Application Form

Australian Company/ Trust/ Superannuation Fund/ Custodian

Issued Date: 30 May 2025

Use this Application Form if you wish to invest in the fund(s) listed in **Section 16**.

Ironbark Asset Management (Fund Services) Limited ('Ironbark') (ABN 63 116 232 154 AFSL 298626) is the responsible entity of the fund(s). MUFG Corporate Markets (AU) Limited ('MUFG) is responsible for providing client services for the fund(s).

Each person should obtain and read the Product Disclosure Statement ('**PDS**') and Target Market Determination ('**TMD**') (collectively '**disclosure documents**') before making a decision about whether to make an investment into the fund(s). You can access a copy of the current disclosure documents, any updated information, and the Application Form free of charge from ironbarkam.com/trustee/managed-funds or by contacting MUFG on 1300 366 176 or, if you are in New Zealand and eligible to invest in a Fund other than from within Australia, you can contact us on +61 2 9135 0500, or through your financial adviser. Information in the disclosure documents may change from time to time, and Ironbark will update this information by updating the relevant document or by publishing an update online.

Checklist

Before posting MUFG Corporate Markets (AU) Limited (the '**Unit Registry**') your Application Form, please ensure you have:

- Read the current disclosure documents and any incorporated information and any disclosure update notices for the relevant fund(s).
- Completed this Application Form in full.
- Provided the required investor identity verification documents as outlined in **Section 14**.
- If paying by electronic funds transfer, ensure the application monies are transferred at the same time as lodging your Application Form, referencing your investor name in the payment description in **Section 17**.
- Read the declaration and have provided all relevant signatures in **Section 19**.

Contact details

If you have any questions regarding this Application Form, please contact MUFG on 1300 366 176 or, if you are in New Zealand and eligible to invest in a Fund other than from within Australia, you can contact us on +61 2 9135 0500.

Mail your completed Application Form with wet ink signature(s) and supporting identity verification documents to validate your identity to the Unit Registry.

Unit Registry Mailing Information:

Tribeca Global Natural Resources Fund
C/- MUFG Corporate Markets (AU) Limited
Locked Bag 5038
Parramatta NSW 2124

Privacy Collection Notice: When you provide information or instructions to Ironbark or Ironbark's service providers or delegates, Ironbark and Ironbark's service providers or delegates will be collecting personal information about you. This information is needed to facilitate, administer, and manage your investment, and to comply with Australian taxation laws and other laws and regulations. Otherwise, your application may not be processed or Ironbark and Ironbark's service providers or delegates will not be able to administer or manage your investment. You should refer to the Ironbark Privacy Policy for more detail about the personal information that Ironbark collects and how Ironbark collects, uses and discloses your personal information which is available on the Ironbark website at www.ironbarkam.com/privacy-policy/.

Terms and conditions for collection of Tax File Numbers ('TFN') and Australian Business Numbers ('ABN'): The 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 Australian Taxation Office. Once provided, your TFN will be applied automatically to any future investments in the fund(s) 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.

TFN exemption codes:

E Investments held by pension and benefit recipients – please write the full name of the benefit you receive.

O Entities not required to lodge an income tax return – please provide the reason as to why the entity does not have to lodge an income tax return.

X Other exemption – please provide another reason for your exemption.

N Non-residents – please provide your country of residence for tax purposes.

D Do not wish to quote TFN.

Application Form: Australian Company/ Trust/ Superannuation Fund/ Custodian

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM

1. Investment details

Please indicate (**X**) if this is a new investment and you:

☐ **Do not have** an existing account for another investment with the same Unit Registry (Please proceed to **Section 2**)

☐ **Do have** an existing account for another investment with the same Unit Registry

Please refer to ironbarkam.com/trustee/managed-funds for applicable funds that share the same Unit Registry, MUFG Corporate Markets Ltd.

Link existing account(s) to this application

If you wish to link your new investment to your existing account, please provide us with your account information below. Please note that your existing investment must be held in the same account name and must be administered by the same Unit Registry as the new fund(s) that you are applying into.

Existing account name: _____

Existing unit holder code: _____

If any of your information has changed since your prior investment, please complete applicable information in **Section 2.**

If there has been no change to your investor details, please proceed to **Section 3.**

2. Contact details

Please provide details of where you would like all correspondence mailed and your contact details.

Telephone (business hours): _____

Mobile: _____ Email address: _____

C/- (if applicable): _____

Level / unit number: _____ PO Box: (if applicable) _____

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

3. Australian entity type

Please indicate (**X**) the entity type:

- ☐ Company (please complete **Sections 4, 6-19**
- ☐ Custodian (please complete **Sections 4, 7-19**
- ☐ Superannuation fund or other regulated trust with individual trustee (please complete **Sections 5, 7-19**)
- ☐ Superannuation fund or other regulated trust with company trustee (please complete **Sections 4A, 5, 7-19**)
- ☐ Unregulated trust with individual trustee (please complete **Sections 5-19**)
- ☐ Unregulated trust with Company trustee (please complete **Sections 4-19**)

For the purposes of this form, a regulated trust will be one of the following:

- *Self-managed Superannuation Fund;*
- *Registered managed investment scheme;*
- *Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings (with reference to section 1012E of the Corporations Act 2001);*
- *Government Superannuation Fund; or*
- *Other regulated trusts (subject to oversight of an Australian statutory regulator).*

For the purposes of this form, an unregulated trust will be a trust not subject to oversight of an Australian statutory regulator (e.g. family trust, discretionary trust, charitable trust).

