowledge that Equity Trustees is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.



- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- If I/we have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Equity Trustees acting on the instructions of my/our authorised representatives, agents and/or nominees.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
  - I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
  - I/we owe any amounts to Equity Trustees, then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.

### **Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)**

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements.

For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

When you sign this Application Form you declare that you have read and agree to the declarations above.

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## SECTION 2 – INDIVIDUAL(S) OR INDIVIDUAL TRUSTEE(S)

Complete this section if you are investing in your own name or as an individual trustee.

For AML documentary requirements please refer to page 3.

### 2.1 Type of Investor

Tick one box only and complete the specified parts of this section.

**Individual** – complete 2.2

**Jointly with Another Individual(s)** – complete 2.2, 2.3 and 2.5

**Individual Trustee for a Trust** – complete 2.2 and 2.3 (also complete section 4)

**Sole Trader** – complete 2.2 and 2.4

**Individual Trustee for an Individual** – complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee)

### 2.2 Investor 1

Title            Given Name(s)

Surname

Telephone Number (Including Country Code) (Daytime)

Email

Date of Birth (DD/MM/YY)

/            /

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

Residential Address (Not a PO Box)

Unit Number            Street Number

Street Name

Suburb

State

Post Code

Country of Birth

What is your occupation?

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No

Yes – please give details

Are you a foreign resident for tax purposes?

No

Yes – please advise country of residence

Do you hold dual Citizenship?

No

Yes – please advise which countries

### 2.3 Investor 2

Title            Given Name(s)

Surname

Telephone Number (including Country Code) (Daytime)





Email

Date of Birth (DD/MM/YY)

/ /

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

Residential Address (Not a PO Box)

Unit Number Street Number

Street Name

Suburb

State

Post Code

Country of Birth

What is your occupation?

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No

Yes – please give details

Are you a foreign resident for tax purposes?

No

Yes – please advise country of residence

Do you hold dual Citizenship?

No

Yes – please advise which countries

## 2.4 Sole Trader Details

Business Name (If Applicable, in Full)

Australian Business Number (ABN) (If Obtained)\*

Street Address (Not a PO Box)

Suburb

State

Post Code

Country

## 2.5 Signing Authority

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc.):

Only one investor required to sign.

All investors must sign.

\* See page 7 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

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## SECTION 3 – PARTNERSHIPS

Complete this section if you are investing for a partnership or as a partner.

For AML documentary requirements please refer to page 4.

### 3.1 General Information

Full Name of Partnership

Registered Business Names of Partnership (if any)

Country Where Partnership is Established

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

### 3.2 Type of Partnership

Is the partnership regulated by a professional association?

**Yes** – please provide details (need only give information below for partners with a 25% or greater interest or, if there are no such partners, just for one partner:

Name of Professional Association

Membership Details

**No** – provide number of partners

### Partner 1

Title Given Name(s)

Surname

Telephone Number (Including Country Code) (Daytime)

Email

Date of Birth (DD/MM/YY)

/ /

Address (Not a PO Box)

Unit Number Street Number

Street Name

Suburb

State Post Code

Country

Country of Birth

Does this partner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the partner an immediate family member or a business associate of such a person?

**No**

**Yes** – please give details



## Partner 2

Title Given Name(s)

Surname

Telephone Number (Including Country Code) (Daytime)

Email

Date of Birth (DD/MM/YY)

/ /

Address (Not a PO Box)

Unit Number Street Number

Street Name

Suburb

State

Post Code

Country

Country of Birth

Does this partner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the partner an immediate family member or a business associate of such a person?

No

Yes – please give details

## SECTION 4 – TRUST/ SUPERANNUATION FUND

Complete this section if you are investing for a trust or superannuation fund.

For AML documentary requirements please refer to page 4.

### 4.1 General Information

Full Name of Trust or Superannuation Fund

Full Name of Business (If Any)

Country Where Trust Established

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

### 4.2 Trustee Details

How Many Trustees are There?

