

ATLAS HIGH INCOME PROPERTY FUND

This Application Form accompanies the Product Disclosure Statement dated 21 June 2017 (**PDS**) issued by One Managed Investment Funds Ltd ABN 47 117 400 987 (**Issuer**) in its capacity as responsible entity of the Atlas High Income Property Fund (ARSN 618 658 567) (**Fund**).

It is important that you read the PDS and the Additional Information Booklet that forms part of this PDS in full and the acknowledgements contained in this Application Form before applying for Units.

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the PDS.

Please tick one box below and complete the relevant Sections of the Application Form.

Investor Type	Complete
Individual/Joint Investors/Sole Traders	Sections 1, 2, 5, 6, 7, 8, 9 and 10
Company	Sections 1, 3, 5, 6, 7, 8, 9 and 10
Trust/Superannuation Fund with Individual Trustee	Sections 1, 2, 4, 5, 6, 7, 8, 9 and 10
Trust/Superannuation Fund with Corporate Trustee	Sections 1, 3, 4, 5, 6, 7, 8, 9 and 10
Existing Investor/s	Additional Application Form

If investing via a Financial Adviser

Please ensure both you and your financial adviser also complete 'Section 11. Financial Adviser Details and Customer Identification Declaration'. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 11 of this Application Form.

etain this information, and agreed to make it available upon request, under Section 11 of this Application Form.			
Application Process:			
Step 1 - Complete Form (i.e.	fill in all relevant sections of this form in blue or black pen)		
Step 2 - Send your applicate Select your method of deliver			
Option 1 - Email	 Scan and email your application to info@oneregistryservices.com.au (please include all supporting documents) 		
Option 2 - Post/Delive	 Pry - Please post completed application form and all supporting documents to: Atlas High Income Property Fund Unit Registry PO Box R1479 Royal Exchange NSW 1225 		
_	ies are applicable to you, or you have other questions relating to this Application Form, on +61 2 8188 1510 or email info@oneregistryservices.com.au.		



1. INVESTMENT DETAILS

1.1 DETAILS
I/we apply to invest in the Atlas High Income Property Fund. Amount: AUD
(Minimum of \$10,000 and thereafter in multiples of \$2,000)
Please tick the box beside your chosen payment method and complete the required details.
Cheque Made payable to: One Managed Investment Funds Limited Applications Account
Electronic Funds Transfer or Direct Deposit Bank: St. George Reference: "Investor surname/company or trust name" (as applicable) Account Name: One Managed Investment Funds Limited Applications Account BSB: 332-127 Account number: 553 966 542
Date of Transfer
Reference Used
Source of Investment Funds Please identify the source of your investable assets or wealth:
Gainful employment Inheritance/gift Business activity
Superannuation savings Financial Investments
Other - please specify
What is the purpose of this investment?
Savings Growth Income
Retirement Business account

2. INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS/INDIVIDUAL TRUSTEES - APPLICATION FORM

Complete this section if you are investing in your own name, including as a sole trader.

INVESTOR 1		
Title		Date of Birth
Given Names		Surname
Place of Birth (City/Town)		Country of Birth
Residential Address (not a PO Box)		
Suburb	State	Postcode Country
Email		
Mobile Number		Telephone
Nobile Number		relephone
Occupation		
Cecupation		
INVESTOR 2 (only applicable for join	nt investors)	
Title		Date of Birth
Given Names		Surname
Place of Birth (City/Town)		Country of Birth
Residential Address (not a PO Box)		
Suburb	State	Postcode Country
Email		
Mobile Number		Telephone
Occupation		
If there are more than two individuals ple	ease provide details a	and attach to this Application Form
	OLE TRADERS (on	nly applicable if applying as a Sole Trader)
Full Business Name (if any)		
Australian Business Number (if obtained))	
Address of Principal Place of Business (n	ot a PO Box). If same	e as residential address given above, mark 'As Above'.
Suburb	State	Postcode Country

