



CASTLE POINT

Castle Point Application Form

TRUST

20 MARCH 2021



How to apply

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

- | | |
|--------------------|---|
| Read | 1. Read the Product Disclosure Statement(s) for the applicable Fund(s) carefully. These can be found at www.castlepointfunds.com/investor-documents |
| Complete | 2. Complete this form if you are a Trust. If you are investing as an individual or joint applicant or a Company please download the applicable form from www.castlepointfunds.com/investor-documents |
| ID | 3. Get ID documents |
| Send | 4. Send documentation to: info@castlepointfunds.com or
Castle Point Funds Management Limited, PO Box 105889, Auckland 1143 |
| Investor No | 5. We will then contact you with an investor number |
| Remit | 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 trust 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 – Trustees, Beneficiaries 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 - Source of funds/wealth

10. To comply with the Anti-Money Laundering and Countering of Terrorism Act 2009, we are required to document the source of funds/wealth you are investing with us. Please provide proof of the source of your funds/wealth.

Section 8 - Proof of your identity/Additional documents

11. 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.
12. Please provide a copy of the New Zealand passport or driver's licence of each individual listed in Sections 4 and 6.
13. 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.
14. 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 9 – Declaration

15. Read this Application Form and the applicable Product Disclosure Statement(s) carefully and sign and date the form.
16. **Please note, the Application Form needs to be signed by all Trustees.**

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.

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

Trust name

Postal Address

Residential Address (if different)

Email Address

Phone

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

Is the Trust, or any of the Trustees, resident in NZ for tax purposes? Yes No

Is the Trust a financial institution (generally a custodian, depository, investment entity or specified insurance company?)

Yes No

Is the Trust a NZ tax resident? Yes No If yes, the Trust's IRD number

Is the Trust a US tax resident? Yes No If yes, the Trust's TIN number

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

If yes, please list the Trust's 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

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

If yes, the Trust is a "passive non financial entity". Please complete the shaded self certification for each trustee and beneficiary listed below (including all beneficiaries regardless of whether the Trust is a discretionary trust, charitable trust or has more than 10 beneficiaries). A self certification may be signed by the account holder if they are authorised to sign on behalf of a trustee or beneficiary.

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

Fund	Investment Amount (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 Bank
Account Number: Bank Branch Account Suffix

Section 4 – Trustees

Please list all Trustees (including settlors or other parties who have control of the Trust assets). Please use additional page(s) if required.

Trustee 1 or Main Contact

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

If Trust 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

Trustee 2

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

If Trust 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

Trustee 3

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

If Trust 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

Trustee 4

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

If Trust 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 – Beneficiaries

If Trust is a passive non financial entity, please list all individual beneficiaries and complete the shaded self certification sections.

If not, please list all individual beneficiaries **unless** the Trust is a discretionary trust, charitable trust or has more than 10 beneficiaries. Please use additional page(s) if required.

Beneficiary 1

Title Surname First Name(s)

Residential Address

Date of Birth

If Trust 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

Beneficiary 2

Title Surname First Name(s)

Residential Address

Date of Birth

If Trust 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

Beneficiary 3

Title Surname First Name(s)

Residential Address

Date of Birth

If Trust 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

Beneficiary 4

Title Surname First Name(s)

Residential Address

Date of Birth

If Trust 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 Trustee section.

Authorised Signatory 1

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

Authorised Signatory 2

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

Section 7 – Source of Funds/Wealth

Please select the original source of the funds/wealth you are investing with us.

Accumulated savings/earnings Asset/Investments/Business Sale Personal Income
 Inheritance/Windfall Property Sale Other

If other, please list the source of funds/wealth for your investment

Please supply:

<ul style="list-style-type: none"> Proof of the source of funds/wealth, such as sale & purchase agreement, payslips, legal documentation or trust accounts 	
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Please note that this information is requested solely in relation to our AML Act obligations and is not used to assess the suitability of your product selection, or to provide financial advice.

Section 8 – Proof of your Identity/Additional Documents

Please attach:

<ul style="list-style-type: none"> Copy of NZ passport or driver's licence for each Trustee and Authorised Signatory listed in Sections 4 and 6 above 	
<ul style="list-style-type: none"> Copy of the Trust Deed 	

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"> Bank statement* Bank deposit slip Online bank summary page or transaction history* Deposit receipt, account summary or transaction receipt stamped by the bank* or Bank correspondence with the account name and account number* 	
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Section 9 – 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.

The application form needs to be signed by all trustees. Please use additional page(s) if required.

Trustee 1 Name (Print)

Signature Date

Trustee 2 Name (Print)

Signature Date

Trustee 3 Name (Print)

Signature Date

Trustee 4 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.