

Millbrook Credit Fund Registration Form

MILLBROOK
GROUP

ARSN 125 042 480

Reference: _____

Issued by **Millbrook Asset Management Ltd**

ABN 81 123 219 732 | AFSL 335001

Investment Details

I/We apply for investment of the following amount in the:

\$ _____ (Minimum \$10,000 investment)

☒ You MUST Select an Options below:

Investment Distributions Payment Details - Diversified Option Only

☐ Reinvest to Diversified Investment Option

☐ Credit to nominated bank account

☐ Select investment Option

☐ Diversified investment Option

Electronic Funds Transfers direct to our bank account as detailed below are preferred but YOU MUST ADVISE US BY PHONE OR EMAIL OF THE DEPOSIT HAVING BEEN MADE AND THE DEPOSIT MUST REFERENCE YOUR NAME

Account name: Perpetual Corporate Trust Limited ACF Millbrook Credit Fund BSB: 083 004 Account Number: 294049570

Investor Details

Individual	Mr/Mrs/etc	Given Names	Surname	Date of birth
	<input type="text"/>			

Joint Holding	Mr/Mrs/etc	Given Names	Surname	Date of birth
	<input type="text"/>			

Company/Trustee	Company Name/Partnership/Trust		
	<input type="text"/>		
	ABN	Contact Name	
	<input type="text"/>		

Address	No. and Street	Suburb	State
	<input type="text"/>		
	Postcode	Phone No (Office Hours)	
	<input type="text"/>		

Email	<input type="text"/>
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Limited Power of Attorney

I/We hereby irrevocably appoint, Millbrook Asset Management Ltd ACN 123 219 732 (Millbrook) and any Director, agent, attorney or substitute nominated by it to be my/our attorney for the purposes of performing the duties of Responsible Entity under the Constitution of the Millbrook Credit Fund ARSN 125 042 480 and the applicable loan agreement and mortgage security documents in relation to any investment in the Investor Trust Deposit facility and any Fund sub-scheme in which I/we invest.

Tax File Number Quotation or Exemption

Tax File Number	or Exemption Reason
<input type="text"/>	<input type="text"/>

Quotation of a Tax File Number (TFN) is not compulsory (although as ABN must be quoted where held), however without it or unless you are exempt tax must be deducted from your Fund income. We will apply a quoted TFN or ABN automatically to all subsequent investments in your name unless you notify us that you do not wish your TFN or ABN to be applied to a particular investment.

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Payment Details

Unless you choose to have distributions payable from Fund reinvested, they will be paid by direct credit to your nominated account with a financial institution acceptable to Millbrook. Please complete details below. If an account is not nominated payments will be made by cheque however a fee is payable (refer Part B of the Product Disclosure Statement):

Name of Account Holder		
<input type="text"/>		
Bank or Financial Institution	Branch	BSB – Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mortgage Allocation Facility (Select Option sub-scheme only)

While invested in the ITD, Investors can participate in the Mortgage Allocation Facility (refer Investing in the Fund in Part A of the Product Disclosure Statement, clause 5 “How do I invest in the Fund?” – point 4 “To invest in a Mortgage Investment”). Participating Investors will automatically be allocated available Mortgage Investments and then may opt out within the specified notice period. Refer to PDS as referenced above for full details prior to completion.

If you **DO NOT** wish to participate in the facility, please check this box:

☐

Declaration and Attestation

I/We hereby apply for registration in the Millbrook Credit Fund and acknowledge, agree and understand that:

1. I/we declare that the details given in this form are true and correct.
2. I/we agree to be bound by the terms of the Constitution of the Millbrook Credit Fund ARSN 125 042 480.
3. I/we acknowledge and accept Millbrook may send us at its discretion from time to time one or more SPDSs in respect of Mortgage Investment opportunities.
4. I/we acknowledge that we have received and read a copy of this Product Disclosure Statement and the Target Market Determination issued by the Company.
5. I/we authorise Millbrook to deduct any fee(s) to which it is entitled as stated in Part B of the Product Disclosure Statement on a monthly basis from my distributions.
6. I/we acknowledge Millbrook may accept or reject any registration application without giving a reason.
7. I/we hereby execute the Limited Power of Attorney in favour of Millbrook Asset Management Ltd specified overleaf on this Registration Form.

Signing instructions for Joint Applicants and Multi-director Companies

If the application is signed by more than one person, who is authorised to give instructions to Millbrook?

