

# Morgan Stanley

WEALTH MANAGEMENT

# Morgan Stanley Global Pre IPO Fund 2022 Series

**APPLICATION FORM**

1 JUNE 2022 | VERSION 1



**INVESTMENT MANAGER**

Morgan Stanley Wealth Management  
Australia Pty Ltd  
ABN 19 009 145 555, AFSL No. 240813  
Level 26, Chifley Tower 2 Chifley Square  
Sydney NSW 2000  
Ph: +61 7 3317-7618  
[www.morganstanley.com.au](http://www.morganstanley.com.au)

**ADMINISTRATOR**

Mainstream Fund Services Pty Ltd  
ABN 81 118 902 891  
Unit Registry GPO Box 4968  
Sydney, NSW, 2001  
Phone: 1300 133 451 or +61 2 8259 8888  
Fax: +61 2 9251 3525  
[www.mainstreamgroup.com](http://www.mainstreamgroup.com)

**TRUSTEE**

Equity Trustees Limited  
ABN 46 004 031 298, AFSL No. 240975  
GPO Box 2307 Melbourne VIC 3001  
Ph: +61 3 8623 5000  
[www.eqt.com.au/insto](http://www.eqt.com.au/insto)

APIR: ETL6890AU. ISIN: AU60ETL68904. Issued by: Equity Trustees Limited.

### Sections to be completed

- |                  |   |
|------------------|---|
| <b>Section 7</b> | <b>Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)</b><br>→ We are required to collect certain information to comply with FATCA and CRS, please ensure you complete section 7. |
| <b>Section 6</b> | <b>If investing with an authorised representative, agent or financial adviser</b><br>→ Please ensure you, your authorised representative, agent and/or financial adviser also complete Section 6.             |
| <b>Section 9</b> | <b>Provide certified copies of your identification documents</b><br>→ Please refer to section 9 on AML/CTF Identity Verification Requirements.  |
| <b>Section 2</b> | <b>Send your documents &amp; make your payment</b><br>→ See section 2 for payment options and where to send your application form.  |

## Application Form

This application form accompanies the Information Memorandum (IM) relating to Units in the 2022 Series of the Morgan Stanley Global Pre IPO Fund (Fund) issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975) (Equity Trustees). The IM contains information about investing in the 2022 Series of the Fund. You should read the IM in its entirety before applying.

Equity Trustees has appointed Morgan Stanley Wealth Management Australia Pty Ltd (ACN 009 145 555; AFSL 240813) (Morgan Stanley) as investment manager of the Fund.

The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete IM.

- If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS, if you make a mistake, cross it out and initial. DO NOT use correction fluid
- The investor(s) must complete and sign this form
- Keep a photocopy of your completed Application Form for your records

U.S. Persons: This offer is not open to any U.S. Person. Please refer to the IM for further information.

### Section 1 – Are you an Existing Investor in the Fund and wish to add to your Investment?

#### Do you have an existing investment in the Fund and the information provided remains current and correct?

Select one of the following options:

- ☐ **Yes** → If you can tick both of the boxes below, complete Sections 2 and 8.
- ☐ I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.
- ☐ I/We confirm there have been no changes to our FATCA or CRS status.

EXISTING INVESTOR NUMBER

If there have been changes in your identification documents or FATCA/CRS status since your last application, please complete the full Application Form as indicated below.

- ☐ **No** → Please complete sections relevant to you as indicated below.

#### INVESTOR TYPE

**Individuals/Joint** → Complete section 2, 3, 6 (if applicable), 7, 8 & 9.

**Companies** → Complete section 2, 4, 6 (if applicable), 7, 8 & 9.

**Custodians on behalf of underlying clients** → Complete section 2, 4, 5, 5.1, 6 (if applicable), 7, 8 & 9.

#### Trusts/superannuation funds:

- with an individual trustee → Complete sections 2, 3, 5, 6 (if applicable), 7, 8 & 9.
- with a company as a trustee → Complete sections 2, 4, 5, 6 (if applicable), 7, 8 & 9.

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

## Section 2 – Investment Details

INVESTMENT TO BE HELD IN THE NAME(S) OF (MUST INCLUDE NAME(S) OF INVESTOR(S))

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

COUNTRY

EMAIL ADDRESS (STATEMENTS WILL BE SENT TO THIS ADDRESS, UNLESS YOU ELECT OTHERWISE IN SECTION 6)

CONTACT NO.

