

ALIUM ALPHA FUND

Application Form for a Company



Trustee: Dempsey Capital Pty Ltd ACN 632 685 468 (CAR No: 001276383)
Investment Manager: Alium Capital Management Pty Ltd ACN 614 150 097 Authorised Rep No: 001277217
of CAR No: 001276383

This application Form is for use with the Information Memorandum dated 31 January 2020.
Please ensure you have read the Information Memorandum in full prior to completing this application form.

If you have any questions, please contact SS&C Fund Services on: 02 8115 9924 or alium.ir@sscinc.com

Important information

How do I complete the application form?

To make an investment please: Complete the application form, sign it and email it with the KYC documents as outlined in the Application Form to: istradedesk@sscinc.com
The Fund processes applications monthly (unless advised otherwise). The completed application form and cleared funds must be received by SS&C by close of business on the last business day of the month.

Tax File Number – (Australian Residents only)

You choose whether to quote your TFN on your application form. Without your TFN or appropriate exemption information, we are required to withhold tax at the highest marginal tax rate (plus Medicare levy) from income distributions made to you. An Australian Business Number (ABN) may be used as an alternative to a TFN if your investment is undertaken in the course of carrying out an enterprise.

What happens if I send an application form that is not valid?

The Trustee can accept or refuse any application and is not bound to give any reason or grounds for such refusal.
If your application is incomplete, we will retain the application money in a bank account until we receive the required information. Funds are held for a maximum of 30 days. After this time, the funds will be returned to the source of payment without interest.

Outstanding requirements may include:

- ✓ No application form being received
- ✓ Funds received under the minimum (\$250,000) for new investments
- ✓ Know Your Customer policy documents not provided.

Identification documents

We are required by law to collect information about and verify an investor's identity prior to issuing them with Units in the Fund. In order to fulfil these legal and regulatory requirements we must collect certain information and documentation:

Anti-Money Laundering and Counter-Terrorism Financing Act ('AML/CTF Act')

The AML/CTF Act obliges us to collect identification document(s) and other supporting information from our investors to verify the identity of the investor or Unitholder, the identity of any underlying beneficial owner of Units, or the source or destination of any payment to or from the Fund or any other purpose pursuant to the AML/CTF Act. Identification documents provided by you or your agent must be certified. Non-English documents must be accompanied by an English translation prepared by an accredited translator.

Tax Information

You will be required to complete a self-certification declaration which contains specific questions about investors' tax status for FATCA and OECD Common Reporting Standards (CRS) purposes. Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be a result of citizenship or residency. The trustee is not able to provide advice to individual investors and cannot determine the impact or compliance obligations of FATCA and/or CRS for the investor's business activities. The trustee strongly encourages investors to seek the advice of an accountant or tax specialist to determine what actions they may need to take. Further information is available on the ATO website (ato.gov.au).

1. APPLICANT DETAILS – COMPANY

Complete this section if you are investing for, or on behalf of, a Company.

Company

Full company name

Country of formation, incorporation or registration (if non-Australian)

ACN or ARBN (if any)

TFN, ABN or Exemption Code (if any)

It is not compulsory to provide the company's TFN or ABN, however, without a TFN, ABN or exemption information, withholding tax will be deducted from the company's distributions at the highest marginal rate (plus Medicare Levy).

Tax residence (non-Australian)

Name of regulator (if licensed by an Australian Commonwealth, State or Territory statutory regulator)

Licence details

Registered business address in Australia or country of formation (not a PO Box)

Suburb	State	Postcode	Country
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Principal place of business

Suburb	State	Postcode	Country
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Main source(s) of funds for investment:

Business activity

Superannuation savings

Financial investments

Inheritance/Gift

Other (please provide brief description)

Industry / Nature of Business

If an Australian company, please tick registration status with ASIC:

Proprietary company

Public company

If a foreign company, please tick registration status with the relevant foreign registration bod:

Private/Proprietary company

Public company

Other (please specify)

Name of the relevant foreign registration body

Foreign company identification number

Name of local agent (if a local agent is used)

Director Information

Australian proprietary companies and non-Australian private companies, please provide the full name of each director of the Company.

