

# 14.

## Application Form

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- If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS
- Use ticks in boxes where applicable
- The applicant must complete, print and sign this form
- Keep a photocopy of your completed Application Form for your records
- Please ensure all relevant sections are complete before submitting this form

This application form is part of the Product Disclosure Statement dated 17 February 2017 ('PDS') relating to units in the Spire USA ROC Seniors Housing and Medical Properties Fund II - AUD Class

Fund issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975).

- The PDS contains information about investing in the Fund. You should read the PDS before applying for units in the Fund.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.
- Equity Trustees will provide you with a copy of the PDS and the Application Form on request without charge (*If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes*).

### US Persons

**This offer is not open to any U.S. Person. Please refer to the Product Disclosure Statement and the accompanying Reference Guide for further information.**



## Section 1 – Introduction

Do you have an existing investment in the Spire USA ROC III Fund (AUD) Fund and the information provided for that investment remains current and correct?

**YES** – my details are:

Account Number:

Account Name:

Contact Telephone Number (Including Country Code):

Not appointing a power of attorney, agent or financial adviser

Complete sections 8, 9, 10

Appointing a power of attorney, agent or financial adviser

Complete sections 6 or 7, 8, 9, 10

\* Please note there will be instances where we may be required to collect additional information about you and may ask you to provide certified copies of certain identification documents along with the Application Form.

**NO** – Only complete the sections relevant to you, as indicated below:

SELECT ONE	ACCOUNT TYPE	SECTIONS TO COMPLETE	IDENTIFICATION REQUIREMENT GROUPS TO COMPLETE
	Individual(s)	1,2,7,8,9,10	Group A
	Partnership(s)	1,3,7,8,9,10	Group A & B
	Trust/Superannuation fund with an individual trustee	1,2,4,7,8,9,10	Group C or D, & E
	Trust/Superannuation fund with a corporate trustee	1,4,5,7,8,9,10	Group C or D, & E
	Company	1,5,7,8,9,10	Group F or G

### And complete these if you would like to appoint a power of attorney or agent

Power of attorney or agent	Section 6	Group H
Financial Adviser	Section 7	Group H

### CONTACTING THE FUND

**Fund Manager:** Spire Capital Pty Ltd  
Ph. +61 2 9377 0755  
mail@spirecapital.com.au  
www.spirecapital.com.au

**Post your completed application to:** White Outsourcing Pty Ltd - Spire  
GPO BOX 5482  
Sydney NSW 2001

## 14. Application Form

### AML/Identification Requirements

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.

Applications made without providing this information cannot be processed until all the necessary information has been provided. If you are unable to provide the identification documents described please call +61 2 8262 2800.

**These documents should be provided as a CERTIFIED COPY of the original.**

#### GROUP A – INDIVIDUALS

Each individual investor, individual trustee, partner or individual agent must provide one of the following primary photographic ID:

A current Australian driver's licence (or foreign equivalent) that includes a photo

An Australian passport

An identity card issued by a State or Territory Government that includes a photo

A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that provides your signature

If you do NOT own one of the listed primary photographic ID document, please provide one valid option from Column A and one valid option from Column B.

Column A	Column B
Australian birth certificate	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
Australian citizenship certificate	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
Pension card issued by Department of Human Services (previously known as Centrelink)	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school



## GROUP B – PARTNERSHIPS

Provide Group A verification requirements for each partner and beneficial owner of the Partnership **and** one of the following:

A certified copy or certified extract of the partnership agreement

A certified copy or certified extract of minutes of a partnership meeting

A notice issued by the Australian Taxation Office (“ATO”) within the last 12 months

An original or certified copy of a certificate of registration of business name issued by a government agency in Australia

**All the above must show the full name of the partnership.**

## GROUP C – REGISTERED MANAGED INVESTMENT SCHEME, REGULATED SUPERANNUATION FUND (INCLUDING SELF-MANAGED) OR GOVERNMENT SUPERANNUATION FUND

Provide one of the following:

A copy of the company search on the ATO database

A copy of the company search of the relevant regulator’s website

A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website

**All the above must show the trust’s full name and type (i.e. registered managed investment scheme, regulated superannuation fund (including self- managed) or government superannuation fund).**

## GROUP D – OTHER TRUSTS

Provide Group A verification requirements for each beneficial owner of the trust **and** one of the following:

A certified copy or certified extract of the Trust Deed

Signed meeting minutes

Annual report or audited financial statements

A certified copy of a notice issued by the ATO within the previous 12 months

Group A verification requirements for each beneficial owner of the trust

**All the above must show the full name of the trust, its trustees and settlor of the trust.**

## GROUP E – TRUSTEES

If you are an **Individual Trustee** – please provide the identification documents listed under Group A

If you are a **Corporate Trustee** – please provide the identification documents listed under Group F or G

If you are a **combination of both** – please complete for one trustee from each investor type listed under Group A and F or G

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## 14. Application Form

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### GROUP F – AUSTRALIAN COMPANIES

Provide Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in the application **and** one of the following:

A certified copy of the Certificate of Registration or Licence

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A copy of a company search on the ASIC database

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A copy of information regarding the company/trustee's licence or other information held by the relevant Commonwealth, State or Territory regulatory body

**All the above must clearly show the company's full name, its type (i.e. public or private) and ACN issued to the company.**

### GROUP G – NON-AUSTRALIAN COMPANIES

Provide Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in the application **and** one of the following:

A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the jurisdiction's equivalent

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A certified copy of the company's articles of association or constitution

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A copy of a company search on the ASIC database or relevant foreign registration body

**All the above must clearly show the company's full name, its type (i.e. public or private) and ARBN or identification number issued to the company.**

### GROUP H – AGENTS

If you are an **Individual Agent** – please provide the identification documents listed under Group A

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If you are a **Corporate Agent** – please provide the identification documents listed under Group F or G

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### Important Information

#### **Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and the Foreign Account Tax Compliance Act.**

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (the 'AML/CTF Act') and the *Foreign Account Tax Compliance Act* (the 'FATCA') the Responsible Entity is required to collect additional information about you. The Responsible Entity may also ask you to provide certified copies of certain identification documents along with the Application Form.

Under the AML/CTF Act and FATCA, the Responsible Entity is prohibited from processing your application until all of the information and supporting documentation requested in this form has been received. In most cases, the information that you provide in this form will satisfy the AML/CTF Act and FATCA. However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act and FATCA.



## Declarations

When you complete this Application Form you make the following declarations:

- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund in which I/we have chosen to invest.
- I/We acknowledge that Equity Trustees is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of Equity Trustees or its related bodies corporate and to foreign government agencies (if necessary).
- I/We hereby acknowledge and agree that Equity Trustees have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the Equity Trustees Group Privacy Statement.
- I/we hereby confirm that the personal information that I/we have provided to Equity Trustees is correct and current in every detail, and should these details change, I/we shall promptly advise Equity Trustees in writing of the change(s).
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- I/We have received and accepted this offer in Australia.
- I/We acknowledge that Equity Trustees does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of Equity Trustees and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- If I/we have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and agree to indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Equity Trustees acting on the instructions of my/our authorised representatives, agents and/or nominees.
- By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS.
- I/We have considered our personal circumstances and, where appropriate, obtained investment and / or taxation advice.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- I/We acknowledge that I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/we have chosen to invest.
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
- I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
- I/we owe any amounts to Equity Trustees, then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.
- I/We agree to provide further information or personal details to the Responsible Entity if required to meet its obligations under anti-money laundering and counter-terrorism legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.

### Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

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 ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund 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.

When you sign this Application Form you declare that you have read and agree to the declarations above.

14.  
Application Form

**Section 2 – Individual(s)  
or Individual Trustee(s)**

Complete this section if you are investing in your own name or as an individual trustee.

For AML requirements please refer to page 66.

**2.1 Type of Investor**

Tick one box only and complete the specified parts of this section.

**Individual** – complete 2.2

**Jointly with Another Individual(s)** – complete 2.2, 2.3 and 2.5

**Individual Trustee for a Trust** – complete 2.2 and 2.3 (also complete section 4)

**Sole Trader** – complete 2.2 and 2.4

**Individual Trustee for an Individual** – complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee)

**2.2 Investor 1**

Title            Given Name(s)

Surname

Telephone Number (Including Country Code) (Daytime)

Date of Birth (DD/MM/YY)

/  /

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

Street Address (not a PO Box)

Unit Number            Street Number

Street Name

Suburb

State

Post Code

Country of Birth

**Are You a Foreign Resident for Tax Purposes?**

No

Yes – please advise country of residence:

**Do You Hold Dual Citizenship?**

No

Yes – please advise which countries:

**2.3 Investor 2**

Title            Given Name(s)

Surname

Telephone Number (Including Country Code) (Daytime)

Date of Birth (DD/MM/YY)

/  /

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

Street Address (not a PO Box)

Unit Number            Street Number

Street Name

Suburb



State

Post Code

Country of Birth

Are You a Foreign Resident for Tax Purposes?