**Individual** – trustee(s) must complete Section 2 of this form.

**Company** – trustee(s) must complete Section 5 of this form.

**Combination** – trustee(s) from each investor type must complete the relevant section of this form.

### 4.3 Type of Trust

**Registered Managed Investment Scheme**

Australian Registered Scheme Number (ARSN)

**Regulated Trust (Including self-managed superannuation funds and registered charities that are trusts)**

Name of Regulator (e.g. ASIC, APRA, ATO, ACNC)

Registration/License Details

Australian Business Number (ABN)\*

**Other Trust (Unregulated)  
(Also Complete Section 4.4)**

Please describe

**4.4 Beneficiaries of an Unregulated Trust**

Complete Section 4.4 and 4.5 only if you ticked 'Other Trust' in 4.3.

**Does the Trust Deed Name Beneficiaries?**

**Yes** – how many?

Provide the full name of each beneficiary who directly or indirectly is entitled to an interest of 25% or more in the trust

- 1.
- 2.
- 3.
- 4.

**No** – describe the class of beneficiary: (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name):

**4.5 Beneficial Owners and other persons of interest in an Unregulated Trust**

Please provide the full name of any beneficial owner of the trust. A beneficial owner is any individual who directly or indirectly has a **25% or greater interest** in the trust or a person who exerts **control over the trust**. This includes the **appointer** of the trust (who holds the power to appoint or remove the trustees of the trust. All beneficial owner(s) who meet the above definition will need to provide information and AML verification documents set out in Group A, F, G or H.

Please provide beneficial owners as an attachment if there is insufficient space below:

- 1.
- 2.
- 3.
- 4.

Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

**No**

**Yes** – please give details

Please provide the **full name** of the **settlor** of the trust where the initial asset contribution to the trust was greater than \$10,000 and the settlor is not deceased.

\*See page 7 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.



## SECTION 5 – COMPANY/ CORPORATE TRUSTEE

Complete this section if you are investing for a company or where a company is acting as a trustee.

For AML documentary requirements please refer to page 5.

### 5.1 Company Type

**Australian Listed Public Company** – complete 5.2

**Australian Proprietary Company or Non-Listed Public Company** – complete 5.2 and 5.4

**Foreign Company** – complete all sections

### 5.2 Company Type

Company Name

ACN/ABN (if registered in Australia)

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

Given Name(s) of Contact Person

Telephone Number (Including Country Code) (Daytime)

Email

Registered Office Street Address (Not a PO Box)

Suburb

State

Post Code

Country

### Principal Place of Business in Australia

Note for non-Australian companies registered with ASIC: you must provide a local agent name and address if you do not have a principal place of business in Australia.

Tick if the same as above, otherwise provide:

### Registered Street Address (Not a PO Box)

Suburb

State

Post Code

### 5.3 Additional Details for Non-Australian Company

#### Tick if the Company is Registered with ASIC

Australian Registered Body Number (ARBN)

#### Tick if the Company is Registered with a Foreign Regulatory Body

Name of Foreign Regulatory Body

Company Identification Number Issued (if any)

Country of formation, incorporation or registration

Company Type (e.g. Private Company)

Registered Company Address (Not PO Box)

Suburb

State

Post Code

Country

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## 5.4 Beneficial owner

### a. Senior Managing Official and controlling person:

All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official and controlling person of the company (such as the managing director or a senior executive who exerts control over the company i.e. authorised to sign on the company's behalf, make policy, operational and financial decisions):

- 1.
- 2.
- 3.
- 4.

*If there are more than 4 directors please provide as an attachment.*

### b. Shareholders and other beneficial owners:

All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each shareholder and those who owns directly, indirectly, jointly or beneficially 25% or more of the company's issued capital:

- 1.
- 2.
- 3.
- 4.