MORGAN STANLEY GLOBAL PRE IPO-FUND – 2022 SERIES

FUND NAME

ETL6890AU

APIR CODE

\$

CAPITAL COMMITMENT (AUD)

The minimum initial investment is \$100,000

### Investor bank details

For withdrawals and distributions (if applicable), these must match the investor(s)' name and must be an AUD-denominated bank account with an Australian domiciled bank.

ACCOUNT NAME

FINANCIAL INSTITUTION

BRANCH

BRANCH NUMBER (BSB)

ACCOUNT NUMBER

### Payment method

Direct credit – pay to:

Financial institution name and branch location	NAB, 500 Bourke Street, Melbourne, Victoria 3000, Australia
BSB number	082 401
Account number	299596143
Swift/BIC	NATAAU3303M
Account name	EQUITY TRUSTEES LIMITED ATF MORGAN STANLEY GLOBAL PRE-IP0 FUND APPLICATION ACCOUNT
Reference	<Investor Name>

### Source of investment

Please indicate the source of the investment amount (e.g. retirement savings, employment income):

### Send your completed Application Form to:

Mainstream Fund Services Pty Ltd  
Client Services Registry Team  
GPO Box 4968,  
Sydney NSW 2001

Additional applications may be faxed to: +61 2 9251 3525

→ Please ensure you have completed all relevant sections and signed the Application Form.

### Section 3 – Investor Details – Individuals/Joint

Please complete if you are investing individually, jointly or you are an individual or joint trustee.

→ See Group A AML/CTF Identity Verification Requirements in Section 9.

#### Investor 1

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

EMAIL ADDRESS (STATEMENTS WILL BE SENT TO THIS ADDRESS, UNLESS YOU ELECT OTHERWISE IN SECTION 6)

CONTACT NO.

DD/MM/YYYY

DATE OF BIRTH

OCCUPATION

COUNTRY OF BIRTH

TAX FILE NUMBER\* (OR EXEMPTION IF APPLICABLE)

Does the investor named above 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

#### Investor 2

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

EMAIL ADDRESS (STATEMENTS WILL BE SENT TO THIS ADDRESS, UNLESS YOU ELECT OTHERWISE IN SECTION 6)

CONTACT NO.

DD/MM/YYYY

DATE OF BIRTH

OCCUPATION

COUNTRY OF BIRTH

TFN (OR EXEMPTION IF APPLICABLE)

Does the investor named above 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

→ If there are more than 2 registered owners, please provide details as an attachment.

## Section 4 – Investor Details – Companies/Corporate Trustee

Please complete if you are investing for a company or where the company is acting as trustee.

→ See Group B AML/CTF Identity Verification Requirements in Section 9.

FULL COMPANY NAME (AS REGISTERED WITH ASIC OR RELEVANT FOREIGN REGISTERED BODY)

REGISTERED OFFICE ADDRESS (NOT A PO BOX/RMB/LOCKED BAG)

SUBURB

STATE

POSTCODE

COUNTRY

AUSTRALIAN COMPANY NUMBER

TAX FILE NUMBER\* (OR EXEMPTION IF APPLICABLE)

AUSTRALIAN BUSINESS NUMBER\* (IF REGISTERED IN AUSTRALIA) OR EQUIVALENT FOREIGN COMPANY IDENTIFIER

### Contact Person

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

EMAIL ADDRESS (STATEMENTS WILL BE SENT TO THIS ADDRESS, UNLESS YOU ELECT OTHERWISE IN SECTION 6)

CONTACT NO.

**Principal place of business:** If the principal place of business is the same as the registered office street address, state 'As above' below. Otherwise provide address details. For foreign companies registered with ASIC please provide a local agent name and address if you do not have a principal place of business in Australia.

PRINCIPAL PLACE OF BUSINESS ADDRESS (NOT A PO BOX/RMB/LOCKED BAG)

SUBURB

STATE

POSTCODE

COUNTRY

### Registration details

NAME OF REGULATORY BODY

IDENTIFICATION NUMBER (E.G. ARBN)

### CONTROLLING PERSONS, DIRECTORS AND BENEFICIAL OWNERS

All beneficial owners who own, hold or control either directly or indirectly 25% or more of the issued capital of a proprietary or private company that is not regulated i.e. does not have an AFSL or ACLN etc., will need to provide Group A AML/CTF Identity Verification Requirements specified in Section 9. In the case of an unregulated public company not listed on a securities exchange, provide the details of the senior managing official(s) as controlling person(s) (e.g. managing director, senior executive(s) etc. who is/are authorised to sign on the company's behalf, and make policy, operational and financial decisions) in the following sections. All proprietary and private companies, whether regulated or unregulated, must provide the names of all of the directors.

