

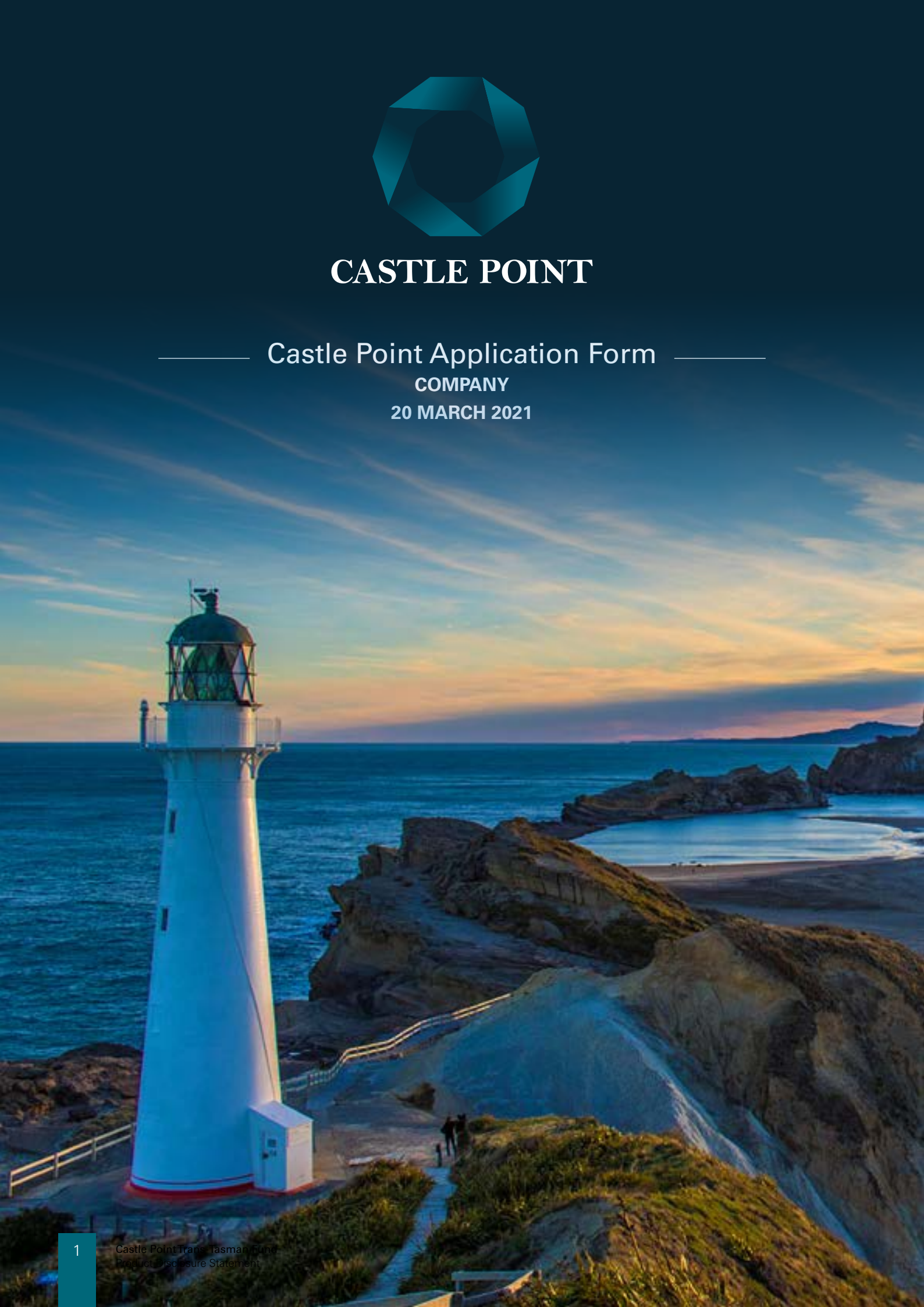


# CASTLE POINT

## Castle Point Application Form

COMPANY

20 MARCH 2021



## How to apply

You can apply for an investment by following the key steps below:

- |                        |  |
|------------------------|--|
| <b>Read</b>            | 1. Read the Product Disclosure Statement(s) for the applicable Fund(s) carefully. These can be found at <a href="http://www.castlepointfunds.com/investor-documents">www.castlepointfunds.com/investor-documents</a>   |
| <b>Complete</b>        | 2. Complete this form if you are a Company. If you are investing via a Trust or as an individual or joint applicant, please download the applicable form from <a href="http://www.castlepointfunds.com/investor-documents">www.castlepointfunds.com/investor-documents</a> |
| <b>ID</b>              | 3. Get ID documents  |
| <b>Send</b>            | 4. Send documentation to: <a href="mailto:info@castlepointfunds.com">info@castlepointfunds.com</a> or<br>Castle Point Funds Management Limited, PO Box 105889, Auckland 1143   |
| <b>Investor<br/>No</b> | 5. We will then contact you with an investor number  |
| <b>Remit</b>           | 6. Once you have your investor number you can remit funds using the account details in Section 2 of the Application Form.  |