4. Australian Company (including company trustee/custodian)

4A. Details of Australian company

Full name of company or company trustee (as registered with ASIC): _____

Business name (if applicable): _____

ACN: _____ ABN: _____

TFN: _____ Tax exemption*: _____

** I acknowledge that should I choose not to provide my TFN, ABN or specific exemption, then tax will be deducted from my distributions at the highest marginal tax rate.*

Non-residents: If you are an overseas investor eligible to invest in the fund(s), please indicate your country of residence for tax purposes.

Country: _____

Principal place of business (cannot be a PO Box)

C/- (if applicable): _____

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Registered address (cannot be a PO Box)

☐ Registered address is same as principal place of business (above)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Details of Company type - please complete questions 1 and 2 below.

1. Please indicate (**X**) whether the company is a public or proprietary company:

☐ Public (company whose name does NOT include the word Pty or proprietary).

☐ Proprietary (company whose name ends with Proprietary Ltd or Pty Ltd; also known as private company).

For proprietary companies provide names of all directors:

Director 1: _____

Director 2: _____

Director 3: _____

Director 4: _____

☐ If there are additional directors, please (**X**) this box and provide their full names on a separate piece of paper and attach it to this form.

2. Please indicate (**X**) the applicable category of company and provide details if requested:

☐ Licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC as a company registration body (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL).

Name of regulator: _____ License details (e.g. 2140, 203): _____

If the company is investing as a company in its own right proceed to Section 7.
If the company is acting as a trustee of a regulated trust proceed to Section 5.
If the company is acting as a trustee of an unregulated trust proceed to Section 4B.
If the company is acting as a custodian proceed to Section 4D.

☐ A listed company (e.g. ASX)

If the company is investing as a company in its own right proceed to Section 7.
If the company is acting as a trustee of a regulated trust proceed to Section 5.
If the company is acting as a trustee of an unregulated trust proceed to Section 4B.

☐ A majority owned subsidiary of an Australian listed company

Name of listed company: _____

If the company is investing as a company in its own right proceed to Section 7.
If the company is acting as a trustee of a regulated trust proceed to Section 5.
If the company is acting as a trustee of an unregulated trust proceed to Section 4B.
If the company is acting as a custodian proceed to Section 4D.

☐ Subsidiary of a company licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to a supervision beyond that provide by ASIC as a company registration body.

Name of listed company: _____

Name of regulator: _____

Proceed to Section 4B

☐ None of the above. Proceed to Section 4B.

4B. Substantial Shareholder details - You do not need to complete if the company is a trustee of a regulated trust.

Substantial Shareholders are individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued share capital.

Ultimate ownership includes an individual's aggregated holdings through a chain of company ownership. Does the company have any substantial shareholders?

☐ Yes. Please provide details below.

☐ No. Proceed to Section 4C.

Substantial shareholder 1

Surname: _____

Full given name(s): _____ Date of birth: _____

Residential address of shareholder 1 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Substantial shareholder 2

Surname: _____

Full given name(s): _____ Date of birth: _____

Residential address of shareholder 2 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Substantial shareholder 3

Surname: _____

Full given name(s): _____ Date of birth: _____

Residential address of shareholder 3 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Substantial shareholder 4

Surname: _____

Full given name(s): _____ Date of birth: _____

Residential address of shareholder 4 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

☐ If there are additional substantial shareholders, please (X) this box and provide their full names on a separate piece of paper and attach it to this form.

4C. Directors authorising investment – You do not need to complete if the company is a trustee of a regulated trust.

Individuals below will be the signatories signing in **Section 19**.

Sole or Primary Director

☐ Cross this box if same as 'Substantial shareholder 1' in Section 4B. If different, please complete below.

Surname: _____

Full given name(s): _____

Title (Mr/Mrs/Miss/Ms): _____ Date of birth: _____

Residential address of Sole or Primary Director (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Second Director or Secretary

☐ Cross this box if same as 'Substantial shareholder 2' in Section 4B. If different, please complete below.

Surname: _____

Full given name(s): _____

Title (Mr/Mrs/Miss/Ms) _____ Date of birth: _____

Residential address of Second Director or Secretary (cannot be a PO Box)

Street number and name:

Suburb: _____ State: _____ Postcode: _____

Country: _____

4D. Custodian – Only complete this section if you are a company acting as a custodian for this investment. All other companies should complete all relevant parts of Section 4 before continuing to Section 5.