### Names of the Directors of a Proprietary or Private Company whether regulated or unregulated

NAME 1

NAME 2

NAME 3

NAME 4

→ If there are more than 4 directors, please write the other names below.

**BENEFICIAL OWNER 1 OR SENIOR MANAGING OFFICIAL(S) 1**

Select one of the following options:

- ☐ Beneficial owner 1 of an unregulated proprietary or private company; OR
- ☐ Senior Managing Official of an unregulated, unlisted, public (e.g. Limited) company

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

DD/MM/YYYY

DATE OF BIRTH

Does the beneficial owner named above 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

**BENEFICIAL OWNER 2 OR SENIOR MANAGING OFFICIAL(S) 2**

Select one of the following options:

- ☐ Beneficial owner 2 of an unregulated proprietary or private company; OR
- ☐ Senior Managing Official of an unregulated, unlisted, public (e.g. Limited) company

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

DD/MM/YYYY

DATE OF BIRTH

Does the beneficial owner named above 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

→ If there are more than 2 beneficial owners or managing officials, please copy and complete this page for the other persons or alternatively, provide the additional details as an attachment.

## Section 5 – Investor Details – Trusts/Superannuation Funds

Please complete if you are investing for a trust or superannuation fund.

→ See Group C AML/CTF Identity Verification Requirements in section 9.

FULL NAME OF TRUST OR SUPERANNUATION FUND

FULL NAME OF BUSINESS (IF ANY)

AUSTRALIAN BUSINESS NUMBER\* (IF OBTAINED)

COUNTRY WHERE ESTABLISHED

TAX FILE NUMBER\* (OR EXEMPTION IF APPLICABLE)

### Trustee details

How many trustees are there?

→ Individual trustee(s) – complete Section 3 – Investor details – Individuals/Joint

→ Company trustee(s) – complete Section 4 – Investor details – Companies/Corporate Trustee

→ Combination – trustee(s) to complete each relevant section

### 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/LICENCE DETAILS OR ABN

☐ Other Trust (unregulated)

PLEASE DESCRIBE

### BENEFICIARIES OF AN UNREGULATED TRUST

Please provide details below of any beneficiaries who directly or indirectly are entitled to an interest of 25% or more of the trust:

NAME 1

NAME 2

NAME 3

NAME 4

If there are no beneficiaries of the trust, describe the class of beneficiary (e.g. the name of the family group, class of unit holders, the charitable purpose or charity name):

PLEASE DESCRIBE

### SETTLOR DETAILS

Please provide the full name and last known address of the settlor of the trust where the initial asset contribution to the trust was greater than \$10,000.

☐ This information is not required if the initial asset contribution was less than \$10,000, and/or

☐ This information is not required if the settlor is deceased

SETTLOR'S FULL NAME

SETTLOR'S LAST KNOWN ADDRESS

### BENEFICIAL OWNERS OF AN UNREGULATED TRUST

Please provide details below 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 is 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 owners will need to provide Group A AML/CTF Identity Verification Requirements in Section 9.

**BENEFICIAL OWNER 1 OR CONTROLLING PERSON 1**

Select one of the following options:

☐ Beneficial owner 1; OR☐ Controlling Person – What is the role e.g. AppointerTitle: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

DD/MM/YYYY

DATE OF BIRTH

Does the beneficial owner named above 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**BENEFICIAL OWNER 2 OR CONTROLLING PERSON 2**

Select one of the following options:

☐ Beneficial owner 2; OR☐ Controlling Person – What is the role e.g. AppointerTitle: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

DD/MM/YYYY

DATE OF BIRTH

Does the beneficial owner named above 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

→ If there are more than 2 beneficial owners or controlling persons, please copy and complete this page for the other persons or alternatively, provide the additional details as an attachment.



## Section 5.1 – Custodian Attestation: Chapter 4, Parts 4.4.18 and 4.4.19 of the AML/CTF Rules

**If you are a Company completing this Application Form on behalf of an individual, another company, a trust or other entity, in a Custodial capacity, please complete this section.**

In accordance with Chapter 4, part 4.4.19 (1)(a) to (d) of the AML/CTF Rules, does the Custodian meet the definition (see 'Section 10 – Glossary') of a Custodian?