Director 1

Director 2

Director 3

Director 4

If there are more than four directors, please write their full names on a separate page and attach to this Application Form.

Beneficial Ownership

Are there any individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings) or are entitled (either directly or indirectly) to exercise 25% or more of the voting rights including a power of veto?

Yes

No

For each of those individuals provide the following information. If there are no such individuals, please proceed to Other Beneficial Owners.

Shareholder Beneficial Owner 1

Full Name

Title

Date of birth

Citizenship

Australia

Other (please state)

Residential address (not PO Box)

Suburb

State

Postcode

Country

Shareholder Beneficial Owner 2

Full Name Title Date of birth

Citizenship

Australia

Other (please state)

Residential address (not PO Box)

Suburb State Postcode Country

Shareholder Beneficial Owner 3

Full Name Title Date of birth

Citizenship

Australia

Other (please state)

Residential address (not PO Box)

Suburb State Postcode Country

Identification Documentation Required

Identification documents provided by you or your agent must be certified. Non-English documents must be accompanied by an English translation prepared by an accredited translator.

For each director and individual beneficial owner the identification documentation as listed below:

Australian Government issued driver's licence containing your photograph and date of birth or address (must not be expired)

OR

Government issued passport containing your photograph and date of birth (Australian passports may have expired within the past two years but must not have been cancelled. All other passports must be current)

AND ONE document from this section:

A document showing your name and residential address, issued by the Commonwealth or a State or Territory within the past 12 months that records the provision of financial benefits to you

A document showing your name and residential address, issued by a local government body, ATO, or utilities provider (e.g. rates notice or electricity bill) within the past 3 months which records the provision of services to you or that address

Foreign driver's licence containing your photograph and date of birth (not hand written)

2. GENERAL DETAILS

Section 2A – Investor Contact Details

Please provide the details you would like us to use for all communications to you. Adviser details are not accepted. Joint applicants will be assumed to be joint tenants unless otherwise specified.

Full name

Postal address (c/- if applicable)

Suburb

State

Postcode

Country

Phone (H)

Phone (W)

Mobile

Email

If there are queries about my application form, please contact:

Me/Us

My/Our Adviser (details must be included in Section 2F)

Section 2B – Investment Details

Please note the minimum investment amount is \$250,000 (minimum amount for additional applications is \$50,000).

Application amount \$

I/We wish to apply the above amount to Units in the Alium Alpha Fund.

Please transfer application amount to the following Alium Alpha Fund bank account. *Please use your account name as the reference.*

BSB:012 003

Account Number:836922953

Bank:ANZ

Account Name:DEMPSEY CAPITAL PTY LTD ATF ALIUM ALPHA FUND

Please send your completed application form along with KYC documents to SS&C Fund Services (Cayman) Ltd via email: istradedesk@sscinc.com

If you have any questions regarding this application form, you can contact SS&C Fund Services on: **02 8115 9924** or alium.ir@sscinc.com

Section 2C – Distribution Election

As outlined in the Information Memorandum Income distributions will be automatically reinvested.

Section 2D – Bank Account Details

Please provide us with the bank account details into which you would like withdrawal and distribution payments made. The account must be held in the same name as the account holder supplied in Section 1. The bank account must be domiciled in Australia and denominated in Australian dollars.

Bank/Institution

Address

Suburb

State

Postcode

Country

Account Name

BSB Number

Account Number

Section 2E – Delivery of Communications

We are required to send you various communications about your investment including your monthly Unitholder statements, transaction confirmations and half-yearly and annual statements. Please indicate below how you prefer to receive these communications.

Email

Please provide current email address. Multiple recipients can be accommodated if required.