Full name (if any) of trust /custodial arrangement: _____

Country of establishment: _____

Full business name: _____

Type of trust: _____

Please confirm (**X**) the following information: In completing this section, I acknowledge that the company is acting as a custodian for this investment and the following information is correct;

- The company is providing a custodial or depository designated service as described in the Anti-Money Laundering and Counter-Terrorism
- Financing Act 2006 ('AML/CTF Act')
- The company holds either an AFSL allowing it to provide custodial or depository services or is exempt from holding such an AFSL;
- The company is enrolled on the AUSTRAC Reporting Entities Roll; and
- The company has satisfied all applicable customer identification and ongoing customer due diligence obligations, in accordance with the
- AML/CTF Act, on the underlying customer(s).

☐ These statements are correct – proceed to Section 5.

☐ These statements are not correct – You must complete Sections 4A, 4B and 4C before proceeding to Section 5.

5. Superannuation Fund and other Trusts

5A. Details of Superannuation fund or other trust

Full name of superannuation fund/ trust: _____

Country of establishment: _____

ABN: _____

TFN: _____ Tax exemption*: _____

**I acknowledge that should I choose not to provide my ABN, TFN or specific exemption, then tax will be deducted from my distributions at the highest marginal tax rate.*

Postal address

C/- (if applicable): _____

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Contact details

Telephone (business hours): _____

Mobile: _____ Email address: _____

Please select (**X**) type of trust and provide information requested:

☐ Self-Managed Superannuation Fund Provide the SMSF's ABN. Proceed to Section 5C. ABN: _____

☐ Registered managed investment scheme. Provide Australian Registered Scheme Number (ARSN). Proceed to Section 5C. ARSN: _____

☐ Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings (with reference to section 1012E of the Corporations Act 2001 (Cth)).Proceed to Section 5C.

☐ Government superannuation fund. Provide the name of the legislation establishing the fund. Proceed to Section 5C. Name: _____

☐ Other regulated Trusts (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund)

Provide name of the regulator (e.g. ASIC, APRA, ATO): _____

Provide the Trust's ABN or registration/licensing details: _____

Proceed to Section 5C.

☐ Unregulated Trust (e.g. family trust, discretionary trust, charitable trust).

Please confirm type of trust: _____

Name of trust settlor (the individual who contributed the initial funding on trust establishment): _____

Proceed to Section 5B.

5B. Trust beneficiary details - This section is only required for unregulated trusts.

Substantial trust beneficiaries are individuals specified in the trust deed with ultimate entitlement, directly or indirectly to 25% or more of trust income/assets. Where a trust beneficiary is a company you must consider an individual's ownership of any issued share capital of the company when disclosing whether they are a substantial trust beneficiary.

Does the Trust Deed specify any substantial trust beneficiaries?

☐ Yes. Please provide details below, then proceed to 'Other beneficiaries' below.

☐ No. Proceed to 'Other beneficiaries' below.

Substantial trust beneficiary 1

Surname: _____

Full given name(s): _____ Date of birth: _____

Residential address of trust beneficiary 1 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Substantial trust beneficiary 2

Surname: _____

Full given name(s): _____ Date of birth: _____

Residential address of trust beneficiary 2 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Other beneficiaries

Are there any other beneficiaries?

☐ Yes. Please provide details below, then proceed to 'Beneficiary classes' below.

Surname: _____

Full given name(s): _____

Surname: _____

Full given name(s): _____

Surname: _____

Full given name(s): _____

☐ If there are other beneficiaries, please (X) this box and provide their full names on a separate piece of paper and attach it to this form. Then proceed to 'Beneficiary classes' below.

☐ No. Proceed to 'Beneficiary classes' below.

Beneficiary classes

Does the trust deed refer to beneficiaries in relation to membership of a class?

☐ Yes. Please list each class below.

Class 1: _____

Class 2: _____

☐ If there are other beneficiary classes, please (**X**) this box and provide them on a separate piece of paper and attach it to this form.

☐ No. Proceed to 5C.

5C. Details of Superannuation fund or other trust

Please indicate (**X**) the trustee type:

☐ Individual Trustee(s). Please complete below.

☐ Company Trustee. Please ensure you have completed Section 4. Then proceed to Section 6.

Complete the below sections for the indicated individual. Please note that all fields are mandatory.

Individual Trustee 1 (Primary Trustee)

Surname: _____

Full given name(s): _____

Title (Mr/Mrs/Miss/Ms) _____ Date of birth: _____

Residential address of Trustee 1 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Individual Trustee 2 (If the trust is unregulated, please provide details of second trustee below)

Surname: _____

Full given name(s): _____

Title (Mr/Mrs/Miss/Ms) _____ Date of birth: _____

Residential address of Trustee 2 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

For regulated trusts Proceed to **Section 7**.

For unregulated trusts, are there other individual trustees?