☐ No ☐ Yes

In accordance with Chapter 4, part 4.4.19 (e) of the AML/CTF Rules, do you, in your capacity as Custodian attest that prior to requesting this designated service from Equity Trustees, it has carried out and will continue to carry out, all applicable customer identification procedures on the underlying account holder named or to be named in the Fund's register, including conducting ongoing customer due diligence requirements in accordance with Chapter 15 of the AML/CTF Rules?

☐ No ☐ Yes

If you answered YES to all of the above questions, then Equity Trustees is able to apply the Chapter 4, part 4.4 Custodian rules to this account and will rely upon the customer due diligence conducted by the Custodian on the underlying account holder named or to be named in the Fund's register.

If requested to do so at any time after the provision of this designated service, the Custodian agrees to honour any reasonable request made by Equity Trustees for information or evidence about the underlying account holder in order to allow Equity Trustees to meet its obligations under the AML/CTF Act.

☐ No ☐ Yes

Excepting the below circumstances where the custodian answered NO or did not complete any of the above questions, no other information about the underlying account holder is required to be collected. However, further information about you as the Custodian and as a company is required to be collected and verified as required by the AML/CTF rules. Please complete the rest of this form for the Custodian.

### Excepting circumstances:

If you answered NO or did not complete any of the above questions, then we are unable to apply the Chapter 4, part 4.4 Custodian rules to this application. We are therefore obligated to conduct full Know Your Client procedures on the underlying account holder named or to be named in the Fund's register including any named nominee, as well as the trustees, beneficial owners and controlling persons of the underlying named account in addition to the Custodian. Therefore, please complete the relevant forms and provide identity documents for all parties connected to this account.

## Section 6 – Authorised Representative, Agent and/or Financial Adviser

Please complete if you are appointing an authorised representative, agent and/or financial adviser.

→ See Group D AML/CTF Identity Verification Requirements in Section 9.

☐ I am an **authorised representative or agent** as nominated by the investor(s)

You must attach a valid authority such as Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy etc. that is a certified copy. The document must be current and complete, signed by the investor or a court official and permits the authorised representative or agent to transact on behalf of the investor.

FULL NAME OF AUTHORISED REPRESENTATIVE OR AGENT

ROLE HELD WITH INVESTOR(S)

SIGNATURE

DATE

☐ I am a **financial adviser** as nominated by the investor

NAME OF ADVISER

AFSL NUMBER

DEALER GROUP

NAME OF ADVISORY FIRM

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

COUNTRY

EMAIL ADDRESS

CONTACT NO.

**FINANCIAL ADVICE (ONLY COMPLETE IF APPLICABLE)**

- ☐ The investor has received personal financial product advice in relation to this investment from a licensed financial adviser and that advice is current.

**FINANCIAL ADVISER DECLARATION**

- ☐ I/We hereby declare that I/we are not a US Person as defined in the IM.
- ☐ I/We hereby declare that the investor is not a US Person as defined in the IM.
- ☐ I/We have attached the relevant CIP documents.

		DD/MM/YYYY
SIGNATURE		DATE

**Access to information**

Unless you elect otherwise, your authorised representative, agent and/or financial adviser will also be provided access to your investment information and/or receive copies of statements and transaction confirmations. By appointing an authorised representative, agent and/or financial adviser you acknowledge that you have read and agreed to the terms and conditions in the IM relating to such appointment.

- ☐ Please tick this box if you DO NOT want your authorised representative, agent and/or 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 authorised representative, agent and/or financial adviser.
- ☐ Please tick this box if you want statements and transaction confirmations sent ONLY to your authorised representative, agent and/or financial adviser.

## Section 7 – Foreign Account Tax Compliance Act (FATCA), Common Reporting Standard (CRS) Self-Certification Form – All Investors Must Complete

**Sub-Section I – Individuals**

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

**1. Are you a US tax resident (e.g. US citizen or US resident)?**

- ☐ **Yes** → *Provide your US Taxpayer Identification Number (TIN) and continue to question 2.*

INVESTOR 1	INVESTOR 2

- ☐ **No** → *Continue to question 2.*

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

- ☐ **Yes** → *State each country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for each jurisdiction below and skip to question 12.*

**Investor 1**

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1.			
2.			