2.2 IDENTIFICATION DOCUMENTS

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislation, we must collect certain information from prospective investors and their beneficial owners supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify each investor.			
Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or			
Provide a certified copy of a passport that contains a phot	ograph and signature of the passport holder.		
3. COMPANY/CORPORATE TRUSTEE - APPLIC	ATION FORM		
Complete this section if you are investing for, or on behalf of, a	company.		
3.1 COMPANY DETAILS			
Full Company Name			
Country of Formation, Incorporation or Registration			
ARBN (if registered with ASIC)	ACN/ABN (if registered in Australia)		
Tax File Number or Exemption Code (Australian residents)	AFS Licence Number (if applicable)		
Name of Regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator)			
Name of Regulator (if incended by all Australian Commonwealth	, state or Territory statutory regulator)		
Registered Business Address in Australia or in Country of Forma	ation		
Suburb State	Postcode Country		
Principal Place of Business (not a PO Box address)			
Suburb State	Postcode Country		
If an Australian Company, registration status with ASIC.			
Proprietary Company Public Company			
If a Foreign Company, registration status with the relevant foreign registration body.			
Private/Proprietary Company Public Company Other - Please Specify Name of Delayart Familian Designation Designation of Delayart Familian Delayart Famili			
Name of Relevant Foreign Registration Body	Foreign Company Identification Number		
Is the Company Listed?			
No Yes - Name of Market/Stock Exchange			
Is the company a majority-owned subsidiary of an Australian listed company?			
No Yes - Name of Australian Listed Company			
- Name of Market/Stock Exchange			

If the company is registered as a proprietary company by ASIC or a private company by a foreign registration body, please list the name of each director of the company. Director 1 - Full Name Director 4 - Full Name Director 2 - Full Name Director 5 - Full Name Director 3 - Full Name Director 6 - Full Name If there are more than six directors please provide their full names on a separate page and attach to this Application Form. **Beneficial Owners of the Company/Corporate Trustee** Please provide details of the Beneficial Owner of the company who directly or indirectly control the company in Section 6.6. Please refer to Section 13 if you are unsure as to what Beneficial Owner means. 3.2 CONTACT PERSON DETAILS (Financial Adviser details not accepted) Given Names Surname Postal Address Suburb State Postcode Country Email Mobile Number Telephone 3.3 IDENTIFICATION DOCUMENTS To comply with AML/CTF legislation, we must collect certain identification documents from prospective investors and their beneficial owners supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment. Select one of the following options to verify the company. Perform a search of the ASIC database (unit registry to perform on behalf of the investor); or Provide a certified copy of the certification of registration issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company - private or public). Select one of the following options to verify the Officeholders who have signed the Application Form and Beneficial Owners identified in Section 6.6. Provide a certified copy of a driver's licence that contains a photograph of the licence/permit holder; or Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

Directors of the Company/Corporate Trustee

4. TRUST/SUPERANNUATION FUND

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

4.1 TRUST/FUND DETAILS			
Full Name of Trust/Superannuation Fund			
Country of Establishment			
Tax File Number or Exemption Code Australian Business Number (if any)			
TYPE OF TRUST			
(Please tick ONE box from the list below to indicate the type of Trust and provide the required information)			
Type A: Regulated Trust (e.g. self-managed superannuation fund)			
Name of regulator (e.g. ASIC, APRA, ATO) Registration/Licensing details			
Type B: Government Superannuation Fund			
Name of the legislation establishing the fund			
Type C: Foreign Superannuation Fund			
Name of Regulator Registration/Licensing Details			
Type D: Other Type of Trust/Unregulated Trust			
Trust Description (e.g. family, unit, charitable)			
4.2 ADDITIONAL INFORMATION FOR TYPE C AND TYPE D TRUSTS			
SETTLOR OF THE TRUST			
The material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000.00.			
The settlor of the trust is deceased.			
Neither of the above is correct:			
Provide the full name of the settlor of the trust.			
BENEFICIARY DETAILS			
Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?			
Yes - Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes)			
No - Provide the full names of each beneficiary in respect of the trust in Section 6.6 (includes beneficial owners who ultimately own 25% or more of the trust). Refer to Section 13 if you are unsure as to what Beneficial Owner means.			

4.3 TRUSTEE DETAILS

If a trustee is an individual, please complete Section 2. If a trustee is a company, please complete Section 3.

4.4 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficial owners supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to Section 12 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

