

Skyring Platinum Fixed Income Fund
ARSN 646 317 982

Skyring Platinum Fixed Income Fund
Investor Services contact details

Phone: 1300 73 72 74
Email: investor@skyring.com.au

Legal notices

This Application Form relates to the Product Disclosure Statement (PDS) dated 1 June 2024 relating to units in the Fund. The PDS contains important information about investing in the Fund and you should read it before applying for units.

Skyring Asset Management Limited
ABN 92 156 533 041 AFSL 422902 (Skyring)
is the issuer of units in the Fund.

Please use this form if you wish to make an additional investment in the Skyring Platinum Fixed Income Fund.

1 INVESTOR DETAILS

Account Number

Account Name

2 INVESTMENT DETAILS

Please specify your application amount:
Please note, minimum additional investment amount \$1,000 per class.

AUD

3 PAYMENT OF APPLICATION AMOUNT

Please select your payment method and complete the relevant section if applicable.
All payments must be made in AUD.

I am making my payment by:

EFT

Cheque

EFT

Account name: SKYRING PLATINUM FIXED INCOME FUND

BSB: 082 067

Account number: 910 625 851

Your reference: [please use the name of the investor]

Cheque

Make your cheque payable to: Skyring Platinum Fixed Income Fund

Please cross it "not negotiable". Australian dollar cheques only.

4 INVESTMENT DETAILS

Please indicate the application amount per class:

Class of units	Investment amount*
T12 class units	\$
T24 class units	\$
T36 class units	\$

* Please note, minimum additional investment amount \$1,000 per class.

5 APPOINTMENT OF FINANCIAL ADVISER

Financial adviser must complete the following questions:

The applicant(s) named in this application are in the target market specified in the TMD for the Fund:

Yes No

If no, please provide details why:

The applicant(s) named in this application have been provided with personal advice about investing in the Fund:

Yes No

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Advisor signature

6 TARGET MARKET

This section only needs to be completed if you do not have a financial adviser for this investment (i.e. section 5 of this application form has not been completed).

1. What are your investment objectives for this investment? Please *select one or more* of the objectives which are applicable to you.

Receive an income paid monthly

Investment exposure to a pool of loans made for a wide range of purposes secured by a first or subsequent ranking mortgage general security interest

An investment managed by an experienced investment manager

Guaranteed return on my investment

Capital growth

The ability to select the loans which I will investment exposure to

2. Please identify approximately how much of your investable assets (excluding your home) you intend to invest in the Fund? (*select one*)

Up to 10% of my investable assets

Up to 25% of my investable assets

Up to 50% of my investable assets

Up to 75% of my investable assets

Up to 100% of my investable assets

3. In investing in this Fund, are you looking for a product that it is capital guaranteed?

A capital guaranteed product is one that is covered by the Australian Government Financial Claims Scheme which covers deposits with authorised deposit taking institutions up to \$250,000.

No

Yes

4. In investing in this Fund, are you seeking an investment that provides diversification?

No

Yes

5. What type of return are you seeking from your investment?

Variable (i.e. the rate of the return paid can change each month during the minimum investment term)

Fixed (i.e. the same rate of return is intended to be paid each month for the minimum investment term)

6. Do you depend on being able to access the money you have invested at any time?

No

Yes

7. How frequently do you require the opportunity to withdraw your investment in the Fund? (*select one*)

Daily

Weekly

Monthly

Quarterly

Less frequently than quarterly

8. What is your investment time frame? (*select one*)

Less than 12 months

12 to 36 months

More than 36 months

9. How much are you able to invest in the Fund?

\$1,000 or more

Less than \$1,000

Before proceeding with your investment, we recommend you:

- Read the PDS, and
- Seek personal advice from your financial adviser, stockbroker or another professional adviser

The TMD for the Fund can be found at www.skyring.com.au

7 ACKNOWLEDGEMENTS

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS,
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association.
- you are not bankrupt or a minor,

• you agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time,

if the 'Financial adviser fees' section is completed (see section 5), you authorise payment of the nominated adviser fees from your investment until you request that this is stopped or changed, and

• you consent to the handling of your personal information in accordance with the Privacy Act 1988 and relevant privacy policies.

8 SIGNATURES

Signing instructions

Individual - where the investment is in one name, the account holder must sign.

Joint Holding - where the investment is in more than one name, all of the account holders must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.

Companies - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney - if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Please print full name

Date signed (DD/MM/YYYY)

/ /

Date signed (DD/MM/YYYY)

/ /

Company officer (please indicate company capacity)

Director

Sole director and company secretary

Authorised signatory

Company officer (please indicate company capacity)

Director

Sole director and company secretary

Authorised signatory