**Investor 2**

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1.			
2.			

→ *If more space is needed please provide details as an attachment.*

- ☐ **No** → *Skip to question 12.*

**REASON CODE**

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

- **Reason A:** The country/jurisdiction where the investor is resident does not issue TINs to its residents.
- **Reason B:** The investor is otherwise unable to obtain a TIN or equivalent number (Please explain why the investor 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:

<input type="checkbox"/> Investor 1	
	REASON B EXPLANATION
<input type="checkbox"/> Investor 2	
	REASON B EXPLANATION

## Sub-Section II – Entities

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

### 3. Are you an Australian complying superannuation fund?

- ☐ Yes → [Skip to question 12.](#)
- ☐ No → [Continue to question 4.](#)

**FATCA**

#### 4. Are you a US Person?

- ☐ Yes → [Continue to question 5.](#)
- ☐ No → [Skip to question 6.](#)

#### 5. Are you a Specified US Person?

- ☐ Yes → [Provide your TIN below and skip to question 7.](#)

TIN

- ☐ No → [Indicate exemption type and skip to question 7.](#)

EXEMPTION TYPE

#### 6. Are you a Financial Institution for the purposes of FATCA?

☐ Yes

PROVIDE YOUR GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)

→ [If you do not have a GIIN, please provide your FATCA status below and then continue to question 7.](#)  
[If you are a sponsored entity, please provide your GIIN above and your sponsor's details below and then continue to question 7.](#)

<input type="checkbox"/>	
	EXEMPT BENEFICIAL OWNER, PROVIDE TYPE
<input type="checkbox"/>	
	DEEMED-COMPLIANT FFI (OTHER THAN A SPONSORED INVESTMENT ENTITY OR A TRUSTEE DOCUMENTED TRUST), PROVIDE TYPE
<input type="checkbox"/>	
	NON-PARTICIPATING FFI, PROVIDE TYPE
<input type="checkbox"/>	
	SPONSORED ENTITY. PLEASE PROVIDE THE SPONSORING ENTITY'S NAME AND GIIN
<input type="checkbox"/>	
	TRUSTEE DOCUMENTED TRUST. PLEASE PROVIDE YOUR TRUSTEE'S NAME AND GIIN
<input type="checkbox"/>	
	OTHER, PROVIDE DETAILS

☐ No → [Continue to question 7.](#)

**CRS****7. Are you a tax resident of any country outside of Australia and the US?**

☐ **Yes** → *State each country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for each jurisdiction below and continue to question 8.*

**Investor 1**

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1.			
2.			

**Investor 2**

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1.			
2.			

→ *If more space is needed please provide details as an attachment.*

☐ **No** → *Continue to question 8.*

**REASON CODE**

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

- **Reason A:** The country/jurisdiction where the investor is resident does not issue TINs to its residents.
- **Reason B:** The investor is otherwise unable to obtain a TIN or equivalent number (Please explain why the investor 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:

<input type="checkbox"/> Investor 1	
	REASON B EXPLANATION
<input type="checkbox"/> Investor 2	
	REASON B EXPLANATION

**8. Are you a Financial Institution for the purpose of CRS?**

☐ **Yes** → *Specify the type of Financial Institution below and continue to question 9.*

☐ Reporting Financial Institution

☐ Non-Reporting Financial Institution:

☐ Trustee Documented Trust

☐ Other: please specify

☐ **No** → *Skip to question 10.*

**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 11.*

☐ **No** → *Skip to question 12.*

## Non-Financial Entities

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

☐ **Yes** → Specify the type of Active NFE below and skip to question 12:

- ☐ Less than 50% of the entity'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
- ☐ Provide name of Listed Entity
- ☐ and exchange on which traded
- ☐ Governmental Entity, International Organisation or Central Bank
- ☐ Other: please specify

☐ **No** → You are a Passive Non-Financial Entity (Passive NFE). Continue to question 11:

## Controlling Persons

### 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?
- Where no natural person is identified as exercising control of the entity, the controlling person will be the natural person(s) who holds the position of senior managing official.

☐ **Yes** → Provide controlling person information below.

#### CONTROLLING PERSON 1

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

DD/MM/YYYY

DATE OF BIRTH

Country/Jurisdiction of tax residence

TIN

If no TIN available enter Reason A, B or C

- 
- 

#### CONTROLLING PERSON 2

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other:

GIVEN NAME/S (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

DD/MM/YYYY

DATE OF BIRTH

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1.			
2.			