☐ Yes. If there are other individual trustees, please (X) this box and provide their details (as shown above) on a separate piece of paper and attach it to this form.

☐ No. Proceed to **Section 6**.

6. Other individuals controlling the entity

Only complete this section **if you were required to complete Sections 4B and 4C (as a company or company trustee) or Sections 5B and 5C (as an unregulated trust).**

Are there any individuals exercising control over your entity other than those already listed in Sections 4 and 5 of this form?

If your entity is a Trust with Company Trustee, consider both the Trust and the Company Trustee when answering this question.

☐ Yes. Please provide their details below.

☐ No. Proceed to **Section 7**.

Individual 1

Capacity/role: _____

Surname: _____

Full given name(s): _____

Title (Mr/Mrs/Miss/Ms) _____ Date of birth: _____

Residential address of Individual 1 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Individual 2

Capacity/role: _____

Surname: _____

Full given name(s): _____

Title (Mr/Mrs/Miss/Ms) _____ Date of birth: _____

Residential address of Individual 2 (cannot be a PO Box)

Street number and name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

☐ If there are more individuals controlling the entity, please indicate (X) this box and provide their roles, full names, dates of birth and residential addresses on a separate piece of paper.

7. Source of application monies (required)

Please indicate (**X**) the source of the application monies being invested:

☐ Salary

☐ Savings

☐ Financial Investment income

☐ Business activity

☐ One-off payment (e.g. matured investment, court settlement, redundancy, inheritance, gifts)

☐ Real Estate (e.g. shares, property)

☐ Borrowed monies

☐ Charitable donations

8. Bank account details

8A. Bank account details (if an Australian financial institution)

This will be the bank account Ironbark will credit any withdrawal proceeds and distributions (**if** elected to be paid to bank). If you wish to nominate an international financial institution, please proceed to **Section 8B**.

The nominated account must be in the name of the applicant(s). No third-party payments are allowed. By providing your nominated account details in this section you authorise Ironbark to use these details for all future transaction requests that you make until you provide updated information.

Warning: We are not liable for loss of funds should you provide incorrect payment information.

Australian financial institution: _____

Account name: _____

Branch number (BSB): _____ Account number: _____

8B. Bank account details (if an international financial institution)

For Ironbark to make a payment in Australian dollar denominated currency to an international financial institution, please nominate a bank account below.

Intermediary bank name: _____ Intermediary BSB: _____

Beneficiary bank name, and address or BIC/SWIFT Code: _____

Account number of beneficiary bank at intermediary bank: _____

Beneficiary name(s): _____

Account number of beneficiary at beneficiary bank: _____

9. Financial adviser (complete if applicable)

☐ I am a financial adviser completing this Application Form on behalf of the investor(s).

I have provided personal financial advice to the investor(s) named in this Application Form, taking into account their personal needs, objectives, financial and taxation situation (having regard to the nature and any complexities of this product), have complied with all requirements of the Corporations Act and applicable law in relation to this investment by the investor(s) and have provided the investor(s) with a Statement of Advice.

All details in this form are true and correct and I indemnify Ironbark against any liabilities arising from acting on any of the information provided by me in connection with the investors(s) application which are deliberately false or misleading.

Name of the advisory firm: _____

Adviser group AFSL number: _____

Name of the dealer group: _____

Name of the adviser: _____ Telephone (business hours): _____

Email address of the adviser: _____

Email address of the advisory firm: _____

Customer Identification Procedure

Following completion of the customer identification procedure, please indicate (**X**):

☐ I have **provided** the Unit Registry with the appropriate customer Identification documents on this investor(s) which meets the AML/CTF Act.

OR

☐ I have **not provided** the Unit Registry with the customer identification documents on this investor(s) which meets the AML/CTF Act. I will retain and agree to provide them to Ironbark on request.

If I cease being the financial adviser for the investor(s), I will notify the Unit Registry at that time.

Adviser's Signature:
(Wet signature required)

Date: _____

10. Authorised representative, Agent or Power of Attorney (complete if applicable)

Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney ('POA'). You must also complete the section relevant to the investor(s) that you are acting on behalf of.

☐ I/we would like to appoint an authorised representative or agent to operate on this account.

OR

☐ I am an agent under a Power of Attorney or the investor's legal or nominated representative, and have provided/confirm:

- The POA document is an original or certified copy;
- The POA document has been signed by the investor(s);
- The POA document is current and complete; and
- The POA document permits the attorney/agent (you) to transact on behalf of the investor(s)

The appointed Power of Attorney can do the following things in respect of my/our investments in the fund(s):

- Change my/our account details relating to my/our investment in the fund(s);
- Obtain details of my/our investments in the fund(s);
- Issue investment and/or withdrawal instructions on my/our behalf relating to my/our investments in the fund(s); and
- Issue instructions as to how my/our investment distributions are to be paid.

The Attorney declares that they have not received notice of revocation of that Power of Attorney (a certified copy of the Power of Attorney is required to be submitted with the Application Form).

