

INITIAL APPLICATION FORM

The Trust Company (RE Services) Limited ACN 003 278 831
Lucerne Alternative Investments Fund ARSN 621 610 848

This Initial Application Form relates to a Product Disclosure Statement and dated 30 September 2022 (“PDS”) issued by The Trust Company (RE Services) Limited ACN 003 278 831, AFSL 235150, for the offer of units in Lucerne Alternative Investments Fund (“Fund”). Terms defined in the PDS have the same meaning in this Initial Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Initial Application Form.

If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Investment Form.

If you are a new investor, or if you are an existing Unitholder(s) and this investment is NOT in the same name(s) and fund as your existing account, please complete the sections of this Initial Application Form and the identification Forms noted below in Section 1. If you have not been provided with the identification form with this application, you can obtain this at www.laif.com.au

1 INVESTOR TYPE

INVESTOR TYPE	DOCUMENTS TO COMPLETE/ID DOCUMENTS TO PROVIDE
<input type="checkbox"/> Individual & Joint	<ol style="list-style-type: none">1. Sections 2,5,7 & 8 of Initial Application Form<ul style="list-style-type: none">○ Section 6 (only for investors with advisors)2. FATCA (Individual) declaration form for each individual3. CRS (Individual) declaration form for each individual4. Current CTC[^] of ID5. Current CTC of POR[^]6. Sophisticated Investor certificate (wholesale investors only)
<input type="checkbox"/> Company	<ol style="list-style-type: none">1. Sections 3,5,7 & 8 of Initial Application Form<ul style="list-style-type: none">○ Section 6 (only for investors with advisors)2. FATCA (Entity) & CRS (Entity) declaration form for the Company3. CRS (Controlling Person) for each controlling person of the Company4. ASIC company extract identifying directors, shareholders and shareholdings5. Current CTC of ID and CTC of POR for each director6. For shareholders with 25% or more holdings, if you are:<ul style="list-style-type: none">○ Individual – CTC of ID and CTC of POR○ Company – provide ASIC extract of the company, and CTC of ID and CTC of POR for all directors/majority shareholders of that company7. Sophisticated Investor certificate of the company (wholesale entities only)
<input type="checkbox"/> Trusts/Super Funds	<ol style="list-style-type: none">1. Sections 3,5,7 & 8 of Initial Application Form<ul style="list-style-type: none">○ Section 6 (only for investors with advisors)2. FATCA (Entity) & CRS (Entity) declaration form for the Trust/Super Fund3. CRS declaration<ul style="list-style-type: none">○ Individual Trustee - CRS (Controlling Person) for each Individual Trustee○ Corporate Trustee - CRS (Controlling Person) for each controlling person of the Company4. Current CTC of ID documents for the trustee<ul style="list-style-type: none">○ Individual trustee – provide CTC of ID and CTC of POR○ Corporate trustee – provide ASIC extract of company, CTC of ID and CTC of POR for each director5. Current CTC of the Trust Deed (Extract)*6. Current CTC ID and CTC of POR for each individual beneficiary7. Sophisticated investor certificate for the Trust/Super Fund (wholesale entities only)

[^]CTC – Certified True Copy (eg. Licence, Passport)

[^]POR – Proof of Residence (eg. Bank statement, utility bill, telephone bill)

*Extract of Trust Deed must contain Cover Page, Schedule of Beneficiaries/Parties and Signatory Page/s

2 INDIVIDUALS AND JOINT ACCOUNT HOLDERS

INVESTOR DETAILS

APPLICANT 1

Investor Type:

Individual

Title:

Given Name:

Surname:

Occupation:

Australian Tax File Number:

Residential Address:

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Postal Address if different to Residential Address:

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Phone Number (Business Hours):

Phone Number (After Hours):

Mobile Number:

Email Address:

Preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided.

I wish to receive all investor correspondence by post to the address provided in on this Application Form.

I nominate my financial advisor as noted in section 6 to receive all investor correspondence.

APPLICANT 2 (IF APPLICABLE)

Investor Type:

Individual

Title:

Given Name:

Surname:

Occupation:

Australian Tax File Number:

Residential Address:

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Postal Address if different to Residential Address:

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Phone Number (Business Hours):

Phone Number (After Hours):

Mobile Number:

Email Address:

Preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided.

I wish to receive all investor correspondence by post to the address provided in on this Application Form.

I nominate my financial advisor as noted in section 6 to receive all investor correspondence.

3 ALL OTHER ACCOUNT HOLDERS INVESTOR DETAILS

Investor Type/Capacity:

- Company
- Sole Trader
- Trust
- Partnership
- Association
- Co-operative
- Government Body
- Other

Full Name of Company/ Business if Sole Trader/Trust (including Trustee details)
/ Partnership/ Association/ Cooperative/ Government Body:

Tax File Number:

ABN (if applicable):

Principle Business Activity:

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Phone Number (Business Hours):

Mobile Number:

Fax Number:

Email Address:

Preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided.