→ If there are more than 2 controlling persons, please provide details as an attachment.

### REASON CODE

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

- **Reason A:** The country/jurisdiction where the investor is resident does not issue TINs to its residents.
- **Reason B:** The investor is otherwise unable to obtain a TIN or equivalent number (Please explain why the investor 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:

<input type="checkbox"/> Investor 1	REASON B EXPLANATION
<input type="checkbox"/> Investor 2	REASON B EXPLANATION

### 12. Signature and Declaration – ALL investors must sign

- ☐ 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	Investor 2
NAME OF INDIVIDUAL/ENTITY	NAME OF INDIVIDUAL/ENTITY
NAME OF AUTHORISED REPRESENTATIVE	NAME OF AUTHORISED REPRESENTATIVE
SIGNATURE	SIGNATURE
DD/MM/YYYY	DD/MM/YYYY
DATE	DATE

## Section 8 – Declarations – All Investors Must Complete

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 Standard (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.

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

- I/We have received the IM and made this application in Australia.
- I/We have read the IM to which this Application Form applies and agree to be bound by the terms and conditions of the IM and the Trust Deed for the Fund.
- I/we have carefully considered the features of Fund as described in the IM (including the 2022 Series, its investment objectives, liquidity, risk level, withdrawal arrangements and investor suitability) and, after obtaining any financial and/or tax advice that I/we deemed appropriate, am/are satisfied that my/our proposed investment in the Fund is consistent with my/our investment objectives, financial circumstances and needs.\*
- I/We have considered our personal circumstances and, where appropriate, obtained investment and/or taxation advice.

- I/We represent and warrant that I am/we are a Wholesale Client (as defined in the Corporations Act 2001 (Cth)) and are therefore eligible to hold Units in the Fund.
- I/We hereby declare that I/we are not a US Person as defined in the IM.
- 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.
- I/We acknowledge and agree that Equity Trustees has outlined in the IM 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 IM information, confirmations of transactions and additional information as applicable via email.
- I/We acknowledge that Equity Trustees and Morgan Stanley do not guarantee the repayment of capital or the performance of the Fund or the 2022 Series or any particular rate of return from the Fund or the 2022 Series.
- I/We:
  - indemnify, keep indemnified and hold harmless the Fund, Equity Trustees, Morgan Stanley or any of their officers, directors, advisers, associates, affiliates or representatives (including placement agents and legal counsel) from and against any and all claims, liabilities and losses relating to or arising out of any breach of any representation, warranty or declaration made by me/us in this Application Form or in any other document provided by me/us to the Equity Trustees or Morgan Stanley in connection with my/our investment, or any failure to fulfil any covenants or agreements contained in the Constituent Documents; and
  - confirm our/my obligation under the Constituent Documents to pay or indemnify any amounts that the Equity Trustees or Morgan Stanley is required to withhold or pay with respect to me/us or on my/our behalf. I/We agree that this obligation will survive my/our withdrawal from the Fund or the termination or dissolution of 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 investor'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 and/or financial advisers on the Application Form then I/we agree to release, discharge and indemnify Equity Trustees and Morgan Stanley 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 financial advisers.
- 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 Equity Trustees, as trustee of the Fund, 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 Equity Trustees 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.
- I/We acknowledge and understand that if I/we fail to pay calls on my/our Capital Commitment when determined and requested by the Equity Trustees or Morgan Stanley, interest on the unpaid instalment will be charged to you and Equity Trustees, as trustee of the Fund, may, pursuant to the Constituent Documents, sell, redeem or forfeit my/our Units in which event monies paid up previously by me/us in respect of the Units may be entirely forfeited.

- If entering into this Application Form as trustee, responsible entity, custodian, subcustodian or nominee on behalf of a fund or other person and that capacity is specified in this Application Form (Trustee Unitholder), you enter into this Application only in that capacity. Your liability in respect of this Agreement is limited pursuant to clause 32 of the Trust Deed as though that clause were part of this Application Form and pertains to you as a Trustee Unitholder.
- Equity Trustees and Morgan Stanley enter into this Application Form only in their capacity as manager or trustee of the Trust (as the case may be). I/We agree not to bring proceedings against Equity Trustees or Morgan Stanley in their personal capacity or seek to wind up, dissolve or appoint an administrator, manager, receiver, liquidator or similar to either of them or their assets except to the extent allowed under the Constituent Documents. I/We agree that any liability of the Equity Trustees or Morgan Stanley is several and not joint.
- I/We acknowledge and agree that the rights and obligations of the parties hereto shall be interpreted and enforced in accordance with and governed by the laws of New South Wales, Australia. I/We irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of New South Wales, Australia and its appellate courts.
- I/We acknowledge and agree that, except as permitted by applicable law or as otherwise provided herein, I/we may not cancel, terminate or revoke this Application Form or any agreement made hereunder, and that this Application Form (including the representations, warranties and covenants made in it) shall survive my/our death or legal disability and shall be binding upon my/our heirs, executors, administrators, successors and assigns.

