

INVESTOR SIGNALS GLOBAL INVESTMENT FUND

Application Form

For individuals, companies, trusts and trustees. To be read with the Information Memorandum dated July 2026.

July 2026

Issued by Investor Signals Pty Ltd · ACN 143 555 453

Please read the IM in full before completing this form. Send the completed form and certified identification documents to the Trustee — instructions on the next page.

**WHOLESALE &
SOPHISTICATED
INVESTORS ONLY**

INVESTOR SIGNALS GLOBAL INVESTMENT FUND

Application Form

Information Memorandum dated July 2026

This Application Form relates to the Information Memorandum dated July 2026 ("IM") issued by Investor Signals Pty Ltd, ACN 143 555 453 ("Trustee"), and Corporate Authorised Representative No. 439411 of Advisor Plus Pty Ltd AFSL 474520, with respect to investments in the Investor Signals Global Investment Fund ("Fund").

Please read the IM in full before completing this Application Form. Unless otherwise specified, terms defined in the IM have the same meaning in this Application Form.

SEND YOUR COMPLETED FORM TO**Investor Signals Pty Ltd**

Level 17, Chifley Tower

2 Chifley Square

SYDNEY NSW 2000

E fund@investorsignals.com

FOR

Individuals · Companies · Trusts & Trustees

EFT — APPLICATION FUNDS

Bank

Macquarie Bank

Account

Investor Signals Pty Ltd ATF ISGIF

BSB

182-512

Acc. no.

9664 95566

Reference

[Unitholder name]

SWIFT

MACQAU2SXXX

PART A

Investor & Investment Details

NEW INVESTOR

Please provide the name of the holding.

NEW INVESTOR NAME
EXISTING INVESTOR

Please provide your investor / reference number.

INVESTOR NUMBER
Contact details

In a format that you want to appear on the unitholder register.

FULL GIVEN NAME(S)
SURNAME

EMAIL ADDRESS

TELEPHONE AREA CODE

TELEPHONE NUMBER

You acknowledge that any personal information you provide to Investor Signals will be collected and handled in accordance with our privacy policy. A copy is available at investorsignals.com or on request.

Investment details
INVESTMENT AMOUNT (AUD)

 Minimum initial investment is \$100,000 per investor, unless approved by the Trustee.

Payment details

Please transfer your application monies by EFT to the application account on the previous page, referencing your Unitholder name. International transfers should use the SWIFT details provided.

Taxation details

Are you a resident of Australia for taxation purposes?

☐ Yes — please complete the next page ☐ No — please provide country of residence below

COUNTRY OF RESIDENCE (IF NOT AUSTRALIAN)

Tax File Number (TFN) or Australian Business Number (ABN)

TFN — INDIVIDUAL 1

TFN — INDIVIDUAL 2

ABN

EXEMPTION NUMBER (IF APPLICABLE)

Please indicate to whom this TFN or ABN belongs:

☐ Company ☐ Trust / Super Fund ☐ Individual 1 ☐ Individual 2 ☐ Other

OTHER — PLEASE SPECIFY

You are not obliged to provide a TFN or ABN, but if you do not (and do not claim exemption), the Trustee is required to deduct tax at the top marginal rate plus Medicare levy. By inserting your ABN and signing this form, you declare the investment is made in the course or furtherance of your enterprise. Collection is authorised under and regulated by the tax laws and the Privacy Act 1988 (Cth).

Distribution reinvestment

Distributions are paid annually as at 30 June and will be automatically reinvested in the Fund unless you indicate below:

☐ Please pay my distributions to me by electronic transfer

Distributions and redemption proceeds — bank account

Distributions and redemption proceeds can only be paid to the nominated bank account and cannot be paid by cheque. By completing this section you confirm that any payments sent by EFT are sent at your risk. Transfer charges will be levied.

BANK

BRANCH NAME

BSB

ACCOUNT NUMBER

ACCOUNT NAME

Source of investment funds
☐ Salary / wages ☐ Business income, earnings or profits ☐ Investment income / savings, sale of asset

☐ Inheritance / gifts ☐ Other

OTHER — PLEASE SPECIFY

PART B

Investor Identification

If you are a new investor, complete Part A and Part B (Sections 1–4 as relevant to your investor type) and send all documents to the Trustee at the address on the cover page. If your investor type does not fall into any category in Sections 1–4, please contact fund@investorsignals.com to discuss what information is required under the AML/CTF Law. Also complete Section 5 and either Option A or B of the Wholesale Client Certificate.