I wish to receive all investor correspondence by post to the address provided in on this Application Form.

4 AUTHORISED REPRESENTATIVE DETAILS

Complete this section if you wish to appoint a person to act in a legal capacity as your authorised representative and to operate your investment in the Fund on your behalf. In general, an authorised representative can do everything you can do with your investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until you advise us in writing that the appointment of your authorised representative has terminated. We may also terminate or vary an appointment of an authorised representative by giving you 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative.

Please attach a certified copy of your Power of Attorney.

For information on how to certify your document please refer to the Certification Information Sheet.

Given Name:

Surname:

Signature of Authorised Representative:

Date:

5 INVESTMENT DETAILS

Please specify a class if applying into a specific class (if applicable):

Investment Amount: (subject to minimums)

Source of funds being invested (choose most relevant)

- Retirement income
- Employment income
- Business activities
- Sale of assets
- Inheritance/gifts
- Financial investments
- Other

Payment Method:

Direct Debit (see form attached if applicable)

Direct Credit/Electronic Funds Transfer

Institution: National Australia Bank

Account name: The Trust Company (RE Services) Limited RE <Lucerne Alternative Investments Fund> Application Account

BSB: 082-067

Account Number: 70-000-3069

Distribution payment instructions (choose one payment instruction):

Please reinvest my distributions in the relevant Fund

Please pay my distributions directly to my nominated bank account

Your Distribution Bank Account Details:

Bank:

Account Name:

BSB:

Account Number:

If you wish to have a separate bank account for redemption payments please fill the below:

Your Redemption Bank Account Details:

Bank:

Account Name:

BSB:

Account Number:

6 FINANCIAL ADVISOR DETAILS

BY FILLING OUT THIS SECTION YOU NOMINATE AND CONSENT THE NAMED FINANCIAL ADVISOR ACCESS TO YOUR INFORMATION.

Advisor Name (Full Name):

Name of Advisory Firm:

Name of Dealer Group:

AFSL or AFSL Representative Number:

Street address 1:

Street address 2:

Suburb:

State:

Postcode:

Country:

Phone Number (Business Hours):

Mobile Number:

Fax Number:

Email Address:

If you have elected your financial advisor to receive all investor correspondence, please confirm the financial advisors preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided in section 6.

I wish to receive all investor correspondence by post to the address provided in section 6.

7 DECLARATION

I/we declare and agree each of the following:

- I/we have read the current PDS to which this application applies and have received and accepted the offer in it.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of The Trust Company (RE Services) Limited ACN 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the PDS. I/we agree to provide further information or personal details to The Trust Company (RE Services) Limited and the custodian if required to meet their obligations under any anti- money laundering and counter-terrorism law and regulations, and acknowledge that processing or my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified.
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to The Trust Company (RE Services) Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify The Trust Company (RE Services) Limited of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company (RE Services) Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or The Trust Company (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- I/we certify that the information provided in the separate ID forms, including information relating to tax- related requirements, is reasonable based on verifiable documentation.

I/we acknowledge and agree that:

- The Trust Company (RE Services) Limited may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with anti-Money laundering and counter-terrorism law and regulations as well as any tax-related requirements for tax residents of other countries.

Additional declaration and agreement for New Zealand investors:

- I/we received and accepted this offer in Australia or New Zealand.
 - I/we understand that the PDS is not an investment statement under New Zealand law and that there are likely to be differences between the information provided in a PDS compared to an investment statement under New Zealand law.
 - I/we have read and understand the 'Important additional information for New Zealand investors in the current PDS.
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8 SIGNATURES

Joint applicants must both sign. For Individual Trustee Trust/Superannuation Funds, each individual Trustee must sign. For Corporate Trustee Trust/Superannuation Funds, two Directors, a Director and Secretary, or Sole Director must sign.

APPLICANT 1

Signature	Full Name	Date
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Tick capacity (mandatory for companies):

- Sole Director and Company Secretary
- Director
- Secretary
- Non-corporate trustee
- Partner

APPLICANT 2

Signature	Full Name	Date
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Tick capacity (mandatory for companies):

- Director
- Secretary
- Non-corporate trustee
- Partner

Please email and post signed original Initial Application Form, FATCA/CRS forms and certified copies of Identification to:

Email Address: investorservices@mainstreamgroup.com

Postal Address: Mainstream Group Holdings Limited
GPO Box 4968
Sydney NSW 2001
Australia

Please ensure that you have transferred your Application Monies
