

### PRODUCT DISCLOSURE STATEMENT PART 2 OF 2

(Dated 16 October 2014)



ABN 66 074 577 647 AFSL 246542

## CHIMAERA SUPER FRANKED INCOME

(This must be read in conjunction with Part I of this PDS)

The information contained in both parts of the PDS is general advice only and does not take into account your objectives, financial situation or needs. Before acting on this information, you should consider whether the information in the PDS is appropriate for you after taking into consideration your objectives, financial situation and needs. To obtain investment advice on the investments offered in the PDS you should consult your Financial Adviser. Your Financial Adviser may assist you to:

- decide whether FolioMandate will meet your needs; and
- compare FolioMandate to others you may be considering.

You must read Part 1 and Part 2 (with accompanying Application Form) carefully before making a decision to invest in the Chimaera Super Franked Income Folio. If you have not received both parts, please contact the Client Services Group on (03) 8614 8400.

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### What is FolioMandate?

FolioMandate is a unique Individual Managed Account (IMA) service structured in the form of a registered managed investment scheme. An appointed manager will constantly assess and determine the investments to be made on your account.

Unlike managed funds, the assets within an IMA are not pooled with those of other investors and then valued periodically to calculate the price of an investor's allotment of units in that fund. Instead, particular assets are selected according to the terms and conditions of your chosen Model Folio and then bought, sold or held directly on your behalf. In this way, you may assess at any time the value of assets held on your account, rather than awaiting the episodic repricing of units you hold in a fund.

This distinction provides you with an individualised cost base for tax purposes and the ability to customise the investment features of your Account to better reflect your individual preferences.

IMAs combine the benefits of securing professional money management with the flexibility, portability, controls and potential tax advantages of direct entitlements in respect of individual securities.

### What are the Key Risks of FolioMandate

The risks of investing in FolioMandate are set out in Part 1 of the PDS (See Section 2). These risks are summarised below:

### Market Based Risk

- · Security specific risk
- Interest rate risk
- · Liquidity risk

### Transaction and Counterparty Risk

- Stock selection risk
- Counterparty risk
- Derivative risk
- Leverage risk (including margin call risk)
- Short selling risk

### Regulatory Risk

Market risk

### Scheme Risk

- Key personnel risk
- Scheme risk
- Transfer of title

### What are the Key Attributes of FolioMandate?

The principal attributes of investing in FolioMandate, and therefore also the benefits of utilising Chimaera Capital's expertise in the management of your FolioMandate investment, are set out below.

#### Customisation

- Portfolio may be customised based on your specific financial goals and targets
- Significant choice available to you including selection of a particular security, industry or sector
- · Choice of investment objective or Model Folio

### Facilitates Tax Planning

- Securities can be traded consistently according to your individual tax planning strategy
- Capital gain realisations can be managed and losses harvested
- Maximisation of franking credits through our targeted franked dividend acquisition strategies

### Market Entry and Exit Management

- · Selection of security purchase and sale points
- Management of timing of profit and losses

### Diversification

- Investments may be allocated across asset classes
- Broad exposure that mitigates value fluctuations over the course of market cycles

### Transparency

- · Total fee disclosure
- Reporting of all transactions and account movements
- Comprehensive tax reporting
- Secure and direct online access to all account details and forms

### Investment Flows

· Investment flows are controlled by you

### Personal and Social Preference Consideration

 You are able to request and establish screening that allows the portfolio to be constructed according to your social and personal preferences

# CHIMAERA SUPER FRANKED INCOME (This must be read in conjunction with Part | of this PDS)

Chimaera Super Franked Income Folio	Profile
Key Benefits	<ul> <li>Invest for tax efficient equity income, in a diversified portfolio of ASX listed blue chip and high quality companies.</li> <li>Superior franked income achieved free from leverage or option overlay, combined with high levels of franking for the efficient allocation of imputation credits</li> <li>Long term price returns consistent with Australian equity market risk profile.</li> <li>Investors will gain exposure to the broad sector weightings associated with widely accepted market based indices such as the S&amp;P / ASX 200.</li> <li>Ordinary shares only, no hybrid or derivative exposures, complex financial instruments, or long dated bond securities.</li> <li>Low transaction Costs</li> <li>Compatibility with various equity risk hedging overlay and leverage strategies</li> </ul>
Investment Objective	The Chimaera Super Franked Income Model is designed to generate high levels of franked income from an index based Australian equity Portfolio.  The Super Franked Income model is designed to accumulate a superior, highly franked income stream over a full year through portfolio rotation into the safest stocks. This rotation reduces the need to overreach for yield, in turn limiting the capital risk associated with exposures which exhibit a low probability of consistent payment of dividends.
Investment Strategy and Approach	The Chimaera Super Franked Income model consists of 30 - 60 ASX listed blue chip companies in similar sector proportions to widely recognised broad based Australian market indices such as the S&P / ASX 200. The strategy achieves a superior dividend stream through quarterly rebalancing designed to capture the upcoming dividend payments of a carefully screened subset of ASX listed companies which meet various investability criteria.
Recommended Investment Timeframe	Not less than three years
Past Performance	Indicative performance for the Chimaera Super Franked Income Folio is available at www.chimaeracapital.com.  Performance of your Folio may differ.  Past performance is not indicative of future performance.
Fees and Costs	Management Costs: (calculated daily paid monthly)           Folio Balance A\$50,000 – A\$250,000         1.10% (or \$1,100 on \$100,000)           Folio Balances greater than \$250,000         0.75% (or \$1,875 on \$250,000)           Plus Audit and Reporting Fee         \$240p.a. (\$20 deducted monthly)
Transaction Costs	0.1% per transaction plus GST.  Charged to your account each time securities are bought or sold within your Model Folio.
Performance Fee	Not Applicable
Leverage	Not Applicable
Derivatives	Prohibited