If you are an existing investor making an additional investment, you may email your instruction to fund@investorsignals.com. Existing investors whose details have changed must also complete the identification documentation section.

Section 1 Investor type — Individual(s)

1.1 General information — Individual 1

FULL GIVEN NAME(S)		SURNAME
DATE OF BIRTH (DD/MM/YYYY)		
RESIDENTIAL ADDRESS — STREET		
APT / SUITE / FLOOR (IF APPLICABLE)		
CITY	POSTCODE	COUNTRY
EMAIL ADDRESS	TELEPHONE AREA CODE	TELEPHONE NUMBER

1.2 General information — Individual 2

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

APT / SUITE / FLOOR (IF APPLICABLE)

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TELEPHONE AREA CODE

TELEPHONE NUMBER

For all individuals: provide a certified copy of a Primary Photographic ID, or a Primary Non-Photographic ID together with a Secondary ID (see "Identification Documents" later in this form).

Section 2 Investor type — Australian & Foreign Company

If you are an Australian company acting as Trustee of a fund, please also complete Section 3.

2.1 General information

FULL NAME AS REGISTERED BY ASIC OR FOREIGN REGISTRATION BODY

ACN

ARBN

 FOREIGN BODY REGISTRATION
NUMBER

NAME OF THE REGISTRATION BODY

 COUNTRY OF FORMATION / INCORPORATION /
REGISTRATION

2.1 Registered office address (PO Box is not acceptable)

 STREET

 CITY

 POSTCODE

 COUNTRY

 TELEPHONE AREA CODE

 TELEPHONE NUMBER

2.1 Principal place of business (PO Box is not acceptable)

 STREET

 CITY

 POSTCODE

 COUNTRY

 TELEPHONE AREA CODE

 TELEPHONE NUMBER

2.2 Regulatory / Listing details

Select the categories that apply to the company and provide the information requested:

☐ Regulated company (licensed by a Commonwealth, State or Territory statutory regulator)

 REGULATOR NAME

 LICENCE NUMBER

☐ Australian listed company

 NAME OF MARKET / EXCHANGE

☐ Majority-owned subsidiary of an Australian listed company

 AUSTRALIAN LISTED COMPANY NAME

 NAME OF MARKET OR EXCHANGE

☐ Foreign listed public company

 COUNTRY OF FORMATION / INCORPORATION /
 REGISTRATION

 NAME OF MARKET OR EXCHANGE

2.3 Company type — select one

☐ Public — Section 2 complete, continue to Section 5
 ☐ Proprietary / Private — go to 2.4 and 2.5
 ☐ Other — go to 2.4 and 2.5

2.4 Directors

Only required for proprietary, private and other companies. Not required for public or listed companies.

HOW MANY DIRECTORS ARE THERE?

Provide the full name of each director:

DIRECTOR 1 — FULL NAME

DIRECTOR 1 — SURNAME

DIRECTOR 2 — FULL NAME

DIRECTOR 2 — SURNAME

DIRECTOR 3 — FULL NAME

DIRECTOR 3 — SURNAME

DIRECTOR 4 — FULL NAME

DIRECTOR 4 — SURNAME

If there are more directors, please include an additional copy of this page in your Application Form.

2.5 Shareholders

Required for proprietary, private or other companies that are not regulated companies. Provide details of shareholders who own 20% or more of the company's issued capital.

Shareholder 1

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TEL. AREA CODE

TEL. NUMBER

Shareholder 2

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TEL. AREA CODE

TEL. NUMBER

Shareholder 3

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TEL. AREA CODE

TEL. NUMBER

For all shareholders, provide a certified Primary Photographic ID, or a Primary Non-Photographic ID and a Secondary ID. If there are more shareholders, include an additional copy of this page.

2.6 Beneficial holders

Provide details of all individuals who are the ultimate beneficial owners. A beneficial owner is any individual who ultimately owns or controls (directly or indirectly) the applicant. "Owns" means 25% or more of the applicant. If shareholders in Section 2.5 are the beneficial holders, this section need not be completed.