## Application Form

1. Please complete all sections of this Application Form.
  - a. Print using a ball point pen using capital letters.
  - b. Or type directly into the form.
  - c. If an item is not applicable, please leave the area blank.
  - d. If you make a mistake, please cross out the error and initial the change.
  - e. If additional space is required, please attach a separate sheet to the Application Form.

### Section 1 – Investor Details

2. Please see Section 6 (What taxes will you pay?) of the Product Disclosure Statement for more details on which Prescribed Investor Rate is applicable to you.
3. If the company is a “passive non financial entity” please complete all the shaded boxes in sections 4 and 5.

### Section 2 – Investment Details

4. Insert the principal amount of Units you wish to apply for in NZ\$. The initial application must be for a minimum of \$10,000. Subsequent investments are for a minimum of \$1,000.
5. Initial and subsequent payments can be made by direct credit or cheque as per the account details in Section 2 of the Application Form. Please ensure payments are referenced.
6. Regular investments can be setup through an automatic payment. Minimum investment amounts apply.
7. Distributions (for 5 Ocean and/or Trans-Tasman Fund(s)) can either be reinvested into additional units in the applicable Fund(s) or direct credited to a nominated bank account. Please elect your preference. If no election is made, the default is to reinvest distributions into additional units in the Fund(s).

### Section 3 – Bank details

8. Please supply a New Zealand bank account to be used for any future withdrawal(s).

### Section 4, 5 and 6 – Shareholders, Directors and Authorised Signatories

9. Please complete details for all applicable details including shaded boxes if ticked “passive non financial entity” in Section 1.

### Section 7 - Proof of your identity/Additional documents

10. To comply with the Anti-Money Laundering and Countering Finance of Terrorism Act 2009, and certain foreign tax requirements, we are required to verify your identity. We also must confirm your address, and in some circumstances, we may request verification of the source of funds/wealth.
11. Please provide a copy of the New Zealand passport or driver's licence of each individual listed in Sections 4, 5 and 6.
12. We use this information to verify your identity and address electronically. On receipt of your application, we will advise you of any further documents we require from you and/or we may request for your ID document(s) to be certified.
13. To confirm the bank account supplied in section 3 please provide one of the following (\*dated within last 12 months):
  - a. Bank statement\*
  - b. Bank deposit slip
  - c. Online bank summary page or transaction history\*
  - d. Deposit receipt, account summary or transaction receipt, stamped by the bank\*
  - e. Bank correspondence with the account name and account number\*

### Section 8 – Declaration

14. Read this Application Form and the applicable Product Disclosure Statement(s) carefully and sign and date the form.
15. If the company has two or more Directors, it must be signed by at least two Directors (or a Director and an Authorised Person).
16. If the Company only has one Director, that one Director should sign.
17. If your Application Form is signed by an attorney, the power of attorney document is not required to be lodged, but the attorney must complete a certificate of non-revocation of power of attorney which we can supply on request.

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### Help with Application Form

Please contact us on **+64 (0) 9 300 6060** or email us at **info@castlepointfunds.com** if you have any questions regarding filling in this Application Form.

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# Application Form

Please refer to the instructions on the previous page for help in filling in this Application Form. If additional space is required, please attach a separate sheet to this Application Form. Please use capital letters.

## Section 1 – Investor Details

Company name

Postal Address

Residential Address (if different) .....

Principal place of business

Country where incorporated

Email Address

Phone

Prescribed Investor Rate (Tick one)    0%    10.5%    17.5%    28%    Notified Foreign Investor

Is the Company a NZ tax resident?    Yes    No    If yes, its IRD number

Is the Company a US tax resident?    Yes    No    If yes, its TIN number

Is the Company a tax resident in any other country(ies)?    Yes    No

If yes, list its country(ies) of tax residence .....  
and foreign tax number(s)

Is this investment through a financial advisor?    Yes    No

If yes, please list Advisor Name    Advisor Firm

Is the Company listed on a stock exchange?    Yes    No

Is the Company a financial institution (generally, a custodian, depository, investment entity or specified insurance company?)    Yes    No

In the preceding income year, did 50% or more of the Company's gross income come from passive income (such as dividends, interest, rents, royalties or annuities) or were 50% or more of the Company's assets held for the production of passive income?    Yes    No

If yes, the Company is a "passive non financial entity". Please complete the shaded self certification for each person listed in Sections 4 and 5 below. A self certification may be signed by the account holder if they are authorised to sign on behalf of a shareholder or director.