The investor(s) acknowledge and agree, without limitation, to release, discharge, and agree to indemnify Ironbark from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Ironbark acting on the instructions of my/our authorised representatives, agents and/or nominees.

Full name of Authorised representative/Agent/POA: _____

Title of role in relation to the investor(s)[1] _____

Signature(s) of Authorised representative/Agent/POA:
(Wet signature required)

[1]Role in relation to the investor can be but not limited to: Accountant, margin lender, legal guardian, executor etc.

11. Additional information

Complete this section if any of the conditions below apply to your entity:

- Any of the individuals listed on this form have their residential address or tax residency outside Australia or New Zealand; or
- Entity is investing $1m or more; or
- Entity is a charity, aid organisation, foundation or a not-for-profit organisation.

Purpose or activities of the entity: _____ Date of formation: _____

Please indicate (**X**) primary source of the overall wealth of the entity:

☐ Investment income (e.g. rent, dividends, pension)

☐ Business income

☐ One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)

☐ Sale of assets (e.g. shares, property)

☐ Borrowed monies

☐ Charitable donations

Indicate (**X**) the primary source of the overall wealth of all individuals listed in this application form. You may select multiple options that apply.

- ☐ Income from employment – regular and/or bonus
- ☐ Investment income (e.g. rent, dividends, pension)
- ☐ Business income
- ☐ One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)
- ☐ Sale of assets (e.g. shares, property)
- ☐ Windfall (e.g. gift, lottery winnings)
- ☐ Borrowed monies
- ☐ Government benefits (e.g. family tax benefits)

Is your entity a charity, aid organisation, foundation or a not-for-profit organisation?

- ☐ Yes – Does it provide financial or other support to recipients overseas?
  - ☐ Yes Please list destination countries: _____
  - ☐ No
- ☐ No

12. Global tax reporting requirements (CRS/FATCA)

Information about investors that are foreign tax residents must be reported to the Australian Taxation Office (ATO) in accordance with international tax reporting standards and laws to which Australia is subject. These include the OECD Common Reporting Standard (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia's obligations under CRS or FATCA, please visit the ATO website www.ato.gov.au.

You do not need to complete this section if you are an Australian Superannuation Fund.

12A. Entity Type

1.

☐ A Financial Institution (A custodial or depository institution, an investment entity or specified insurance company for FATCA/CRS purposes).

Provide the entity's Global Intermediary Identification Number (GIIN), if applicable: ☐

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select one)

- ☐ Deemed Compliant Financial Institution
- ☐ Excepted Financial Institution
- ☐ Exempt Beneficial Owner
- ☐ Non-Reporting IGA Financial Institution (If the Entity is a Trustee-Documented trust, provide the Trustee's GIIN) ☐
- ☐ Non participating Financial Institution
- ☐ US Financial Institution
- ☐ Other (Describe the Company's FATCA status in the box provided) ☐

Please answer the question below for all Financial Institutions

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

- ☐ Yes. Please proceed to **Section 12B** (Foreign Controlling Persons).
- ☐ No. Proceed to **Section 13**.

2.

☐ Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate. Proceed to **Section 13.**

3.

☐ A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.

For other types of Active NFEs, refer to section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the entity is a Foreign Charity or an Active NFE, please proceed to **Section 12C** (Country of Tax Residency).

4.

☐ Other (Entities that are not previously listed – Passive Non-Financial Entities). Please proceed to **Section 12B** (Foreign Controlling Persons).

12B. Foreign Controlling Persons

Tax Residency rules differ by country. Whether an individual is a 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 as a result of citizenship or residency.

Are any of the individuals listed in the application form (as directors, substantial shareholders, trustees, trust settlors or trust beneficiaries) tax residents of countries other than Australia?

☐ Yes. Please provide each individual's full name, date of birth, residential address, country of tax residence and tax identification number (TIN) or an equivalent below. Please include multiple countries and TINs, if applicable.

☐ No. Proceed to **Section 12C**.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Individual 1:

Full name: _____ Date of birth _____

Residential address (if not previously provided): _____

Country 1: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 2: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 3: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Individual 2:

Full name: _____ Date of birth _____

Residential address (if not previously provided): _____

Country 1: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 2: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 3: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Individual 3:

Full name: _____ Date of birth _____

Residential address (if not previously provided): _____

Country 1: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 2: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 3: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Reason A *– The country of tax residency does not issue TINs to tax residents.*
Reason B *– I have not been issued with a TIN.*
Reason C *– The country of tax residency does not require the TIN to be disclosed.*

12C. Country of tax residency for entity

Is the entity a tax resident of a country other than Australia?

☐ Yes. Please provide the entity's country of tax residence and TIN or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries below.

Country 1: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 2: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 3: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Country 4: _____ TIN: _____ If no TIN, list reason A, B or C: _____

Reason A *– The country of tax residency does not issue TINs to tax residents.*
Reason B *– I have not been issued with a TIN.*
Reason C *– The country of tax residency does not require the TIN to be disclosed.*

☐ No.