Beneficial holder 1

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TEL. AREA CODE

TEL. NUMBER

Beneficial holder 2

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TEL. AREA CODE

TEL. NUMBER

Beneficial holder 3

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TEL. AREA CODE

TEL. NUMBER

For all beneficial holders, provide a certified Primary Photographic ID, or a Primary Non-Photographic ID and a Secondary ID. For foreign companies, also attach a certified copy of the home-jurisdiction certificate of formation.

Section 3 Investor type — All trusts (including superannuation funds)

3.1 General information

 FULL NAME OF TRUST

 FULL NAME OF THE TRUSTEE OF THE TRUST

 COUNTRY WHERE TRUST ESTABLISHED

3.2 Type of trust — select one and provide the information requested

☐ Registered managed investment scheme

 ARSN

 LICENCE NUMBER

☐ Regulated trust (e.g. an SMSF)

 REGULATOR NAME (ASIC / APRA / ATO)

 TRUST ABN OR REGISTRATION / LICENSING DETAILS

Provide a certified copy of the trust deed (title page, table of contents, beneficiary schedule and signature pages).

☐ Government superannuation fund

 NAME OF THE LEGISLATION ESTABLISHING THE FUND

☐ Other trust type

 TRUST DESCRIPTION (E.G. UNREGISTERED, FIXED, FAMILY, UNIT)

For other trust types, complete the relevant Trustee section (Section 1 for individual trustees, Section 2 for corporate trustees, or both), and complete Sections 3.3 and 3.4. Provide a certified copy or extract of the trust deed; or a notice of assessment / certified copy of assessment issued by the ATO in the last 12 months.

3.3 Beneficiary details

Complete only if "Other trust type" is selected in Section 3.2. Do not complete if the trust is a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund.

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

- ☐ Yes — provide details of the membership class(es) below
- ☐ No — provide full name of each substantial trust beneficiary (entitlement to 25% or more of trust income or assets)

CLASS DETAILS / BENEFICIARY 1 — FULL GIVEN NAME(S) & SURNAME

BENEFICIARY 2 — FULL GIVEN NAME(S) & SURNAME

BENEFICIARY 3 — FULL GIVEN NAME(S) & SURNAME

BENEFICIARY 4 — FULL GIVEN NAME(S) & SURNAME

BENEFICIARY 5 — FULL GIVEN NAME(S) & SURNAME

For all beneficial holders / shareholders, provide a certified Primary Photographic ID, or a Primary Non-Photographic ID and a Secondary ID (see "Identification Documents" later in this form). If there are more beneficiaries, include an additional copy of this page.

3.4 Trustee details

Complete only if "Other trust type" is selected in Section 3.2.

HOW MANY TRUSTEES ARE THERE?

Trustee 1

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TEL. AREA CODE

TEL. NUMBER

Trustee 2

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TEL. AREA CODE

TEL. NUMBER

All trustees must provide a certified Primary Photographic ID, or a Primary Non-Photographic ID and a Secondary ID. Foreign companies must also attach a certified copy of the registration certificate issued by the relevant foreign registration body. If there are more trustees, include an additional copy of this page.

3.5 Settlor details

Do any of the following apply? Tick as appropriate:

☐ The settlor's material asset contribution to the trust at establishment was less than AU\$10,000

☐ The settlor is deceased

☐ The trust is an ASIC-registered MIS; or an unregistered wholesale MIS not making small-scale offerings; or a trust subject to Australian statutory regulator oversight; or a government superannuation fund

REFERENCE

What are the identification documents?

PRIMARY PHOTOGRAPHIC ID

1. Driver licence or permit issued by a State or Territory of Australia (or an equivalent foreign authority) for driving a vehicle, containing a photograph of the holder.
2. Passport issued by the Commonwealth of Australia.
3. Passport issued for international travel by a foreign government — containing a photograph and signature (with accredited translation where required).
4. Card issued by a State or Territory of Australia for the purpose of proving age and containing a photograph.
5. National identity card issued by a foreign government for identification (with accredited translation where required).

PRIMARY NON-PHOTOGRAPHIC ID

1. Birth certificate or extract issued by a State or Territory of Australia.
2. Citizenship certificate issued by the Commonwealth of Australia.
3. Citizenship certificate issued by a foreign government (with accredited translation where required).
4. Birth certificate issued by a foreign government (with accredited translation where required).
5. Concession card issued by Centrelink entitling the holder to financial benefits.