#### **\*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/Trust 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, agree to and make the declarations above**

Investor 1	Investor 2
<input type="text"/> NAME OF INDIVIDUAL/ENTITY	<input type="text"/> NAME OF INDIVIDUAL/ENTITY
<input type="text"/> CAPACITY (E.G. DIRECTOR, SECRETARY, AUTHORISED SIGNATORY)	<input type="text"/> CAPACITY (E.G. DIRECTOR, SECRETARY, AUTHORISED SIGNATORY)
<input type="text"/> SIGNATURE	<input type="text"/> SIGNATURE
<input type="text"/> DD/MM/YYYY DATE	<input type="text"/> DD/MM/YYYY DATE
<input type="text"/> COMPANY SEAL (IF APPLICABLE)	



## Section 9 – AML/CTF Identity Verification 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 investor.
- Non-English language documents must be translated by an accredited translator. Provide both the foreign language document and the accredited English translation.
- 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 contact Equity Trustees.

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

### Who can certify?

Below is an example of who can certify proof of ID documents under the AML/CTF requirements:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Bailiff</li> <li>• Bank officer with 5 or more years of continuous service</li> <li>• Building society officer with 5 or more years of continuous service</li> <li>• Chiropractor (licensed or registered)</li> <li>• Clerk of court</li> <li>• Commissioner for Affidavits</li> <li>• Commissioner for Declarations</li> <li>• Credit union officer with 5 or more years of continuous service</li> <li>• Dentist (licensed or registered)</li> <li>• Fellow of the National Tax Accountant's Association</li> <li>• Finance company officer with 5 or more years of continuous service</li> <li>• Judge of a court</li> <li>• Justice of the peace</li> <li>• Legal practitioner (licensed or registered)</li> <li>• Magistrate</li> <li>• Marriage celebrant licensed or registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961</li> <li>• Master of a court</li> <li>• Medical practitioner (licensed or registered)</li> <li>• Member of Chartered Secretaries Australia</li> <li>• Member of Engineers Australia, other than at the grade of student</li> <li>• Member of the Association of Taxation and Management Accountants</li> </ul> | <ul style="list-style-type: none"> <li>• Member of the Australian Defence Force with 5 or more years of continuous service</li> <li>• Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants</li> <li>• Member of the Parliament of the Commonwealth, a State, a Territory Legislature, or a local government authority of a State or Territory</li> <li>• Minister of religion licensed or registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961</li> <li>• Nurse (licensed or registered)</li> <li>• Optometrist (licensed or registered)</li> <li>• Permanent employee of Commonwealth, State or local government authority with at least 5 or more years of continuous service.</li> <li>• Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service</li> <li>• Pharmacist (licensed or registered)</li> <li>• Physiotherapist (licensed or registered)</li> <li>• Police officer</li> <li>• Psychologist (licensed or registered)</li> <li>• Registrar, or Deputy Registrar, of a court</li> <li>• Sheriff</li> <li>• Teacher employed on a full-time basis at a school or tertiary education institution</li> <li>• Veterinary surgeon (licensed or registered)</li> </ul> |
|--|--|

### WHEN CERTIFYING DOCUMENTS, THE FOLLOWING PROCESS MUST BE FOLLOWED:

- All copied pages of original proof of ID documents must be certified and the certification must not be older than 2 years.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document “certified true copy”. This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify customer ID, the authorised individual should write or stamp “certified true extract”.

## GROUP A – Individuals/Joint

Each individual investor, individual trustee, 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).
- ☐ A foreign passport or international travel document (must not be expired).
- ☐ An identity card issued by a State or Territory Government that includes a photo.

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

- ☐ Australian birth certificate.
- ☐ Australian citizenship certificate.
- ☐ Pension card issued by Department of Human Services.