For Trusts identified under 4.1 as Type A & Type B - select one of the following options to verify the Trust.				
Perform a search of the relevant regulator's website e.g of the investor);	g. 'Super Fund Lookup' (unit registry to perform on behalf			
Provide a copy of an offer document of the managed investment scheme e.g. a copy of a Product Disclosure Statement; or				
Provide a copy or relevant extract of the legislation est from a government website.	Provide a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.			
For Trusts identified under 4.1 as Type C & Type D - select	one of the following options to verify the Trust.			
Provide a certified copy or a certified extract of the Trusignature page;	ist Deed containing the cover page, recitals and			
Provide an original letter from a solicitor or qualified ac of the settlor of the Trust; or	ecountant that confirms the name of the Trust and full name			
Provide a notice issued by the Australian Taxation Office	ce within the last 12 months (e.g. a Notice of Assessment).			
For Trusts identified under 4.1 as Type C & Type D - select and the Beneficial Owners identified in Section 6.6.	one of the following options to verify the Beneficiaries			
Provide a certified copy of a driver's licence that contains	ins a photograph of the licence/permit holder; or			
Provide a certified copy of a passport that contains a photograph and signature of the passport holder.				
AND relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).				
5. PAYMENT INSTRUCTIONS DISTRIBUTION	NS AND WITHDRAWALS			
Please indicate how you would like your distributions to be paid by ticking one box only. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:				
Reinvest in the Fund; or				
Pay to my/our account (Please provide your financial institution account details as per below).				
Financial Institution Account Details (must be an Australian financial institution) Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the Issuer to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.				
Bank/Institution	Branch			
Account Name				
BSB	Account Number			

The name of your nominated bank account must be the same as the Investor's name.

6. ACCOUNT HOLDER'S TAX RESIDENCY AND CLASSIFICATION - FATCA & CRS

The account holder is the person listed or identified as applicant in Sections 2, 3 and 4 (Account Holder).

The Account Holder's Country of Tax Residence, Tax payer Identification Number (**TIN**), Global Intermediary Identification Number (**GIIN**), FATCA Status, CRS Status and Controlling Persons (includes Beneficial Ownership details) should be provided in this section. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

If you are unable to complete this form please seek appropriate advice relating to the tax information required. For further details relating to the implementation of FATCA and CRS, please refer to the Australian Taxation Office's guidance material link:

https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information---guidance-material/

If you are applying

- i. As an Individual/Joint Investors/Sole Trader please complete Section 6.1.
- ii. All other types of entities please complete Sections 6.2, 6.3, 6.4, 6.5 and 6.6.

6.1 TAX RESIDENCE - INDIVIDUAL/SOLE TRADER

INVESTOR 1	
Please provide details for all jurisdictions in which t	the Account Holder is resident for tax purposes.
Country of Tax Residence 1	Taxpayer Identification Number 1#
	TIN Unavailable:
Country of Tax Residence 2 (if applicable)	Taxpayer Identification Number 2# (if applicable)
	TIN Unavailable:
Country of Tax Residence 3 (if applicable)	Taxpayer Identification Number 3# (if applicable)
	TIN Unavailable:
TIN Unavailable Explanation(s) - If any 'TIN Unavail	lable' box is checked, please provide an explanation.
	represent all countries in which I am considered a tax resident. ax residence please attach a statement to this form containing the try.
A U.S. person includes a U.S. citizen or resident alie	en of the U.S. even if residing outside the U.S.
Yes If 'Yes', the Account Holder's U.S. counting provided above. No INVESTOR 2	ry of residence and U.S. Tax Identification Number must be
Please provide details for all jurisdictions in which t	the Account Holder is resident for tax purposes.
Country of Tax Residence 1	Taxpayer Identification Number 1#
	TIN Unavailable:
Country of Tax Residence 2 (if applicable)	Taxpayer Identification Number 2# (if applicable)
	TIN Unavailable:
Country of Tax Residence 3 (if applicable)	Taxpayer Identification Number 3# (if applicable)
	TIN Unavailable:
TIN Unavailable Explanation(s) - If any 'TIN Unavail	lable' box is checked, please provide an explanation.
	represent all countries in which I am considered a tax resident. ax residence please attach a statement to this form containing the try.
A U.S. person includes a U.S. citizen or resident alie	en of the U.S. even if residing outside the U.S.
	cry of residence and U.S. Tax Identification Number must be
# TIN is the number assigned by each country, for th	he purpose of administering tax laws (equivalent of a Tax File

Number in Australia). If you are a tax resident of Australia please provide your TFN.