SECONDARY ID

1. A notice issued to an individual by the Commonwealth, State or Territory of Australia within the last 12 months containing the individual's name and residential address, recording the provision of financial benefits.
2. A notice issued by the Australian Taxation Office within the last 12 months containing the individual's name and residential address and recording a debt payable to or by the individual.
3. A notice issued to an individual by a local government or utilities provider in Australia within the last 3 months containing the individual's name and residential address.

Primary identification documents must be current (other than a passport, which may be used if it expired within the preceding two years).

Section 4 FATCA and CRS

Australia participates in Automatic Exchange of Information (AEOI) regimes — the Foreign Account Tax Compliance Act (FATCA) for exchanges with the United States, and the Common Reporting Standard (CRS) for exchanges with other participating countries. Australian Financial Institutions must collect and report specified information to the ATO, and the Fund is expected to be subject to these obligations.

All applicants must complete the relevant questions. We cannot process your application without this information, and we are not able to provide tax advice — please consult an experienced tax adviser. Complete Section 4.1 if investing as an individual or sole trader; complete Section 4.2 if investing as a company, trust (including an SMSF) or partnership.

4.1 Individuals — United States

Individual 1 — Are you a US citizen or resident for tax purposes?

☐ Yes — provide TIN below ☐ No — go to Section 4.3

INDIVIDUAL 1 — US TIN

Individual 2 — Are you a US citizen or resident for tax purposes?

☐ Yes — provide TIN below ☐ No — go to Section 4.3

INDIVIDUAL 2 — US TIN

4.2 Companies and Trusts — United States

Are you a trust, US company or US partnership?

☐ Yes — provide US TIN below ☐ No — complete the Non-US Entities section

US TIN

ARE YOU EXEMPT FOR US TAX PURPOSES? (YES / NO)

Non-US Entities — please tick ONE box:

- ☐ Regulated superannuation fund (SMSF, APRA-regulated, government or pooled super)
☐ Financial institution or trust with a financial-institution trustee ☐ Government entity ☐ Registered corporation
☐ Association ☐ Non-financial public company ☐ Trust (other than one with a financial-institution trustee) ☐ Charity
☐ Non-financial non-proprietary company ☐ Partnership

GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN), IF APPLICABLE

IF NO GIIN — FATCA STATUS

Example FATCA statuses: deemed-compliant foreign financial institution (n/r), exempt beneficial owner, non-participating (n/p), excepted (n).

4.3 Other foreign countries

Complete this section if an individual or beneficial owner party to this application has an overseas tax status in a country other than Australia or the United States. Indicate each country and the associated Tax Identification Number (TIN). If a TIN is not available, tick the appropriate reason. Attach a separate page listing all individuals or beneficial owners if there are more than two.

Individual 1

FULL GIVEN NAME(S)

SURNAME

COUNTRY

TIN

Reason if no TIN provided:

☐ Foreign TIN not issued by this country
 ☐ Individual is under age
 ☐ Foreign TIN pending issue by country's tax authority

Individual 2

FULL GIVEN NAME(S)

SURNAME

COUNTRY

TIN

Reason if no TIN provided:

☐ Foreign TIN not issued by this country
 ☐ Individual is under age
 ☐ Foreign TIN pending issue by country's tax authority

"Beneficial owner" means an individual who ultimately owns or controls (directly or indirectly) the investor — in the case of a company, trust, partnership or association, an individual who owns through one or more shareholdings, unitholdings or interests more than 25% of the issued capital, equity or voting rights.

For additional information: Investor Signals Pty Ltd · Level 17, Chifley Tower, 2 Chifley Square, Sydney NSW 2000 · T 1300 614 002 · E fund@investorsignals.com · For US instructions visit [irs.gov](https://www.irs.gov)

Section 5 Certified copy of an original document

A certified copy is a document that has been certified as a true copy of an original document. A certified extract is an extract that has been certified as a true copy of some of the information in a complete original document by one of the persons described below.