Contact name

Email

Contact name

Email

In receiving or remaining silent in confirming receipt, you are not bound or consenting to any further materials or obligations and may unsubscribe to such further materials at any time.

Section 2F – Advisor Contact Details

Please provide your Advisor's details below. If you would like them to have access to your investment information.

Full name

Postal address (c/- if applicable)

Suburb

State

Postcode

Country

Phone (H)

Phone (W)

Mobile

Email

3. DECLARATION AND SIGNATURES

I/We acknowledge and declare that:

1. I/We agree to be bound by the terms of the Constitution governing the Fund, this completed application form and the current Fund Information Memorandum, as amended or issued from time to time.
2. I/We have read the Information Memorandum and understand the conditions of investing in the Fund as set out in the Information Memorandum.
3. I/We have received and accepted this offer in Australia.
4. I declare that I am a wholesale client as defined in section 761G or 761GA of the Corporations Act and I have provided a Wholesale Investor Declaration Form should my investment be less than A\$500,000.
5. All the information provided in this Application Form is true and correct.
6. I am an/We are individual/s over 18 years of age, or a duly registered company, and have the legal power to invest in accordance with this application. If this application is signed under Power of Attorney, the attorney has not received notice of any revocation or limitation of that power. Sole signatories signing on behalf of a company are signing as a sole director and sole secretary of the company.
7. I/We understand that the units in the Fund do not represent deposits with, or other liabilities of Alium Alpha Fund or, the Trustee or Investment Manager.
8. That holding units in the Fund is subject to investment risk, including possible delays in repayment, loss of income and principal invested and I/We understand the risks involved.
9. I/ we have such knowledge and experience in financial and business matters or we have obtained advice from a financial advisor such as I am capable of evaluating the merits and risks of my/our acquisition of the Units.
10. That the performance of the Fund, nor any particular return from, or any repayment of capital invested in the Fund is guaranteed by the Trustee, the Investment Manager, the Custodian, the Auditor, or any of their subsidiaries or any other person or organization and I/we understand the risks involved in investing in the Fund.
11. I/we acknowledge that due to anti-money laundering requirements, the Administrator and/or the Trustee may require proof of identity before the application can be processed and the Trustee and/or the Administrator be held harmless and indemnified against any loss ensuing due to the failure to process this application, if such information has been required by the parties here to has not been provided by me/us.
12. The Trustee can provide information on the status of my/our investment to my/our nominated financial adviser/broker. The Trustee may also store, disclose and use my personal information in accordance with its Privacy Policy.
13. Should I/we fail to provide, or delay in providing, the Administrator any information or documentation requested of me/us:
my/our application for Units may be delayed or refused;
any Units I/we hold may be compulsorily redeemed; and
any disposal request by me/us may be delayed or refused.
Neither Trustee, Investment Manager, will not be liable for any loss arising from any of the above actions.
14. The Trustee reserves the right to reject any application or to allocate to any applicant a lesser number of units than that applied for.
15. I/We understand that the value of interests in the Fund may rise and fall, from time to time.
16. The Fund may disclose to any service provider or any regulatory body any information concerning me/us as detailed in the Privacy Policy.
17. By providing personal information in this application form, I/we understand and consent to the possibility that the Administrators may transfer this personal information outside of Australia for processing or other purposes as detailed in the Privacy Policy.
18. I/We have read the policy on privacy and personal information contained in the Information Memorandum and consent to my/our personal information being used and disclosed as set out in the Information Memorandum.
19. Withdrawal proceeds, where payable, will only be paid after the original request signed by me/us is received and those proceeds will only be paid to the original account from which the application monies derived or another account in my/our name as approved by the Trustee.