*If there are more than 4 directors please provide as an attachment.*

**Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?**

**No**

**Yes** – please give details:

## SECTION 6 – AUTHORISED REPRESENTATIVE OR AGENT

*Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.*

**For AML documentary requirements please refer to page 6.**

### 6.1 Appointment of Power of Attorney or other Authorised Representative

I am an agent under Power of Attorney or the investor's legal or nominated representative – complete 6.2.

**Full Name of Authorised Representative/Agent**

**Title of Role Held with Applicant**

**Signature**

### 6.2 Documentation

You must attach a valid authority such as a Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy trustee etc.

The document is an original or certified copy.

The document is signed by the applicant/investor or a court official.

The document is current and complete.

The document permits the attorney/agent/representative (you) to transact on behalf of the applicant/investor.

*\* See page 7 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.*



## SECTION 7 – FINANCIAL ADVISER

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser/ authorised representative/agent access to your account information unless you indicate otherwise by ticking the box below.

**For AML documentary requirements please refer to page 6.**

### 7.1 Financial adviser

I am a financial adviser completing this application form as an authorised representative or agent.

**Name of Adviser**

**AFSL Number**

**Dealer Group**

**Name of Advisory Firm**

**Postal Address**

Suburb

State

Post Code

Country

**Email Address of Advisory Firm (Required)**

**Email Address of Adviser**

**Business Telephone**

**Facsimile**

### 7.2 Adviser Professional Fee for Service

To be completed by Applicants if a professional fee for service is to be paid. – If this section is not completed, no professional fee for service will be paid to an adviser on your behalf. I/We have agreed to pay my/our adviser a professional fee for service in relation to my/our Investment and hereby direct the Responsible Entity to pay to my/our adviser on my/our behalf an amount of:

1% of my/our Application Amount;

2% of my/our Application Amount; or

3% of my/our Application Amount; to be deducted from my/our Application Amount.

**OR**

Please insert a dollar amount that you wish to pay to your adviser as a professional fee for service:

\$

be deducted from my/our Application Amount.

### 7.3 Financial Adviser Declaration

I/We hereby declare that I/we are not a US Person as defined in the PDS

I/We hereby declare that the investor is not a US Person as defined in the PDS

I have completed an appropriate Customer Identification Procedure (CIP) on this investor which meets the requirements (per type of investor) set out above,

**AND EITHER**

I have attached the relevant CIP documents,

**OR**

I have not attached the CIP documents however I will retain them and agree to provide them to Equity Trustees on request. I also agree to forward these documents to Equity Trustees if I ever become unable to retain the documents.

**Financial Adviser Signature**

**Date**

### 7.4 Access to Information

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

Please tick this box if you **DO NOT** want your financial adviser to have access to information about your investment

Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your adviser

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## SECTION 8 – INVESTMENT INSTRUCTIONS (ALL INVESTORS MUST COMPLETE)

### 8.1 Contact Details

Title Given Name(s)

Surname

Home Telephone Number (Including Country)

Date of Birth (DD/MM/YY)

/ /

Street Address

Unit Number Street Number

Street Name

Suburb

State

Post Code

Country

Email Address

Business Telephone (Including Country)

Facsimile

### 8.2 Investment Details

Spire USA ROC Seniors Housing and Medical Properties Fund II - AUD Fund (APIR ETL1507AU).

Full name investment to be held in (must include name of Applicant)

Investment Amount

\$ , .

*The minimum initial investment in the Fund is \$50,000.*

### 8.3 Distribution Instructions

Pay Distributions to the Bank Account Below

AUD – denominated bank account with an Australian domiciled bank

### 8.4 Investor Banking Details for Redemptions and Distributions (if applicable) (must match Applicant name)

Account Name

Financial Institution

Branch (including Country)

BSB

Account Number

### 8.5 Payment Method

Electronic Funds Transfer

Bank Name & Address (Including Country):

Bank: ANZ  
Account Name: Equity Trustees Limited ATF Spire USA ROC Seniors Housing and Medical Properties Fund II – AUD Class  
BSB Number: 012 006  
Account Number: 836919295  
Reference: Investor Name





## 8.6 Elections

### Annual Financial Report

The annual financial report for the Fund will be available on [www.eqt.com.au](http://www.eqt.com.au) from 30 September each year, however, if you would like a hard copy of the annual financial report sent to you please tick the box.