13. Communication elections (required for investor(s) and adviser)

Generally, all correspondence regarding your investment **(including investor statements)** will be sent to you via email.

Please confirm your preferred email address for future correspondence regarding your investment (including the email address of yourself, financial adviser, agent if applicable).

Email address 1: _____

Email address 2: _____

Email address 3: _____

By providing my/our email address, I/we agree to receive updated disclosure documents and confirmation of transactions and additional information as applicable via email.

If you would prefer to receive communication by mail, please indicate (**X**):

☐ I would prefer to receive communication by mail to the postal address provided in **Section 2**

13A. Annual Financial Report

The annual financial report(s) for the fund(s) in which you invest are available from 30 September each year. To receive a copy, please indicate (**X**) your communication preference below:

☐ I will access the annual financial report(s) online at www.ironbarkam.com

☐ I would like to receive an electronic copy of the annual financial report(s)

☐ I would like to receive a paper copy of the annual financial report(s)

If no election is made, you can access a copy online at www.ironbarkam.com. To change your elected preference, you can contact Ironbark.

13B. Notice of Meeting

Ironbark may at any time convene a meeting of investors to consider any matter, including resolutions for a fund. Please indicate (**X**) your communication preference below:

☐ I would like to receive an electronic copy of the notice of meeting

☐ I would like to receive a paper copy of the notice of meeting

If no election is made, and we have a valid email address, an electronic copy will be provided. To change your elected preference, you can contact Ironbark.

14. Investor identity verification

If you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents. If you are not lodging this application through a financial adviser, you are required to provide us with certified copies of the identity verification documents. Please see **Section 15** for a list of who can certify the documents.

14A. Individuals associated with the company or trust

Individuals

- Primary Individual Trustee 1 of unregulated trust if you completed **Section 5C**.
- Second Individual Trustee 2 of unregulated trust if you completed **Section 5C** and are signing this application form.
- Each substantial trust beneficiary of the unregulated trust if you completed **Section 5B**.
- Each substantial shareholder (of company or company trustee) if you completed **Section 4B**.
- Primary/Sole Director and Second Director/Secretary (of company or company trustee) if you completed **Section 4C**.
- Any other controlling individuals listed in **Section 6**.

Please provide either A or B.

A. A valid copy of one of the documents:

☐ Australian driver's licence containing your photograph; or

☐ Australian passport containing your photograph and signature; or

☐ A card issued under an Australian State or Territory law containing your photograph and proof of age.

B. If you are unable to provide a document from A, please provide one document from Group 1 and one document from Group 2 below:

Group 1	**Group 2**
A copy of one of the following documents: ☐ Australian birth certificate or birth extract; or ☐ Australian citizenship certificate; or ☐ Pension or Health care card issued by Centrelink or Department of Veterans' Affairs.	*The document must contain your full name and current residential address as provided in relevant sections of this* Application Form. A copy of one of the following documents issued to you: ☐ a notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.: • *council rates notice* • *electricity bill* • *gas bill* ☐ a letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.: *notice of assessment*

If you are a non-Australian resident and cannot provide A or B, please provide a valid copy of ONE of the following:

☐ foreign passport, or similar travel document bearing your signature and photograph; or

☐ national identity card issued by a foreign government that contains your photograph, and either your signature or your unique identifier; or

☐ foreign driver's licence that contains your photograph.

Please note:

- *documents are required to be certified copies of the original;*
- *documents such as passports, driver's licences and other cards that have an expiry date must not have expired*
- *if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator; and*
- *if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate).*

14B. Company (including corporate trustees)

For a company acting as a trustee, you must also complete **Section 14C** in relation to the Trust

Information required to be verified Please ensure the document(s) you provide confirm the following (A or B):	**Verification options** Please cross (**X**) which document(s) you have provided:
A. whether the company is: • listed; or • a majority owned subsidiary of a listed company; or • regulated.	☐ up-to-date extract from the ASX database (if applicable); or ☐ public document issued by the company; or ☐ up-to-date extract from the relevant regulator's database\ (if regulated).
B. if the company is none of these, the: • full name of the company; and • whether the company is registered as a proprietary or a public company; and • ACN.	☐ certificate of registration issued by ASIC; or ☐ up-to-date extract from ASIC database.

14C. Trust

For an unregulated trust with individual trustee, you must also complete **Section 14A**.

Information required to be verified Please ensure the document(s) you provide confirm(s) the following:	**Verification options** Please cross (X) which document(s) you have provided:
Regulated superannuation fund (incl. SMSF) or other • full name of Superannuation Fund or Trust; and • type of Superannuation Fund or Trust.	Self-Managed Superannuation Funds, registered schemes, other regulated trusts or government superannuation funds ☐ up-to-date extract from ATO or APRA (e.g. SMSF or other superannuation fund); or ☐ up-to-date extract from ASIC (e.g. registered scheme); or ☐ up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.
Unregulated trusts • full name of Trust; • name of Trust settlor.	Unregulated trusts ☐ provide documentation confirming the existence of the Trust and the name of the settlor (e.g. trust deed or extract of the trust deed).