## Section 2 – Investment details (all amounts in NZ\$)

| Fund              | Investment Amount<br>(minimum \$10,000 per fund) | Distribution Options (default is re-invested if no option selected) |
|-------------------|--|---|
| Ranger Fund       |  | Not applicable  |
| 5 Oceans Fund     |  | Reinvest    Direct Credit   |
| Trans-Tasman Fund |  | Reinvest    Direct Credit   |

**Payment:** Please remit funds by direct credit or cheque (crossed 'non transferable') payable as per table below:

| Fund              | Account name                      | Account number      |
|-------------------|-----------------------------------|---------------------|
| Ranger Fund       | PT Castle Point Ranger Fund       | 02-0108-0477126-000 |
| 5 Oceans Fund     | PT Castle Point 5 Oceans Fund     | 02-0108-0477126-001 |
| Trans-Tasman Fund | PT Castle Point Trans-Tasman Fund | 02-0108-0477126-002 |

Please include references: **Investor's name** and **Investor number** (or IRD number).  
SWIFT code (for International Payments): BKNZLN22

## Section 3 – Bank Details / Distribution payments

Please enter your bank account details below:

Account Name

Account Number: Bank                      Branch                      Account                      Bank                      Suffix

## Section 4 – Shareholders

Please list all Shareholders who own 25% or more of the Company. If any of these Shareholders are Companies, please list all underlying Shareholders who own 25% or more of the Company.

### Main Contact or Shareholder 1 with 25% or more shareholding of Company

Title                      Surname                                      First Name(s)  
Residential Address  
  
Phone  
Email Address                                      Date of Birth

**If Company is a passive non financial entity, please complete.**  
Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number.....  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence .....  
and foreign tax number(s) .....  
Signature.....                                      Date.....

### Shareholder 2 with 25% or more shareholding of Company

Title                      Surname                                      First Name(s)  
Residential Address  
  
Phone  
Email Address                                      Date of Birth

**If Company is a passive non financial entity, please complete.**  
Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence .....  
and foreign tax number(s) .....  
Signature.....                                      Date

### Shareholder 3 with 25% or more shareholding of Company

Title                      Surname                                      First Name(s)  
Residential Address  
  
Phone  
Email Address                                      Date of Birth

**If Company is a passive non financial entity, please complete.**  
Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number.....  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence .....  
and foreign tax number(s) .....  
Signature.....                                      Date

### Shareholder 4 with 25% or more shareholding of Company

Title                      Surname                                      First Name(s)  
Residential Address  
  
Phone  
Email Address                                      Date of Birth

**If Company is a passive non financial entity, please complete.**  
Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence .....  
and foreign tax number(s) .....  
Signature.....                                      Date

## Section 5 – Directors and Senior Managers

Please list all Directors or Senior Managers who control the Company. Please use additional page(s) if required.

### Director 1

Title                      Surname                      First Name(s)  
Residential Address  
Date of Birth.

#### If Company is a passive non financial entity, please complete.

Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number.....  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence  
and foreign tax number(s)  
Signature.....                      Date

### Director 2

Title.....Surname.....First Name(s).....  
Residential Address.....  
Date of Birth.....

#### If Company is a passive non financial entity, please complete.

Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence  
and foreign tax number(s)  
Signature.....                      Date

### Director 3

Title                      Surname                      First Name(s)  
Residential Address  
Date of Birth

#### If Company is a passive non financial entity, please complete.

Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence  
and foreign tax number(s)  
Signature.....                      Date

### Director 4

Title                      Surname                      First Name(s)  
Residential Address  
Date of Birth

#### If Company is a passive non financial entity, please complete.

Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence  
and foreign tax number(s)  
Signature.....                      Date

### Director 5

Title                      Surname                      First Name(s)  
Residential Address  
Date of Birth

#### If Company is a passive non financial entity, please complete.

Are you a US Citizen/US tax resident?                      Yes                      No    If Yes, your TIN number.....  
Are you a tax resident in any other country(ies)?                      Yes                      No  
If yes, please list the country(ies) of tax residence .....  
and foreign tax number(s) .....  
Signature.....                      Date.....

## Section 6 – Authorised Signatories

Please list all Authorised Signatories not listed in prior sections.