### Direct Marketing

Do you wish to receive marketing information from Equity Trustees (and Equity Trustees' related bodies corporate) about products and services that may be of interest to you? This information may be distributed by mail, email or other form of communication.

Yes

No

## 8.7 Purpose of Investment and Source Funds

### Please Outline the Purpose of Investment

(e.g. superannuation, portfolio investment, etc.)

### Please Outline the Source/s of Initial Funding and Anticipated Ongoing Funding

(e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions)

## SECTION 9 – FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) & COMMON REPORTING STANDARD (CRS) SELF-CERTIFICATION FORM – AUSTRALIA (ALL INVESTORS MUST COMPLETE)

### SECTION 1 – INDIVIDUALS

Please fill this Section 1 only if you are an individual. If you are an entity, please fill in Section 2.

#### 9.1 Are you a US citizen or resident of the US for tax purposes?

Yes

Provide your Taxpayer Identification Number (TIN) below. Continue to question 9.2

Investor 1 TIN

Investor 2 TIN

No – Continue to question 9.2

#### 9.2 Are you a tax resident of any other country outside of Australia?

Yes

Provide the details below and skip to question 9.12. If resident in more than one jurisdiction please include details for all jurisdictions.

##### Investor 1

###### Jurisdiction 1

Country of Tax Residence

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

###### Jurisdiction 2

Country of Tax Residence

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

###### Jurisdiction 3

Country of Tax Residence

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

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## Investor 2

### Jurisdiction 1

Country of Tax Residence

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

### Jurisdiction 2

Country of Tax Residence

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

### Jurisdiction 3

Country of Tax Residence

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

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

**Reason A:**

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

**Reason B:**

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

**Reason C:**

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

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

### Investor 1

### Investor 2

**No** – skip to question 9.12

## SECTION 2 – ENTITIES

Please fill this Section 2 only if you are an **entity**. If you are an individual, please fill Section I.

### 9.3 Are you an Australian Retirement Fund?

**Yes** – Skip to question 9.12

**No** – Continue to question 9.4

## A. FATCA

### 9.4 Are you a US person?

**Yes** – Continue to question 9.5

**No** – Skip to question 9.6

### 9.5 Are you a Specified US person?

**Yes**

Provide your Taxpayer Identification Number (TIN) below and skip to question 9.7

TIN

**No**

Please indicate exemption type and skip to question 9.7

TYPE



**9.6 Are you a Financial Institution for the purposes of FATCA?**

**Yes**

Provide your GIIN below and continue to question 9.7

GIIN

If you do have have a GIIN, please provide your FATCA status below and continue to question 9.7

Exempt Beneficial Owner – describe type

Deemed-Compliant FFI (other than a Sponsored FI or a Trustee Documented Trust) – describe type:

Non-Participating FFI – describe type

Sponsored Financial Institution

Sponsoring Entity’s Name

Sponsoring Entity’s GIIN

Trustee Documented Trust

Trustee’s Name

Trustee’s GIIN

Other – describe below

**No** – Continue to question 9.7

**B. CRS**

**9.7 Are you a tax resident for any country outside Australia?**

**Yes**

Provide the details below and continue to question 9.8. If resident in more than one jurisdiction please include details for all jurisdictions.