6.2 ACCOUNT HOLDER'S GIIN (IF ANY) - COMPANIES, TRUSTS AND OTHER TYPES OF ENTITIES			
If you are unable to complete this form please seek appropriate advice relating to the tax information required.			
Account Holder's GIIN (if any)			
Sponsoring Entity's Name (if the Account Holder is a spor	nsored entity, please provide the sponso	r's GIIN)	
6.3 TAX RESIDENCE OF THE ACCOUNT HOLDE OTHER TYPES OF ENTITIES	R - COMPANIES, TRUSTS AND		
Please provide details for all jurisdictions in which the A	ccount Holder is resident for tax purpose	es.	
Country of Tax Residence 1	Taxpayer Identification Number 1#		
		TIN Unavailable:	
Country of Tax Residence 2	Taxpayer Identification Number 2# (if	applicable)	
		TIN Unavailable:	
Country of Tax Residence 3	Taxpayer Identification Number 3# (if	applicable)	
		TIN Unavailable:	
TIN Unavailable Explanation(s) - If any 'TIN Unavailable'	box is checked, please provide an explar	nation.	
I/We certify the tax residence countries provided r considered a tax resident.	represent all countries in which the Acc	ount Holder is	
If Account Holder has additional countries of tax resi Country and TIN for each such additional country.	idence please attach a statement to this	form containing the	
# TIN is the number assigned by each country, for the pur Number in Australia). If you are a tax resident of Austra		ent of a Tax File	
6.4 FATCA STATUS - COMPANIES, TRUSTS AND	O OTHER TYPES OF ENTITIES		
IS THE ACCOUNT HOLDER A U.S. PERSON?			
If Yes, complete the U.S. Person certification			
U.S PERSON CERTIFICATION Is the Account Holder a specified U.S. person?			
Yes Provide a U.S. TIN below.			
No			
U.S. Taxpayer Identification Number (TIN):			
If No, complete the non U.S. Person certification			
NON U.S. PERSON CERTIFICATION			
Select a classification that matches your FATCA status: Select only a single category.			
Participating FFI (Provide GIIN in Section 6.2)			
Local/Partner Jurisdiction FFI (Provide GIIN in Sec	etion 6.2)		
Deemed-Compliant FFI			
Select deemed-compliant category:			
Trustee-Documented Trust (Provide GIIN and Trustee name in Section 6.2)			
Sponsored Investment Vehicle (Provide GIIN and Sponsor's name in Section 6.2)			
Registered-Deemed Compliant FFI (Provide GIIN in Section 6.2)			
Other Deemed-Compliant Category			
Nonparticipating FFI			
Exempt Beneficial Owner (includes self-managed	superannuation fund)		

Direct Reporting NFFE (Provide GIIN in Section 6.2)			
Sponsored Direct Reporting NFFE (Provide GIIN and Sponsor's name in Section 6.2)			
Active NFFE			
Passive NFFE (Complete Section 6.6 - Controlling Persons)			
Other - describe the FATCA status			
6.5 CRS STATUS - COMPANIES, TRUSTS AND OTHER TYPES OF ER	NTITIES		
IS THE ACCOUNT HOLDER A FINANCIAL INSTITUTION?			
Financial Institution			
Is the entity an Investment Entity managed by an FI or other Financial Institutio Yes If any tax residence country provided is not a participating CRS juris			
Controlling Persons.	saletion, their complete occiton c.c		
Non-Financial Entity (NFE) If the Account Holder is a Non-Financial Entity (NFE), select a classification tha	at matches your CRS status:		
Government Entity, International Organisation and Central Bank	• • • • • • • • • • • • • • • • • • • •		
A corporation the stock of which is regularly traded on an established s (or entity related to such a corporation):	securities market		
Name of Securities Market:			
Name of Related Entity:			
Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle, Trustee Documented Trust and Self-managed Superannuation Fund)			
Other Active NFE			
Passive NFE (Complete Section 6.6 - Controlling Persons)			
Other - describe the CRS Status			
6.6 CONTROLLING PERSONS/BENEFICIAL OWNERS (INCLUDES BENEFICIARY DETAILS UNDER SECTIONS 3.1 AND) 4.2)		
This section is considered an integral part of the self-certification to which Controlling Persons/Beneficial Ownership, please submit an updated form			
Controlling Person 1 / Beneficial Owner 1	within 50 days.		
First Name Family Name/Surname			
Current Residential Address			
Current Residential Address			
City/Town State/Province Postcode	Country (do not abbreviate)		
Date of Birth (DD/MM/YYYY) City/Town of Birth	Country of Birth		
Country of Tax Residence 1	Taxpayer Identification Number 1		
Country of Tay Posidones 2	Taypayor Identification Number 2		
Country of Tax Residence 2	Taxpayer Identification Number 2		
Country of Tax Residence 3 Taxpayer Identification Number			
TIN Unavailable Explanation(s) - If TIN is not provided above, please provide a	n explanation.		
The state and an arrange of the state provided above, prease provide all	enplandion		