No

Yes – please advise country of residence:

Do You Hold Dual Citizenship?

No

Yes – please advise which countries:

## 2.4 Sole Trader Details

Business Name (if applicable, in full)

Australian Business Number (ABN) (if obtained)\*

Street Name

Suburb

State

Post Code

Country

## 2.5 Signing Authority

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc.)

Only one investor required to sign

All investors must sign

\* See page 69 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

## Section 3 – Partnerships

Complete this section if you are investing for a partnership or as a partner.

For AML requirements please refer to page 66.

### 3.1 General Information

Full Name of Partnership

Registered Business Names of Partnership (if any)

Country where Partnership is established

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

### 3.2 Type of Partnership

Is the partnership regulated by a professional association?

Yes – please provide details:

Name of Association

Membership Details

No – please provide number of partners:



14.  
Application Form

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**Partner 1**

**Title**      **Given Name(s)**

**Surname**

**Telephone Number (Including Country Code) (Daytime)**

**Date of Birth (DD/MM/YY)**

/   /

**Street Address (not a PO Box)**

**Unit Number**      **Street Number**

**Street Name**

**Suburb**

**State**

**Post Code**

**Country**

**Country of Birth**

**Partner 2**

**Title**      **Given Name(s)**

**Surname**

**Telephone Number (Including Country Code) (Daytime)**

**Date of Birth (DD/MM/YY)**

/   /

**Street Address (not a PO Box)**

**Unit Number**      **Street Number**

**Street Name**

**Suburb**

**State**

**Post Code**

**Country**

**Country of Birth**



## Section 4 – Trust/Superannuation Fund

Complete this section if you are investing for a trust or superannuation fund.

For AML requirements please refer to pages 66.

### 4.1 General Information

Full Name of Trust or Superannuation Fund

Full Name of Business (if any)

Country where Trust is established

Tax File Number (TFN) – or Exemption Code

Reason for TFN Exemption

### 4.2 Trustee Details

How many trustees are there?

**Individual** – at least one trustee must complete Section 2 of this form

**Company** – at least one trustee must complete Section 5 of this form

**Combination** – at least one trustee from each investor type must complete the relevant section of this form

### 4.3 Type of Trust

**Registered Managed Investment Scheme**

Australian Registered Scheme Number (ARSN)

**Regulated Trust**

(including self managed superannuation funds)

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/Licence Details

Australian Business Number (ABN)\*

**Other trust** (also complete section 4.4)

Please describe:

### 4.4 Beneficiaries

Complete Section 4.4 and 4.5 only if you ticked 'Other Trust' in 4.3.

Does the Trust Deed name beneficiaries?

Yes – how many:

Provide the full name of each beneficiary:  
(If more than 8, please provide as an attachment)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

No – describe the class of beneficiary: (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name)

\* See page 69 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

14.  
Application Form

4.5 Beneficial Owners

Please provide the **Full Name** of any beneficial owner of the trust. A Beneficial owner of a trust is any individual who has a **25% or more interest** in the trust or **controls the trust**. This includes the **appointor** of the trust (who holds the power to appoint or remove the trustees of the trust), the **settlor** of any trust over \$10,000 upon establishment, and **beneficiaries with at least a 25% interest** in the trust. All beneficial owners will need to provide AML verification documents as per page 69. Please provide beneficial owners as an attachment if there is insufficient space below:

Section 5 – Company/Corporate Trustee

Complete this section if you are investing for a company or where a company is acting as a trustee.

For AML requirements please refer to pages 69.

5.1 Company Type

Australian Listed Public Company – complete 5.2

Australian Proprietary Company or non-listed public company – complete 5.2 and 5.4

Foreign Company – complete all sections

5.2 Company Details

Company Name

ACN/ABN (if registered in Australia)\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax File Number (TFN) – or Exemption Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reason for TFN Exemption

Given Name(s) of Contact Person

Registered Street Address (not a PO Box)

Street Address

Suburb

State

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Principal place of business in Australia

Note for non-Australian companies: you must provide a local agent name and address if you do not have a principal place of business in Australia.

Tick if the same as above, otherwise provide:



Registered Street Address (not a PO Box)

Suburb

State

Post Code

### b. Shareholders

All proprietary or non-listed public domestic companies and foreign companies must provide details of each shareholder who owns directly, jointly or beneficially at least 25% of the company's issued capital.