### Authorised Signatory 1

Title                      Surname                      First Name(s)  
Residential Address

Phone                                      Date of Birth  
Email Address

### Authorised Signatory 2

Title                      Surname                      First Name(s)  
Residential Address

Phone                                      Date of Birth  
Email Address

## Section 7 – Proof of your Identity/Additional Documents

Please attach:

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Copy of NZ passport or driver's licence for each Shareholder, Director and Authorised Signatory listed in Sections 4, 5, and 6 above</li> </ul> |  |
|--|--|

We use a third party provider to verify ID document(s) and/or your address electronically. If this process fails or you do not have the above ID documents, we will contact you to obtain further ID documentation. We may also request for your ID document(s) to be certified.

Please provide one of the following as proof of your bank details (\*dated within last 12 months):

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Bank statement*</li> <li>Bank deposit slip</li> <li>Online bank summary page or transaction history*</li> <li>Deposit receipt, account summary or transaction receipt stamped by the bank*</li> <li>or Bank correspondence with the account name and account number*</li> </ul> |  |
|--|--|

## Section 8 – Declaration

By signing this Application Form, I/we acknowledge that we have been provided with the Product Disclosure Statement(s) dated as below, applicable to the Funds I/we are investing into, and that offers to purchase Units are subject to the terms and conditions set out in the Product Disclosure Statement(s) and this Application Form.

| Fund                           | Date of current Product Disclosure Statement |
|--------------------------------|--|
| Castle Point Ranger Fund       | 8 July 2020                                  |
| Castle Point 5 Oceans Fund     | 8 July 2020                                  |
| Castle Point Trans-Tasman Fund | 8 July 2020                                  |

I/We further acknowledge that I/we have read and understood the applicable Product Disclosure Statement(s) which contains important information about investing in the Funds.

I/We confirm that Castle Point Funds Management has **not** provided me/us with advice in relation to my/our particular financial situation or goals.

I/We irrevocably apply for the principal amount of Units shown in Section 2 on the terms and conditions set out in the Product Disclosure Statement(s) and this Application Form.

I/We agree to notify you in writing immediately if there is any change which I/we become aware of which would cause the information contained in this Application Form to become incorrect or incomplete.

If company has two or more Directors, it must be signed by **at least two Directors (or a Director and an Authorised Person)**.

Director Name (Print)

Signature ..... Date

Director Name (Print)

Signature ..... Date

Director Name (Print)

Signature ..... Date

## Application Terms

This application constitutes an irrevocable offer by you to acquire the Units specified in this Application Form on the terms and conditions set out in the applicable Product Disclosure Statement(s) and this Application Form.

We reserve the right to decline any application in whole or in part, without giving any reason. Money received in respect of applications which are declined in whole or in part will be refunded in whole or in part (as the case may be).

If this Application Form is not completed correctly, or if the accompanying payment is for the wrong amount, it may be treated as invalid. Our decision as to whether to treat an application as valid, and how to construe, amend or complete it, shall be final.

Our decision on the number of Units to be allocated to an applicant shall also be final. No reasons will be given regarding the level of allocations. Applicants will not, however, be treated as having offered to purchase more than the dollar amount of Units indicated on the Application Form.

Application moneys will be banked upon receipt. Interest earned on that account will be paid to the applicable fund. If application money is paid by a cheque which does not clear, that application may be rejected or an allocation made to the applicant may be cancelled.

The information you provide is covered by the Privacy Act 2020. Your rights in relation to personal information are governed by the Privacy Act 2020.

When you invest in a Fund, and during the period of your investment, personal information relating to you may be required by us, Inland Revenue, Financial Markets Authority and the Supervisor. This information is needed for administering your investment and may be used and disclosed for the purposes of the Fund and to assist you with other financial services provided by us.

Castle Point will also use the information you provide to verify your identity in accordance with the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and may disclose the information to an independent agency or entity for this purpose. You confirm that you give consent to Castle Point confirming your identity and/or address electronically.

During normal working hours you are entitled, free of charge, to see any personal information we hold about you. If you believe that any of the details are incorrect, you may ask for a correction to be made. If for any reason we are unable to make the correction requested, details of your request will be permanently attached to your personal information.

By signing this Application Form you agree to indemnify and keep us indemnified against all damages, costs, losses (including, without limitation, loss of profits) and expenses of any kind, whether direct or indirect, which arise from or in connection with your application for investment in Units in the Fund. This includes an indemnity covering any tax liability incurred on your account that cannot be recovered from the value of Units you hold in the Fund.

Expressions defined in the Product Disclosure Statement(s) have the same meanings in this Application Form. This Application Form is governed by New Zealand law.