*Please tick the box/es to select the role types that are relevant to you (i.e. Controlling Person 1/Beneficial Owner 1).			
Controlling Person* /	Beneficiary Type*		
Legal Person*	By Ownership By other	neans S	enior Managing Official
Legal Arrangement - Trust*	Settlor Trustee	Protector	Beneficiary Other
Legal Arrangement - Other*	Settlor - Trustee - Equivalent	Protector - Equivalent	Beneficiary - Other - Equivalent
Controlling Person 2 / Ben	eficial Owner 2		
First Name	Family Name/Surnar	ne	
Current Desidential Address			
Current Residential Address			
City/Town	State/Province Pos	tcode C	ountry (do not abbreviate)
Date of Birth (DD/MM/YYYY)	City/Town of Birth	Cou	ntry of Birth
Country of Tax Residence 1			
Country of Tax Residence 2			axpayer Identification Number 2
Country of Tax Residence 3]	axpayer Identification Number 3
TIN Unavailable Explanation(s) - If TIN is not provided above, pleas	se provide an ex	rplanation.
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*Diagon tight the boy /or to go		vav (i a Cantra	lling Dayson 2/Danaficial Owner 2)
	ect the role types that are relevant to	you (i.e. Contro	lling Person 2/Beneficial Owner 2).
Controlling Person* /	Beneficiary Type*		
Legal Person*	By Ownership By other		enior Managing Official
Legal Arrangement - Trust*	Settlor Trustee	Protector	Beneficiary Other
Legal Arrangement - Other*	Settlor - Trustee - Equivalent Equivalent	Protector - Equivalent	Beneficiary - Other - Equivalent
	lling Persons or Beneficial Owners o	r Countries of T	ax Residence, please provide the
details on a separate page and	attach to this Application Form.		
7 DOLUTICALLY EVE	OCED DEDCON (DED) Dof-	u to Cootion	17 for details
	DSED PERSON (PEP) - Refe	r to Section	15 for details
Are there any PEPs under this	Application Form?		
Yes			
No			
	of anyone that is named in this App s) or is an immediate family member		
Name of the PEP	,		
Description of PEP's position			
Name of the PEP			
Description of PEP's position			
f there more than 2 PEPs plea:	e provide the details on a separate p	age and attach	to this Application Form

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as broadly described in the Privacy statement in this PDS. I/we wish to receive information regarding future investment opportunities. You may change your election at any time by contacting the Issuer. Please tick the box below if you would like to receive all communications, including periodic statements, via email. I/we would like to receive all communications via email.

10. INVESTOR DECLARATION AND SIGNATURES

If the above box is not ticked all communications will be posted to you.

DECLARATION AND SIGNATURES

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

- · I/we have read and understood the PDS to which this Application Form applies, including any supplemental information;
- the Additional Information Booklet that forms part of this PDS;
- I/we have received and accepted the offer to invest in Australia;
- The information provided in my/our Application Form is true, correct and complete in all respects;
- I/we agree to be bound by the provisions of the Constitution governing the Fund and the terms and conditions of the PDS, each as amended from time to time;
- I/we acknowledge that none of the Issuer, its related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Issuer or any of its related bodies corporate or associates;
- I/we acknowledge the Issuer reserves the right to reject any application or scale back an application in its absolute discretion:
- If applicable, after assessing my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund;
- If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form);
- I am/we are over 18 years of age and I/we are eligible to hold units/investment in the Fund;
- I/we have all requisite power and authority to execute and perform the obligations under the PDS and this Application Form;
- I/we acknowledge that application monies will be held in a trust account until invested in the Fund or returned to me/us. Interest will not be paid to applicants in respect of their application monies regardless of whether their monies are returned;
- I/we have read the information on privacy and personal information contained in the PDS and consent to my/our personal information being used and disclosed as set out in the PDS;
- I/we acknowledge that the Issuer may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- I/we indemnify the Issuer and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the **Indemnified Parties**) and to hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a **Loss**) due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to the Issuer, its agents or other parties in connection with my/our investment in the Fund. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Issuer and the issue and/or sale of the investment;
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the PDS or my/our investment;
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States or any other country for taxation purposes;
- I/we will promptly notify the Issuer of any change to the information I/we have previously provided to the Issuer, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us;
- I/we consent to the Issuer disclosing any information it has in compliance with its obligations under the US Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information (CRS) and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required;

- I/we acknowledge that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, the FATCA and CRS (including any related Australian law and guidance) and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, the Issuer may not allow me/us to invest in the Fund;
- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (AML/CTF Law):
- I/we will provide the Issuer with all additional information and assistance that the Issuer may request in order for the Issuer to comply with the AML/CTF Law, FATCA and CRS; and
- I/we acknowledge that the Issuer may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the Issuer is concerned that the request or transaction may breach any obligation of, or cause the Issuer to commit or participate in an offence (including under the AML/CTF Law, FATCA and CRS).