**Country 1**

Country of Tax Residence:

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

**Country 2**

Country of Tax Residence:

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

**Country 3**

Country of Tax Residence:

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

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

**Reason A:**

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

**Reason B:**

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

**Reason C:**

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

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

**No** – You are a Passive Non-Financial Entity (Passive NFE). Continue to question 9.11

**No** – Continue to question 9.8

### 9.8 Are you a Financial Institution for the purposes of CRS?

**Yes**

Specify the type of Financial Institution below and continue to question 9.9

Reporting Financial Institution

Non-Reporting Financial Institution: Specify the type of Non-Reporting Financial Institution below

Trustee Documented Trust

Other: Please Specify

**No** – Skip to question 9.10

### 9.9 Are you an Investment Entity resident in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

**Yes** – Skip to question 9.11

**No** – Skip to question 9.12

## C. NON-FINANCIAL ENTITIES

### 9.10 Are you an Active Non-Financial Entity (Active NFE)?

**Yes** – Specify the type of Active NFE below and skip to question 9.12

Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income (e.g. dividends, distribution, interests, royalties and rental income) and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income.

Corporation that is regularly traded or a related entity of a regularly traded corporation.

Governmental Entity, International Organisation or Central Bank

Other: please specify

## D. CONTROLLING PERSONS

### 9.11 Does one or more of the following apply to you?

Is any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?

If you are a trust, is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

**Yes** – Complete details below and continue to question 9.12

#### Person 1

**Title**                      **Given Name(s)**

**Surname**

**Date of Birth (DD/MM/YY)**

      /      /

**Residential Address (Not a PO Box)**

Unit Number                      Street Number

Street Name

Suburb

State                                      Post Code

Country of Tax Residence:

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided



**Person 2**

Title Given Name(s)

Surname

Date of Birth (DD/MM/YY)

/ /

**Residential Address (Not a PO Box)**

Unit Number Street Number

Street Name

Suburb

State

Post Code

Country of Tax Residence:

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

**Person 3**

Title Given Name(s)

Surname

Date of Birth (DD/MM/YY)

/ /

**Residential Address (Not a PO Box)**

Unit Number Street Number

Street Name

Suburb

State

Post Code

Country of Tax Residence:

Tax Identification Number (TIN) or equivalent

Reason Code if no TIN provided

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

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

**Reason A:**

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

**Reason B:**

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

**Reason C:**

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

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

**No** – Continue to question 9.12

E. DECLARATION

9.12 Signature

I undertake to provide a suitably updated self-certification within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

I declare the information above to be true and correct.

Investor 1

Signature

Date (DD/MM/YY)

/ /

Name of Authorised Representative

Name of Entity/Individual

Investor 2

Signature

Date (DD/MM/YY)

/ /

Name of Authorised Representative

Name of Entity/Individual

SECTION 10 – DECLARATIONS (ALL INVESTORS MUST COMPLETE)

By signing as or on behalf of the Applicant, you make all the declarations set out above, in all sections.

Applicant 1

Given Name(s)

Capacity

- Individual Signatory                      Partner
- Director                                      Sole Director/Secretary
- Executive Office                              Authorised Signatory

Signature

Date (DD/MM/YY)

/ /

Company Seal (if applicable)

Applicant 2

Given Name(s)

Capacity

- Individual Signatory                      Partner
- Director                                      Sole Director/Secretary
- Executive Office                              Authorised Signatory

Signature

Date (DD/MM/YY)

/ /

Company Seal (if applicable)



## APPLICATION CHECKLIST

Have you completed all sections relevant to you (as set out in the introduction)?

Have you nominated your financial adviser in section 7 (if applicable)?

Have you provided certified copies of your identification documents or has your financial adviser completed this for you?

Have you completed all other relevant details and SIGNED the Application Form?

### **If you can tick all of the boxes above, send the following:**

Completed Application Form;

Certified copies of identification documents

A cheque made payable to 'Spire USA Seniors Housing and Medical Properties Fund II - AUD Class' (unless you are paying by direct debit); electronic funds transfer or Austraclear

### **By post to:**

#### **Link Fund Solutions**

Unitholder Services – Spire

PO Box 5482

Sydney NSW 2001

For additional applications complete additional application request form on next page. It can be mailed to the postal address above or faxed to the following fax number: + 61 2 9221 1194