	<input type="checkbox"/> Any to sign	<input type="checkbox"/> All to sign	<input type="checkbox"/> Other (specify):
Signature A	Name	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
	If a Company Officer or Trustee, SPECIFY your title:		
	<input type="checkbox"/> Director	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Trustee
Signature B	Name	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
	If a Company Officer or Trustee, SPECIFY your title:		
	<input type="checkbox"/> Director	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Trustee
Signature C	Name	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
	If a Company Officer or Trustee, SPECIFY your title:		
	<input type="checkbox"/> Director	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Trustee

If this form is signed under Power of Attorney, the Attorney certifies that he or she has not received notice of revocation of that power. Trustees of trusts giving a power of attorney certify that they are authorised to do so by their trust deed. A copy of the Power of Attorney must be forwarded to Millbrook Asset Management Ltd with the completed Application form.

☐ I have enclosed all copies of my identity with this form.

Investor Checklist - Identification Documents

Investor Type	Documents Required		
Individual / trustee / Director	<p>You must supply at least One Primary document OR</p> <p>at least Two Secondary documents</p> <table> <tr> <td> Primary Documents <ul style="list-style-type: none"> • Certified copy of Passport (Australian) • Certified copy of Australian Driver's Licence • Certified copy of Foreign Passport • Certified copy of Australian Citizenship Certificate • Certified copy of Full Birth Certificate (not Birth Certificate Extract) </td><td> Secondary Documents <ul style="list-style-type: none"> • Certified copy of Centrelink Card with reference • Certified copy of Australian Government Pension card • Certified copy of Department of Veterans Affairs card • Certified copy of Medicare Card • Certified copy of Notice from Australian Taxation Office • Certified copy of Notice issued by a Utilities Provider • Certified copy of Credit Card or Bank Account Card • Certified copy of Bank statement (showing transactions) • Certified copy of Taxation assessment notice • Certified copy of Property lease agreement - current address </td></tr> </table> <p>AND</p> <p>For investment in the Millbrook Income Fund – A Wholesale Investors Certificate from a CPA certifying net assets of \$2.5m</p>	Primary Documents <ul style="list-style-type: none"> • Certified copy of Passport (Australian) • Certified copy of Australian Driver's Licence • Certified copy of Foreign Passport • Certified copy of Australian Citizenship Certificate • Certified copy of Full Birth Certificate (not Birth Certificate Extract) 	Secondary Documents <ul style="list-style-type: none"> • Certified copy of Centrelink Card with reference • Certified copy of Australian Government Pension card • Certified copy of Department of Veterans Affairs card • Certified copy of Medicare Card • Certified copy of Notice from Australian Taxation Office • Certified copy of Notice issued by a Utilities Provider • Certified copy of Credit Card or Bank Account Card • Certified copy of Bank statement (showing transactions) • Certified copy of Taxation assessment notice • Certified copy of Property lease agreement - current address
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Companies	<p>Provide the following:</p> <ul style="list-style-type: none"> • One Primary Document or Two Secondary Documents (as above) for each director • ASIC Annual Company Statement <p>For investment in the Wholesale Fund – A certificate from a CPA certifying net assets of \$2.5m for the company</p>		
Wholesale managed investment schemes	<p>The following declaration must be completed by an Applicant who is an unregistered managed investment scheme with Wholesale Clients (ONLY)</p> <p>We confirm we are an unregistered managed investment scheme with wholesale clients ONLY and we do not make small scale offerings under section 1012E of the Companies Act.</p>		
Trusts (including superannuation funds)	<p>Provide ALL of the documents listed below and attach them to the Application Form:</p> <ul style="list-style-type: none"> • Certified copy or Certified extract of the Trust Deed; • Document listing each beneficiary or the details of each class of beneficiary if not included in the trust deed, <p>AND</p> <p>in relation to the trustee, select the appropriate item:</p> <ul style="list-style-type: none"> • if the trustee is an individual, provide verification material for individuals set out above; OR • if the trustee is a company, provide verification material for the type of company set out above. <p>Note: Each director/ beneficiary with a stake of 25% or greater should be identified with One Primary Document or Two Secondary Documents</p>		

PEOPLE AUTHORISED TO CERTIFY DOCUMENTS

(As described in Sect 39 of the Oaths and Affirmation Act 2018 such as:)

- Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National
- Institute of Accountants.
- Bank officer with 5 or more continuous years of service
- Financial Adviser or Financial Planner
- Legal practitioner
- Medical practitioner – (Doctor, Chiropractor, Dentist, etc.)
- Nurse
- Occupational therapist
- Optometrist
- Pharmacist
- Post Office employee