#### Shareholder 1

Full Name

Registered Street Address (Not PO Box)

Suburb

State

Post Code

Country

### 5.3 Additional Details for non-Australian Company

#### Tick if the Company is Registered with ASIC

Australian Registered Body Number (ARBN)

#### Tick if the Company is Registered with a Regulatory Body

Name of Regulatory Body

Company Identification Number Issued (if any)

Registered Company Address (Not PO Box)

Suburb

State

Post Code

Country

#### Shareholder 2

Full Name

Registered Street Address (Not PO Box)

Suburb

State

Post Code

Country

### 5.4 Beneficial owner

#### a. Managing Officials

All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf):

- 1.
- 2.
- 3.
- 4.

If there are more than 4 directors please provide as an attachment.

If there are more than 2 shareholders that each have at least 25% of the company's issued capital, provide as an attachment.

\* See page 69 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

14.  
Application Form

**Section 6 – Authorised representative or agent**

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

For AML requirements please refer to pages 66.

**6.1 Appointment of Power of Attorney**

I would like to appoint an authorised representative to operate on this account

OR

I am an agent under Power of Attorney or the investor's legal or nominated representative – complete 6.2

Full name of authorised representative/agent

Title of role held with applicant

Signature

**6.2 Power of Attorney Documentation**

You must attach a valid Power of Attorney.

The document is an original or certified copy

The document is signed by the applicant/investor

The document is current and complete

The document permits the attorney/agent (you) to transact on behalf of the applicant/investor

**Section 7 – Financial adviser**

By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser/authorised representative/agent access to your account information unless you indicate otherwise by ticking the box below.

For AML requirements please refer to pages 66.

**7.1 Financial adviser**

I am a financial adviser completing this application form as an authorised representative or agent.

Name of Adviser

AFSL Number

Dealer Group

Name of Advisory Firm

Postal address

Suburb

State

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country

Email Address of Advisory Firm (Required)

Email Address of Adviser

Business Telephone

Facsimile



## 7.2 Financial Adviser Declaration

I/We hereby declare that I/we are not a US Person as defined in the PDS

I/We hereby declare that the investor is not a US Person as defined in the PDS

I have completed an appropriate customer identification procedure (CID) on this investor which meets the AML/CTF Act

### AND EITHER

I have attached the relevant CID documents

### OR

I have not attached the CID documents however I will retain them and agree to provide them to Equity Trustees on request. I also agree to forward these documents to Equity Trustees if I ever become unable to retain the documents.

I have provided personal financial advice to the investor(s) named in this Application 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 with a statement of advice. If I cease being the financial advisor for the Investor I will notify the Administrator at that time.

### Financial Adviser Signature

Date

## 7.3 Access to Information

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

Please tick this box if you **DO NOT** want your financial adviser to have access to information about your investment

Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your adviser

## Section 8 – Investment instructions (ALL INVESTORS MUST COMPLETE)

### 8.1 Contact Details

Title Given Name(s)

Surname

Home Telephone Number (Including Country)

Date of Birth (DD/MM/YY)

/   /

Street Address

Unit Number Street Number

Street Name

Suburb

State

Post Code

Country

Email Address

Business Telephone (Including Country)

Facsimile

14.  
Application Form

8.2 Investment Details

Spire USA ROC Seniors Housing and Medical Properties Fund II – AUD Fund (APIR ETL1507AU)

Full Name Investment to be Held in

Investment Amount

\$ [ ] [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] . [ ] [ ]

The minimum initial investment in the Fund is \$50,000.

8.3 Distribution Instructions

Pay distributions to the bank account below

8.4 Investor Banking Details for Redemptions and Distributions (if applicable)

Account Name

Financial Institution

Branch (including Country)

BSB

[ ] [ ] [ ] [ ] [ ] [ ]

Account Number

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

8.5 Payment Method

Electronic Funds Transfer

Bank Name & Details:

Bank: ANZ Bank  
BSB: 012 006  
Account Number: 836919295  
Account Name: Equity Trustees Limited ATF  
Spire USA ROC Seniors Housing and Medical Properties Fund II – AUD Class  
Reference: Investor Name

8.6 Elections

Annual Financial Report

The annual financial report for the Fund will be available on [www.eqt.com.au](http://www.eqt.com.au) from 30 September each year, however, if you would like a hard copy of the annual financial report sent to you please tick the box.

