

MCCA INCOME FUND

APPLICATION FORM (PAGE 1)



MCCA Income Fund Application Form | MCCA Income Fund ARSN 138 726 931 | Product Disclosure Statement dated 30 September 2020. MCCA Asset Management Limited | ABN 18 113 728 706 | ASFL 291356 is the issuer of this PDS.

Application Checklist

Ensure that you:

- Complete all relevant sections of the Application Form;
- Sign all relevant sections in the Application Form;
- Complete the Direct Debit Request Authorisation (if applicable)
- Enclose certified copies of identification for each applicant; and
- Enclose copy of Trust deed for superfund (if applicable).

If you are an existing investor with any of MCCA fund, please insert your investor number:

SECTION A - INDIVIDUAL INVESTOR DETAILS

	APPLICANT 1	APPLICANT 2
INVESTOR TYPE (CIRCLE)*		
Title*		
Surname*		
Given*		
Any other names known by		
Date of Birth*		
Occupation*		
Country of* Citizenship/s		
Tax File Number or Exemption Reason*		
Tax Residence Country/ies*		
US Citizen or resident of the US for tax purposes	US Taxpayer Identification Number (TIN)	US Taxpayer Identification Number (TIN)

If TIN provided, please complete the FATCA Details Form available on mcca.com and submit with your Application Form. If there are more than two (2) applicants, including trustees or company directors, please provide their full details on a separate page.

ADDRESS & CONTACT DETAILS	Please tick if address is same as Applicant 1.	
Residential Street Address*		
Postal Address		
Email*		
Phone*		

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SECTION B - ORGANISATION / TRUST DETAILS

If you are investing in the name of a company, trust, partnership or other entity, YOU MUST COMPLETE BOTH SECTIONS A & B

ENTITY TYPE (CIRCLE / TICK)		
Full Name of Entity*		
Nature of business/type of trust*		
Corporate Trustee Name*		
ACN/ARBN*	ABN	
Tax File Number or Exemption Reason*	Tax Residence Country (non Australian Residents)	
A company, partnership, trust or association established under the laws of the US or a US taxpayer	Entity's US Taxpayer Identification Number (TIN)	If TIN provided, please complete the FATCA Details form available on mcca.com.au and submit with your Application Form.
Association/Other Governing legislation/jurisdiction	Registration Number	
Individuals who hold 25% or more of the company, trust or partnership	Individual 1	Individual 2
	Individual 3	Individual 4
ADDRESS DETAILS		
Registered Office	Principal Place of Business	
Street Address		
City, State, Province & Postcode		
Country (if not Australia)		

SECTION C - ACCOUNT AUTHORITIES

Authorisation for account changes and redemption (tick)	One Signatory <input type="checkbox"/>	All Signatories <input type="checkbox"/>	Other (please specify) <input type="text"/>
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SECTION D - INVESTMENT DETAILS

How will I make the investment	Cheque <input type="checkbox"/>	Direct Debit <input type="checkbox"/>	Amount <input type="text"/>
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SECTION E - INCOME DISTRIBUTION DETAILS

Income Distribution (tick)	Reinvest in MCCA IF <input type="checkbox"/>	Credit to Bank Account <input type="checkbox"/>
Bank account details - must be provided in all cases		
Account Name		
BSB	Account Number	
Bank/Branch		

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Section F: Declaration and Signature

1. I/We hereby apply for registration in the MCCA Income Fund ("the Fund").
2. I/we declare that we have received a paper or electronic copy of the PDS dated 30 September 2020 and read this PDS in full before completing this Application form and the details in the Application form are true and correct.
3. I/We agree to be bound by the provisions of the Fund Constitution as amended from time to time, a copy of which is available for my/our inspection.
4. I/We authorise the disclosure to the Financial Adviser or Authorised Representative whose details appear herein of any information in relation to this application or the investment relating thereto ("personal information") and I/we consent to the payment of brokerage and fees to the financial adviser or Authorised Representative as set out in this PDS or subsequent disclosure.
5. I/We understand and agree that MCCA may disclose information about me/us to courts, tribunals or as required by law, including to verify my/our identity as necessary for MCCA to comply with its obligations under the Act.
6. I/We understand that MCCA may use my/our personal information for marketing to you products and services offered by us and organisations with which we are affiliated or which we represent. You have the right not to receive marketing material by ticking this box:
7. I/We understand and agree that MCCA may provide personal information to an external organisation that provides information technology services.
8. I/We hereby irrevocably appoint MCCA, and any Director, agent, attorney or substitute nominated by it and the Manager to be my/our attorney for the purpose of performing its duties under the Fund's Constitution.
9. I/we hereby acknowledge that neither MCCA nor its Authorised Representatives if relevant has provided me/us with any personal financial product advice, made any representation or given any guarantee as to the Fund performance, the maintenance of capital or any particular rate of Investor return.
10. If signed under a power of attorney, I/we declare that I/we have no knowledge of the revocation of that power of attorney.

Name (Please print)

Signature(s)

DD/MMM/YYYY

Capacity to execute

Applicant / Power of Attorney/ Trustee
(Please circle applicable title)

Name (Please print)

Signature(s)

DD/MMM/YYYY

Capacity to execute

Applicant / Power of Attorney/ Trustee
(Please circle applicable title)

Send your completed Application form, certified copies of your identification documents and your cheque

to:

MCCA Assest Management
Limited
PO Box 73,
Moreland Victoria 3058
Australia

MCCA is not responsible for the return on any investment nor does it make any recommendation of any investment. You and your Financial Adviser are responsible for the suitability of any investment selected by you.