AML/CTF Terms and Conditions

20. Each of the Trustee, the Investment Manager and Administrator are required to comply with the AML/CTF Laws and I/we undertake to provide them with such additional information or documentation as may be requested of me/us, from time to time, to ensure its compliance with such requirements.
21. By making this application and holding units in the Fund:
I/We will not knowingly do anything to put the Trustee, the Investment Manager or Administrator in breach of AML/CTF Laws, and agree to promptly notify each of them if I/we am/are aware of anything that would put them in breach of AML/CTF Laws.
I/We acknowledge that I/we am/are not aware and have no reason to suspect that:
the money used to fund my/our investments in the Fund is derived from or related to money laundering, terrorism financing or similar activities (Illegal Activities); and
proceeds of my/our investments in the Fund will fund Illegal Activities.
22. I/We consent to the Trustee, the Investment Manager or Administrator disclosing, in connection with AML/CTF Laws, any of my/our Personal Information (as defined in the Privacy Act 1988 (Commonwealth) and its amendments) that they may have.
23. I/We acknowledge that in certain circumstances my/our units may be frozen or blocked where it is used in connection with Illegal Activities or suspected Illegal Activities. Freezing or blocking can arise as a result of the monitoring that is required by AML/CTF Laws. If this occurs, neither the Trustee, the Investment Manager nor the Administrator is liable to me/us for any consequences or losses whatsoever and I/we agree to indemnify the Trustee, Investment Manager and Administrator against any losses.

Tax Information

24. I/We will provide the trustee or its nominee any information that the trustee reasonably requires in order to enable the trustee to meet all of its compliance, reporting and other obligations under the United States of America Foreign Account Tax Compliance Act ('FATCA') and OECD Common Reporting Standards ('CRS') and all associated rules and regulations from time to time.
25. I/We understand that where I/we have provided the trustee or its nominee with information about my status or designation under or for the purposes of FATCA, CRS and all associated rules and regulations, the trustee will treat that information as true and correct without any additional validation or confirmation being undertaken by the trustee except where it is under a legal obligation to do so.
26. I/We undertake in the future to notify the Trustee and its nominee within 30 days of any change in circumstances which causes the information contained in this form which I/we have provided to become incorrect.

Signature of Investor 1

Full Name

Date

Capacity:

Individual	Partner	Director
Joint Investor	Trustee	Agent for the Investor
Sole Trader	Sole Director	

Signature of Investor 2

Full Name

Date

Capacity:

Individual	Partner	Director
Joint Investor	Trustee	Agent for the Investor
Sole Trader	Sole Director	

WHOLESALE CLIENT CERTIFICATE

Issued under Chapters 6D and 7 of the Corporations Act 2001 (Cth)



ALIUM CAPITAL
MANAGEMENT

Individual/Company

I certify that:

Print Full Legal Name of Person (Individual or Company)

- ✓ Has net assets⁽¹⁾ of at least A\$2.5million; **OR**
- ✓ A gross income⁽²⁾ for each of the last 2 financial years of at least
- ✓ A\$250,000 per year

Controlled companies and/or trusts:

It is also confirmed for the purposes of the Corporations Act the above named person controls³ the following companies and trusts:

Print Full Name of Company/Trust

ABN/ACN/ARBN (if any)

I confirm that I am a member of one or more of the following professional bodies (tick appropriate box):

Chartered Accountants Australia and New Zealand (formerly The Institute of Chartered Accountants in Australia)	CA, ACA and FCA
CPA Australia	CPA and FCPA
Institute of Public Accountants (IPA)	AIPA, MIPA and FIPA
Eligible foreign professional body as listed by ASIC with at least three years practical experience in accounting and auditing and I am providing this certificate to a person who is a resident in the same country as myself (not in Australia) http://asic.gov.au/regulatory-resources/financialservices/financial-product-disclosure/certificates-issued-by-aqualified-accountant/	Please specify professional body:

Signature

Signature of Accountant

Date

Name of Accountant

Name of Firm

Business Address

¹ When determining the net assets of the person, the net assets of a company or trust controlled by the person may be included in the calculations.

² When determining the gross income of the person, the gross income of a company or trust controlled by the person may be included in the calculations.

³ "Control" is defined in section 50AA of the Corporations Act 2001.