14D. Custodial arrangement - If the custodian does not satisfy the requirements set out in Section 4D, you must complete Sections 14A, 14B and 14C as applicable.

You must also complete A in Company verification (see above) with below information.

Information required to be verified	**Verification options**
• Whether company is regulated, listed or a majority owned • subsidiary of a listed company; • Existence of the custodial arrangement; • Full name of the custodian; and • ACN.	Please cross (**X**) which document(s) you have provided – **you must provide A and either B or C**). ☐ **A.** Investor guide, PDS or other public document issued by the company confirming the existence of a custodial arrangement; **and** ☐ **B.** Up-to-date extract of search of relevant regulator's database (e.g. ASIC database) (if regulated); **or** ☐ **C.** Up to date extract from the ASX database (if listed or a majority owned subsidiary of a listed entity).

15. Certification of investor identity documents

How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

Sample wording:

> *I, **[full name]**, a **[category of persons listed below]**, certify that this **[name of document]** is a true and correct copy of the original.*
>
> ***[Signature and date]***

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Who can certify documents?

Financial corporations (bank, building society, credit union)	• Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
Post office	• Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public • Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
JP	• Justice of the Peace
Legal	• Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described) • Judge of a court • Magistrate • Chief executive officer of a Commonwealth court • Registrar or deputy registrar of a court • Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • A person authorised as a notary public in a foreign country
Police	• Australian police officer
Diplomatic service	• Australian consular officer • Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))
Accountant	• Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership

16. Investment and distribution method

Fund name	APIR code	PDS Date	Minimum initial investment	Investment Amount	Distribution options (mark (X) one option per Fund)[1]	
					Reinvest	Credit into nominated bank account
Tribeca Global Natural Resources Fund - Class N[2]	ETL6277AU	30/05/2025	$1,000,000	_____	☐	☐

If the initial investment amount is made through a transfer, provide transfer form available here, signed by both transferor and transferee.

[1]Your distribution will be automatically reinvested in the fund(s) if you DO NOT indicate your preference to have your distribution directly credited to your nominated bank account.

[2]This Fund is classified as a hedge fund in accordance with the Australian Securities and Investments Commission, Regulatory Guide 240 'Hedge funds: Improving disclosure'. This classification is based on the fact that the Fund currently exhibits two or more characteristics of a hedge fund, being:

- complexity of investment strategy or structure;
- use of leverage;
- use of derivatives;
- use of short selling;
- charges a performance fee.

Before making an investment decision, you should consider obtaining professional investment advice that takes into account your personal circumstances and should read the current disclosure documents before making an investment decision to acquire or to continue to hold units in a Fund. Please ensure you meet the description of the respective funds' Target Market as outlined in its TMD. TMDs for each fund are available from Ironbark's website at www.ironbarkam.com, or by contacting your financial adviser or Ironbark.

16A. Wholesale Clients

Wholesale clients are defined in section 761G of the Corporations Act. This includes investors who have:

- net assets of at least AU$2.5 million or a gross income for each of the last two financial years of at least AU$250,000 a year and are able to provide an accountant's certificate[3] to certify their assets or income; or
- invest at least AU$500,000 in the Fund[4]; or
- are 'sophisticated' investors (e.g. professional fund managers, institutional investors)

To confirm you meet the above criteria, please indicate (**X**):

☐ I meet the above criteria to be classified as a Wholesale client and I have provided an accountant's certificate with this application (if applicable).

[3]Please note, failure to provide an accountant's certificate (where required) will result in the application being rejected.

[4]Where a wholesale client invests at least AU$500,000 in the fund, an accountant's certificate is not required.

17. Unit Registry mailing information and electronic funds transfer

When you transfer your investment amount, use your investor name as reference, and mail the form to the Unit Registry at the same time as transferring your application monies to mitigate a delay in opening your account.

Unit Registry details for mailing this Application Form and identity verification documents:

Unit Registry Mail:

Tribeca Global Natural Resources Fund
C/- MUFG Corporate Markets (AU) Limited
Locked Bag 5038
Parramatta NSW 2124

Payment method for the investment amount stated in Section 11:

☐ **Bank account to transfer application monies**

Account Name: IRONBARK AS RE FOR Tribeca APPS

Financial Institution: JP Morgan Chase Bank (Sydney)

BSB: 212-200

Account Number: 86051991

Swift/BIC: CHASAU2X

Reference: Investor Name

18. Product Suitability Questions

Please answer the following questions in relation to the fund(s) you have selected.

All questions are mandatory if your answer is No for question 1.