Eligible certifiers

- A lawyer, or a person enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner.
- A judge, magistrate, chief executive officer of a Commonwealth court, registrar or deputy registrar of a court.
- A Justice of the Peace, or a notary public (for the purposes of the Statutory Declaration Regulations 1993).
- A police officer; an Australian consular or diplomatic officer (within the meaning of the Consular Fees Act 1955).
- A postal agent — an agent of the Australian Postal Corporation in charge of an office supplying postal services to the public; or a permanent employee of the AP Corporation with ≥ 2 years' continuous service in such an office.
- An officer with ≥ 2 continuous years of service with one or more financial institutions or finance companies; or an officer / authorised representative of a holder of an Australian financial services licence with ≥ 2 consecutive years of service.
- An accountant — a member of CA ANZ, CPA Australia or the National Institute of Accountants with ≥ 2 years of continuous membership.

What the eligible certifier must include

- Their full name, address and telephone number.
- The date of certifying and the capacity in which they are eligible to certify.
- An official stamp or seal, if applicable.
- The statement: *"I certify this is a true copy of the original document."*
- For photographic documents, the statement: *"I certify this is a true copy of the original document and the photograph is a true likeness."*

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

INVESTOR ACKNOWLEDGMENTS

Declaration and Signature

I/we (an Investor) acknowledge, declare and agree that by signing this Application Form:

1. I have received and read the IM to which this Application Form applies and have received and accepted the offer to invest in Australia.
2. I am in compliance with the legal requirements applicable to me in my jurisdiction of residence relating to the acquisition, holding and disposition of any investment in the Fund, and Units have not been offered or promoted to me in violation of any securities laws applicable to me.
3. The acquisition of Units will not result in me holding a prohibited interest at law, or any person (including the Trustee) contravening, requiring approval of, or needing to effect any filing under the Competition and Consumer Act 2010 (Cth) or the Foreign Acquisitions and Takeovers Act 1975 (Cth).
4. Unless agreed otherwise with the Trustee, I am a wholesale client (s.761G) or a sophisticated investor (s.761GA) of the Corporations Act.
5. If I received the IM by electronic means, I received it personally or a print-out of it, accompanied by this Application Form.
6. All details provided in this Application Form are true and correct, and the Trustee will rely on the information I have provided.
7. I will be bound by the current IM and the Constitution (as amended from time to time) and will become a Unitholder on and subject to the terms of the Constitution (which prevail over the IM in any inconsistency).
8. The Trustee is authorised to apply or use my TFN or ABN for all future applications, unless I notify the Trustee otherwise.
9. Neither the Trustee nor its related bodies corporate guarantees the repayment of capital, the performance of the Fund or any particular return.
10. I understand the risks involved in investing in the Fund and have read the privacy section in the IM.
11. The Trustee may pass on information about me or my investment to relevant regulatory authorities under the AML/CTF Law. I will provide reasonable information and assistance required for compliance and indemnify the Trustee against any loss caused by my failure to do so.
12. The monies funding my investment are not derived from money laundering, terrorism financing, drug trafficking or other unlawful activities, and the proceeds will not be used to finance any illegal activities.
13. I am not a "politically exposed" person or organisation for AML/CTF purposes and will notify the Trustee if I become one.
14. I consent to disclosure of my application and holdings details in accordance with the IM's Privacy section.
15. If acting as a trustee for a superannuation fund or other trust, I am acting in accordance with my powers and authority under the deed and applicable legislation, and I am the sole trustee unless otherwise indicated. Where I am a trustee of a superannuation fund, I confirm it is a complying fund under the SIS Act 1993.
16. Investor Signals issues the IM solely as trustee of the Fund. Its liability is limited to the amount it is actually indemnified for out of the Fund's assets. Investor Signals reserves the right to reject any application.

Declaration continued:

17. I am not a U.S. Person, am not subscribing for Units on behalf of or for the benefit of a U.S. Person, and do not intend to sell or transfer Units to a U.S. Person. I was not in the United States at the time Units were offered to me or when I completed and submitted this Application Form. The Trustee may determine at any time that I become a U.S. Person, in which case the Fund may require me to redeem my Units at the then NAV per Unit.
18. The Trustee may rely conclusively upon and incurs no liability for action taken upon any notice, consent, request, instruction or instrument believed in good faith to be genuine and signed by properly authorised persons. "U.S. Person" has the meaning given by Regulation S under the U.S. Securities Act of 1933 or as defined by the U.S. CFTC, as amended.
19. If requested, I will provide information required by the Trustee, custodian or administrator to comply with FATCA, CRS and other applicable laws. If I am a body corporate, I am duly incorporated and validly existing under the laws of my place of incorporation.
20. I have the experience necessary to evaluate and understand the financial, investment and other risks of an investment in the Fund. I have sought advice from my own advisers as to the legal, tax, financial and other implications, and have relied solely on such advice and my own investigations in determining that this investment is suitable.
21. To my knowledge the issue of Units will not require Investor Signals to provide a product disclosure statement; obtain a licence or effect a filing with any non-Australian regulatory authority; or breach any law in my home jurisdiction.
22. I will notify Investor Signals in writing as soon as practicable if any representation under this Application Form becomes untrue, inaccurate, misleading or deceptive.
23. I acknowledge that to comply with the AML/CTF Law, Investor Signals must collect and verify identification information, may re-verify at any time (including on transfer or redemption), and may delay or refuse a transaction it reasonably believes may breach AML/CTF obligations.
24. Any application amount is from legitimate sources, is not the proceeds of crime under the Proceeds of Crime Act 1987 or 2002 (Cth), does not breach the AML/CTF Act 2006 (Cth), and complies with all applicable AML or foreign exchange laws.
25. I consent to Investor Signals collecting, holding and using my personal information for providing/marketing products, administration, compliance, business strategy and communications, and to transferring my personal data to other jurisdictions, including jurisdictions that may not offer equivalent protection.

Account operating instructions

If no selection is made, all individuals to sign will be assumed.

☐ Any individual to sign
 ☐ Any two individuals to sign
 ☐ All individuals to sign
 ☐ Other (please specify)

OTHER — PLEASE SPECIFY

Signatures

SIGNATURE 1	NAME & TITLE (BLOCK LETTERS)	DATE
SIGNATURE 2	NAME & TITLE (BLOCK LETTERS)	DATE
SIGNATURE 3	NAME & TITLE (BLOCK LETTERS)	DATE
SIGNATURE 4	NAME & TITLE (BLOCK LETTERS)	DATE

IF INVESTING LESS THAN \$100,000

Wholesale Client Certificate

To: Investor Signals Pty Ltd. If you are investing less than \$100,000 and have not been advised otherwise by Investor Signals, please complete Section 1, complete Section 2 (either Option A, or Option B signed by your accountant), and sign and date Section 3.

Section 1 Investor details

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

APT / SUITE / FLOOR (IF APPLICABLE)

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TELEPHONE AREA CODE

TELEPHONE NUMBER

Section 2 Certification — Option A: Wholesale Client category

I certify that I am a "wholesale client" as defined in the Corporations Act 2001.

Details of the managed fund / superannuation fund / trust / scheme (if applicable)

FULL GIVEN NAME(S)

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS — STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TELEPHONE AREA CODE

TELEPHONE NUMBER

Investor Signals may require independent verification of your wholesale client status.

Section 2 Certification — Option B: Qualified accountant's certification

Details of the qualified accountant

ACCOUNTANT'S NAME

NAME OF FIRM

STREET

CITY

POSTCODE

COUNTRY

EMAIL ADDRESS

TELEPHONE AREA CODE

TELEPHONE NUMBER

I certify that the following is true and correct in every particular:

- I am a qualified accountant within the meaning of section 9 of the Corporations Act 2001.
- This certificate is given at the request of the investor described in Section 1, and is given for the purpose of section 761G(7)(c) of the Corporations Act 2001.
- The Investor has net assets of at least \$2,500,000 (including any company or trust controlled by the Investor); **or** a gross income for each of the last two financial years of at least \$250,000 a year (including any company or trust controlled by the Investor).

ACCOUNTANT SIGNATURE

NAME & TITLE (BLOCK LETTERS)

DATE

"Qualified accountant" means a member of a professional body approved by ASIC — including CPA Australia (post-nominals "CPA"/"FCPA"), CA ANZ ("CA"/"ACA"/"FCA"), or the Institute of Public Accountants ("AIPA"/"MIPA"/"FIPA"), in each case subject to and complying with that body's continuing professional development requirements.

Section 3 Investor's signature

I declare that I have read and understood this form, and that the information set out is true and correct. Please sign below:

INVESTOR SIGNATURE

NAME & TITLE (BLOCK LETTERS)

DATE

RETURN YOUR COMPLETED FORM TO

Investor Signals Funds

Level 17, Chifley Tower · 2 Chifley Square · Sydney NSW 2000

E fund@investorsignals.com