Privacy

Do you wish to receive marketing information from Equity Trustees (and Equity Trustees’ related bodies corporate) about products and services that may be of interest to you? This information may be distributed by mail, email or other form of communication.

Yes No

8.7 Purpose of Investment and Source of Funds

Please Outline the Purpose of Investment

(e.g. superannuation, portfolio investment, etc.)

Please Outline the Source/s of Initial Funding and Anticipated Ongoing Funding

(e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc. and expected level of funding activity or transactions)



## Section 9 – Foreign Account Tax Compliance Act (FATCA) (ALL INVESTORS MUST COMPLETE)

The US Foreign Tax Compliance Act (FATCA) requires us to collect certain information about each investor's tax residency and tax classifications. In certain circumstances (including if the below section is not completed by you) we may be obliged to share information on your account with the Australian Tax Authorities. If you have any questions about your tax status, please contact your tax adviser.

### 9.1 Individual and joint investors

(Company, Superannuation and other Trusts, Partnership etc. please complete section 9.2)

#### Investor 1

Permanent Tax Residence Address.

If your tax residence address is different from the registered address in Section 2, please complete the following:

For the Attention of:

Street Address (Not a PO Box)

Suburb

State

Post Code

Country

Are you a US citizen or US resident for tax purposes?

No (go to section 10)

Yes – please provide your US Taxpayer Identification Number (TIN):

(Please note that you may not be eligible to enter in the funds, in which case White Outsourcing will contact you.)

#### Investor 2

Permanent Tax Residence Address.

If your tax residence address is different from the registered address in Section 2, please complete the following:

For the Attention of:

Street Address (Not a PO Box)

Suburb

State

Post Code

Country

Are you a US citizen or US resident for tax purposes?

No (go to section 10)

Yes – please provide your US Taxpayer Identification Number (TIN):

(Please note that you may not be eligible to enter in the funds, in which case White Outsourcing or Spire Capital will contact you.)

### 9.2 Companies, Superannuation and other Trusts, Partnership (Entities)

Please choose one of the following options:

**A US Entity (established under the laws of the US, or, for a trust, administered under the laws of the US)**

Please provide the Entity's US Taxpayer Identification Number (TIN):

Is the Entity an exempt payee for US tax purposes?

Yes No

If the Entity is an exempt payee, provide its exemption code:

(Please note that you may not be eligible to enter in the funds, in which case White Outsourcing will contact you.)



## 14. Application Form

### A Foreign (Non-US) Financial Institution

You must choose one of the following sub-options

A Participating Foreign Financial Institution including a Model 1 Reporting Foreign Financial Institution):

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:

Australian Regulated Superannuation Fund  
(Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts). Superannuation funds are exempt entities for FATCA purposes.

Deemed Compliant Financial Institution  
(includes Registered Deemed Compliant FFI)

Exempt Beneficial Owner  
(includes Certified Deemed Compliant FFIs)

Non-participating Financial Institution

Other (please provide specific status as per US FATCA legislation):

### A Trustee Documented Trust

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

**If you are not a Financial Institution, please confirm your FATCA status below:**

**Non-Financial Australian Public Listed Company, Corporate Australian Registered Charity, or Australian Government Body** (Active Non-Financial entities for FATCA purposes)

**Non-Financial Proprietary Company, Private Company, Unlisted Public Company, or other trust** (Passive NFFE for FATCA purposes)

If so, do you have any Controlling Person/s (including beneficial owners) who are US citizens or residents of the US for tax purposes?

Yes    No

If yes, please provide details of any controlling individuals or entities below:

### Controlling Person 1

Full Name

Date of Birth

Full Residential Address (Not a PO Box)

Details of controlling person's beneficial ownership (%)

US Taxpayer Identification Number (TIN):

### Controlling Person 2

Full Name

Date of Birth

Full Residential Address (Not a PO Box)

Details of controlling person's beneficial ownership (%)

US Taxpayer Identification Number (TIN):



### Declaration and undertakings

I undertake to advise the recipient promptly for FATCA self-certification where any of the information above changes.

Please note that the Fund Administrator will review your self-certification in the context of the FATCA due diligence, and may have to request additional supporting documentation.

### Key definitions for the FATCA section

It is the responsibility of prospective investors to inform themselves as to the tax consequences to them of buying, holding, selling (or otherwise transferring) or redeeming shares under the laws of the country(ies) in which they are or may be taxable. These definitions are provided for your information only and you are encouraged to seek the assistance of an independent financial professional or tax adviser to facilitate the completion of this form.