1. Have you received Personal financial advice from a licensed financial adviser in relation to this investment?

☐ Yes – I/We have received personal advice in relation to my investment in this fund. (If yes, please proceed to **Section 19**)

☐ No – I/We have not received personal advice in relation to my investment in this fund

2. What is your primary investment objective?

☐ Capital growth (increased value of your investment over time)

☐ Capital preservation (preserving the value of your investment and preventing loss)

☐ Income distribution (received regular income from your investment)

3. What is your intended use of this investment in your investment portfolio?

☐ Solution / Standalone (your primary investment: 75% - 100% of portfolio)

☐ Core component / Major allocation (a large proportion of your investment: 25% - 75% of portfolio)

☐ Minor allocation (a small part of your investment: up to 25% of portfolio)

☐ Satellite allocation (a small part of your investment: up to 15% of portfolio)

4. What is your intended use investment timeframe?

- ☐ Short term (less than 2 years)
- ☐ Medium (more than 2 years)
- ☐ Long term (more than 5 years)

5. What is your tolerance for risk (your ability to bear loss)?

- ☐ Low - The consumer is conservative or low risk in nature, seeks to minimise potential and is comfortable with a low target return profile.
- ☐ Medium - The consumer is moderate or medium risk in nature, seeking to minimise potential losses and comfortable with a moderate target return profile.
- ☐ High - The consumer is higher risk in nature and can accept higher potential in order to target a higher target return profile.
- ☐ Very High - The consumer has a more aggressive or very high-risk appetite, seeks to maximise returns and can accept higher potential and possibly other risk factors, such as leverage).

6. What do you anticipate your withdrawal needs may be?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually or longer

19. Declaration and applicant(s) signature(s)

Please read the declarations below before submitting this application.

I/We declare/acknowledge that I/We:

- are 18 years of age or over and I am/we are eligible to hold units in the fund(s) issued by Ironbark in which I/we have chosen to invest;
- have received and have accepted this offer in Australia or, for applicable New Zealand Applicants, have read the terms of the offer and accepted the terms relating to New Zealand investors in the relevant disclosure documents;
- have received and read a copy of the relevant current disclosure documents and all information incorporated into these disclosure documents to which this Application Form applies;
- will be bound by the provisions of this Application Form at the date of signing and the terms of the relevant disclosure documents;
- agree that if all relevant information required by the Application Form is not provided, Ironbark may not be able to accept the application;
- agree that should I/we choose not to provide my ABN, TFN or specific exemption, then tax will be deducted from my distributions at the highest marginal tax rate (plus the Medicare levy, and any other levies we are required to deduct from time to time). Refer to TFN exemption codes on page 1;
- agree that joint applicants or signatories who allow either investors or signatories to give instructions in relation to an investment in the fund(s) will bind other investors or signatories for all transactions in connection with the investment, including changes to account details and transactions on the investment;
- agree that details provided to Ironbark in this Application Form and related documents are true and correct. In the event that these details change, Ironbark will be notified promptly in writing;

- agree to indemnify Ironbark against any liabilities arising from acting on information provided with this Application Form and related documents if unclear, false or misleading;
- agree and acknowledge that Ironbark may be required to act on any proposed transaction or activity as required for the purposes of AML/CTF Act or relevant laws;
- agree that if there is an financial adviser appointed, that the details regarding the investment can be provided to the financial adviser named in the Application Form, or anyone directly associated to the financial adviser's practice named in the Application Form;
- consent to the transfer of any personal information to external third parties including, but not limited to, fund administrators, fund investment manager(s), related corporate bodies and government agencies who are located in and outside Australia for the purpose of administering the products and services for which I/we have applied as permitted by law;
- agree that where Ironbark, in its sole discretion, determines that:
    - I/we are ineligible to hold units in a fund(s) or have provided misleading information in my/our Application Form; or
    - I/we owe any amounts to Ironbark,
- then I/we appoint Ironbark as my/our agent to submit a withdrawal request in respect of all or part of the units in the fund(s);
- agree that Ironbark is not responsible for the delays in receipt of an Application Form caused by the postal service or by a delay in processing of payments by my/our financial institution;
- agree that Ironbark is not liable for any loss or delay as a result of an electronic communication not received by Ironbark;
- agree and acknowledge that Investing in the fund(s) is subject to investment risk, including possible delays in repayment and loss of income and principal invested; and
- agree and acknowledge that Ironbark, any investment manager or any other person does not guarantee the performance of the fund(s), or the return and/or payment of capital and/or income.

For individual trustees, at least the primary trustee must sign this section. For Australian companies and company trustees we require the signature(s) of either a sole director, or two directors, or one director and the company secretary

Signature 1

Signature:
(Wet signature required)

Date: _____

Surname: _____

Given name(s): _____

Capacity:

- ☐ Director
- ☐ Company Secretary
- ☐ Primary Trustee (Individual)

Signature 2

Signature:
(Wet signature required)

Date: _____

Surname: _____

Given name(s): _____

Capacity:

- ☐ Director
- ☐ Company Secretary
- ☐ Secondary Trustee (Individual)