Signature 1*		Signature 2*	
Full Name		Full Name	
Date		Date	
Tick capacity (mandatory for c	ompanies):	Tick capacity (mandatory for companies):	
Sole Director and Compa	ny Secretary	Sole Director and Company Secretary	
Director		Director	
Secretary		Secretary	
Company Seal (if applicable)			
*Joint applicants must both sig		a Director and Secretary or the Sole Director and Secretary of	
the company, details of which		a Director and Secretary of the Sole Director and Secretary of	
*For trust/superannuation fund	applications each individua	al trustee must sign.	
Application Draces			
Application Process:		be from the bloom bloods of the	
Step 1 - Complete Form (i.e. fil		nis form in blue or black pen)	
Step 2 - Send your application Select your method of delivery			
Option 1 - Email	 Scan and email your application to info@oneregistryservices.com.au (please include all supporting documents) 		
Option 2 - Post/Delivery - Please post completed application form and all supporting documents to: Atlas High Income Property Fund Unit Registry PO Box R1479			

Please ensure that you have transferred your application monies or enclose a cheque for payment.

Royal Exchange NSW 1225

11. FINANCIAL ADVISER DETAILS AND CUSTOMER IDENTIFICATION DECLARATION

Customer Identification Declaration (Financial Adviser to complete)

I confirm that I have completed an appropriate Customer Identification Declaration (CID) on this investor and/or the beneficial owners which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act). Please select the relevant option below: I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners; OR I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the Issuer or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to the Issuer. I agree to provide the Issuer or its agents with any other information that they may require to support this Application. Financial Adviser Name (if a new adviser, please attach a copy of your employee/representative authority) **Business Name** Adviser Number (if applicable) Street Address Suburb State Postcode Country Postal Address Suburb State Postcode Country Office Telephone Mobile Number Email

DEALER DETAILS Dealer Name Dealer Number (if applicable) Contact Person AFSL Number ABN Postal Address Suburb State Postcode Country Office Telephone Email Dealer Stamp Signature of Financial Adviser Date Financial Adviser Access to Investor Information (Investor to complete)

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

Please provide access to information and send copies of all transaction confirmations to my/our financial adviser.

You may change your election at any time by contacting the Issuer.

12. CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format - in other words, a copy of the original document that has been certified by an eligible certifier.

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

People who can certify documents or extracts are:

- 1. A lawyer, being a 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).
- 2. A judge of a court.
- 3. A magistrate.
- 4. A chief executive officer of a Commonwealth court.
- 5. A registrar or deputy registrar of a court.
- 6. A Justice of the Peace.
- 7. A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- 8. A police officer.
- 9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- 10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- 11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
- 12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*).
- 13. A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the *Statutory Declaration Regulations 1993*).
- 14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
- 15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

13. KEY DEFINITIONS

CONTROLLING PERSON(S)

'Controlling Persons' means with respect to an entity that is a legal person, natural person(s) who exercises control over an entity.

This should be interpreted in a manner consistent with relevant Financial Action Task Force Recommendations on the terms "beneficial owner". Investors that are Passive NFFEs or NFEs under FATCA and CRS respectively should consult their own advisors regarding any Control Person(s) they may have.

BENEFICIAL OWNER

To comply with AML/CTF laws, we require you to disclose the Beneficial Owners. Beneficial Owner means an individual who ultimately owns or controls (directly or indirectly) the investor.

'Owns' means ownership (either directly or indirectly) of 25% or more of the investor.

'Controls' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies.

TAXPAYER IDENTIFICATION NUMBER (TIN)

Taxpayer Identification Number (**TIN**) means the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number (**TFN**) in Australia or an Employer Identification Number (**EIN**) in the U.S.

GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)

Global Intermediary Identification Number (**GIIN**) means the Global Intermediary Identification Number (**GIIN**) and it is a unique identification number that non-US financial institutions receive from the IRS (i.e. IRS of the U.S) when they register as a financial institution for FATCA.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

FATCA means the U.S Foreign Account Tax Compliance Act.

COMMON REPORTING STANDARDS (CRS)

CRS means OECD Common Reporting Standards for Automatic Exchange of Financial Account Information.

POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person ('PEP'). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.