A **Foreign Financial Institution** is a non-US entity (e.g. company, partnership or trust) that engages in one of the following:

- i. accepts deposits in the ordinary course of a banking or similar business (depository institution);
- ii. holds as a substantial portion of its business (equals or exceeds 20 percent of the entity's gross income) financial assets for the account of others (custodial institution);
- iii. is an investment entity including entities that trade in financial assets or that are investing, administering, managing funds, money, or certain financial assets on behalf of other persons;
- iv. is an insurance company; or
- v. is an entity that is a holding company or treasury centre that is a part of a group that includes one of the above.

For further information regarding these definitions refer to <http://www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions>

An **IGA** (Inter-Governmental Agreement) means an agreement between the US or the Treasury Department and a foreign government to implement FATCA through reporting by Financial Institutions to such foreign government (Model 1) or to the IRS (Model 2).

A **controlling person** is any individual who directly or indirectly exercises ultimate effective control over the entity. For a company, this includes beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers, Protectors or Beneficiaries. For a partnership this includes any partners.

14.  
Application Form

**Section 10 – Declarations  
(ALL INVESTORS MUST COMPLETE)**

**Applicant 1**

**Given Name(s)**

**Capacity**

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

**Signature**

**Date (DD/MM/YY)**

/   /

**Company Seal (If Applicable)**

**Applicant 2**

**Given Name(s)**

**Capacity**

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

**Signature**

**Date (DD/MM/YY)**

/   /

**Company Seal (If Applicable)**

**APPLICATION CHECKLIST**

- Have you completed all sections relevant to you (as set out in the introduction)?
- Have you nominated your financial adviser in section 7 (if applicable)?
- Have you provided certified copies of your identification documents or has your financial adviser completed this for you?
- Have you completed all other relevant details and SIGNED the Application Form?

**If you can tick all of the boxes above, send the following:**

- Completed Application Form;
- Certified copies of identification documents

**By post to:**

White Outsourcing Pty Ltd - Spire  
GPO Box 5482  
Sydney NSW 2001

For additional applications the duly completed Application Form (including details regarding your direct credit payment) may be mailed to the postal address above or faxed to + 61 2 9221 1194



## ADDITIONAL APPLICATION REQUEST

Please complete in black or blue pen and use CAPITAL letters.

### Spire USA ROC Seniors Housing and Medical Properties Fund II – AUD Class

This additional application request is part of the Product Disclosure Statement dated 17 February 2017 ('PDS') relating to units in the Spire USA ROC Seniors Housing and Medical Properties Fund II – AUD Class issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975). The PDS contains information about investing in the Fund. You should read the PDS before applying for units in the Fund.

### 1. Investor Details

#### Investor Name

#### Investor Number

#### Contact Details

Contact name

Contact number

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Contact email

### 2. Application Amount

Application amount

\$AUD
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#### Investment funding (select one option only):

Cheque made out to the Fund (Note: you'll need to post us your cheque with this application form)

Funds deposited electronically into Fund's application account

#### Bank Name & Details:

Bank: ANZ Bank

BSB: 012 006

Account Number: 836919295

Account Name: Equity Trustees Limited ATF

Spire USA ROC Seniors Housing and Medical Properties Fund II – AUD Class

Reference: Investor Name

### 3. Authorisation

I/we instruct White Outsourcing Pty Ltd to effect the additional investment in accordance with the completed instructions set out above.

Signature

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#### Print Name

Title (please tick)

Individual                      Sole Director

Director                              Trustee

Date

D	D	/	M	M	/	Y	Y	Y	Y
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#### Signature

#### Print Name

Title (please tick)

Individual                      Sole Director

Director                              Trustee

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Please note it's up to the investor to ensure White Outsourcing have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there maybe delays in processing of this request.

### 4. Completed Form

Please post this completed form with your cheque (if applicable) to:

#### White Outsourcing Pty Ltd

Attention: Spire USA ROC Seniors Housing and Medical Properties Fund II – AUD Class Registry  
GPO Box 5482  
Sydney NSW 2001

Alternatively you can fax this form to +61 2 9221 1194 or scan and email this request to registry@whiteoutsourcing.com.au. Note if you funding the application via cheque you'll need to post the documents to us. If you have any questions about this form please contact us on +61 2 8262 2800 or registry@whiteoutsourcing.com.au.