### COLUMN B

- ☐ 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.
- ☐ 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.
- ☐ 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.

## GROUP B – Companies

For Australian Registered Companies, provide one of the following (must clearly show the Company's full name, type (private or public) and ACN):

- ☐ A certified copy of the company's Certificate of Registration or incorporation issued by ASIC.
- ☐ A copy of information regarding the company's licence or other information held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSE, ACL etc.
- ☐ A full company search issued in the previous 3 months or the company's last annual statement issued by ASIC.
- ☐ 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 holding company name, its registration number e.g. ACN, the securities exchange and the ticker (issuer) code.

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

For Foreign Companies, provide one of the following:

- ☐ A certified copy of the company's Certificate of Registration or incorporation 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.
- ☐ A copy of the last annual statement issued by the company regulator.

All of the 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.

**In addition, please provide verification documents for each beneficial owner or controlling person (senior managing official and shareholder) as listed under Group A.**

A beneficial owner of a company is any person entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official (or equivalent) and is thus the controlling person.

## GROUP C – Trusts

For a Registered Managed Investment Scheme, Government Superannuation Fund or a trust registered with the Australian Charities and Not-for-Profit Commission (ACNC), or a regulated, complying Superannuation Fund, retirement or pension fund (including a self-managed super fund), provide one of the following:

- ☐ A copy of the company search of the relevant regulator's website e.g. APRA, ASIC or ATO.
- ☐ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.
- ☐ A copy from the ACNC of information registered about the trust as a charity
- ☐ Annual report or audited financial statements.
- ☐ A certified copy of a notice issued by the ATO within the previous 12 months.
- ☐ A certified copy of an extract of the Trust Deed (i.e. cover page and signing page and first two pages that describes the trust, its purpose, appointer details and settlor details etc.)

For all other Unregulated trust (including a Foreign trust), provide the following:

- ☐ A certified copy of an extract of the Trust Deed (i.e. cover page and signing page and first two pages that describes the trust, its purpose, appointer details and settlor details etc.)

**If the trustee is an individual, please also provide verification documents for one trustee as listed under Group A.**

**If the trustee is a company, please also provide verification documents for a company as listed under Group B.**

## GROUP D – Authorised Representatives and Agents

In addition to the above entity groups:

- ☐ If you are an **Individual Authorised Representative or Agent** – please also provide the identification documents listed under Group A.
- ☐ If you are a **Corporate Authorised Representative or Agent** – please also provide the identification documents listed under Group B.

All Authorised Representatives and Agents 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.

## Section 10 – Glossary

Capitalised terms used but not defined in this Application have the meaning provided in the IM.

**Custodian** – means a company that:

- (a) is acting in the capacity of a trustee; and
- (b) is providing a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act); and
- (c) either:
  - (i) holds an Australian financial services licence authorising it to provide custodial or depository services under the Corporations Act 2001; or
  - (ii) is exempt under the Corporations Act 2001 from the requirement to hold such a licence; and
- (d) either:
  - (i) satisfies one of the 'geographical link' tests in subsection 6(6) of the AML/CTF Act; or
  - (ii) has certified in writing to the relevant reporting entity that its name and enrolment details are entered on the Reporting Entities Roll; and
- (e) has certified in writing to the relevant reporting entity that it has carried out all applicable customer identification procedures and ongoing customer due diligence requirements in accordance with Chapter 15 of the AML/CTF Rules in relation to its underlying customers prior to, or at the time of, becoming a customer of the reporting entity.

**Sydney**

Level 26, 2 Chifley Square  
1800 808 576  
sydneywealth@morganstanley.com  
GPO Box 5345 Sydney NSW 2001

**Melbourne**

Level 14, 120 Collins Street  
1800 804 697  
melbournewealth@morganstanley.com  
PO Box 360 Collins Street West Vic 8007

**Brisbane**

Level 24, 71 Eagle Street  
1800 777 602  
brisbanewealth@morganstanley.com  
GPO Box 1344 Brisbane Qld 4001

**Adelaide**

Level 4, 2 King William Street  
1800 812 298  
adelaidewealth@morganstanley.com  
GPO Box 313 Adelaide SA 5001

**Perth**

Level 18, 2 The Esplanade  
1800 065 117  
perthwealth@morganstanley.com  
PO Box Z5307 Perth WA 6831

**[morganstanley.com.au](https://morganstanley.com.au)**