Fees in this section are quoted inclusive of GST unless stated, and net of the reduced input tax credits (RITCs) applicable

Other fees and costs may apply (see section 'Fees and Other Costs' in Part I of the PDS)

<sup>^</sup> These fees may be negotiated by certain investors. For further information see heading 'Ability to Negotiate Fees - Wholesale Clients' in Part | of the PDS \*For further details on Performance fees see section 'Additional Explanation of Fees and Other Costs' in Part | of the PDS.

Folio Manager Profile	
Folio Manager	Chimaera Private Limited  Chimaera Private in Melbourne, in conjunction with Chimaera Capital Management based in Singapore, provides dedicated asset management services to the Chimaera Group. Since 1996, Chimaera has developed a unique position in serving the particular investment needs of institutions, medium sized enterprises and high net worth individuals. Its fund managers have extensive experience in managing a broad range of investments across debt and equity markets in multiple geographies. It also utilises the skill set provided by Chimaera Index Advisors which undertakes financial market research and maintains indices and models covering multiple market sectors.
Key Personnel	
Andrew Kemp	Andrew is the Director of Asset Management for Chimaera Capital Management Limited. Andrew has around 16 years experience in the Asset management industry gained from Singapore, Australia and the United Kingdom. Andrew has been focussed on managing funds and segregated mandates for clients with a global and Asian geographic focus, and has experience across multiple asset classes.  Formally the Head of Fixed Income an Asset Allocation at DBS Asset Management in Singapore, Andrew was the investment manager of the award winning Shenton Income Fund which focused on yield enhancement strategies across Asia in both hard and local currencies. Prior to DBS, Andrew was a portfolio manager at Alliance Bernstein and affiliated companies in Melbourne for over a decade.
lan Pattison	lan is a co-founder and principal of the Chimaera Group and his responsibilities include leading the trading and dealing function. This function includes the execution and management of various strategies and mandates on behalf of the asset management group. Ian has approximately 15 years experience in portfolio construction and analytics. Ian's expertise includes management of execution and dealing in a number of cash and derivative strategies in the global markets.
Sal Catalano	Sal has over 20 years experience in the finance industry. He is a co-founder of the Chimaera Group and has extensive experience in global asset management, the management of alternative investments and the application of overlay enhancements including leverage, derivatives and taxation.  Sal was formally the Head of Donaldson, Lufkin and Jenrette in Australia, and the Asia Pacific Securities Financing Division of Paloma Partners. Following the acquisition of Donaldson, Lufkin and Jenrette by Credit Suisse First Boston he was appointed a Director of the Alternative Capital Group of Credit Suisse First Boston International, London.



(This must be read in conjunction with Part I of this PDS)

Please complete this form using BLOCK LETTERS

### Folio Mandate

This Application Form relates to the FolioMandate PDS dated 16 October 2014, which consists of Part 1 and this Part 2 Please ensure you have read both Parts 1 and 2 of the PDS before completing this Application Form

FolioMandate ARSN 122 844 679 Issuer is Chimaera Capital Limited ABN 66 074 577 647 AFSL 246542

ABN 66 074 577 647 AFSL 246542										
	New investor			OFFICE USE ONLY						
	Existing investor (Provide name	below)*	Investor Code:							
1	Name of investor:									
*Exist	*Existing Investors are not required to complete Section E									
	ndividual / Joint / Sole Trader	Please complete Sections A, B, C	C, D, EI							
F	Partnership	Please complete Sections A, B, C	C, D, E2							
Т	- rust	Please complete Sections A, B, C	C, D, E3							
	Australian Company	Please complete Sections A, B, C	C, D, E4							
F	oreign Company	Please complete Sections A, B, C	C, D, E4							
Sect	tion A - Declaration,A	Account Operating and	Signatures							
Decla	aration and Applicant Signature	s								
I/We	and the Investor declare that I/	We and the Investor:								
	nave received both Part I and thunder the Chimaera Super Frank		by or attached to the Application Form before n	naking an application						
(		S and to be bound by the provision	to which this application applies and agree to the as of the Constitution, as amended from time to t							
(c) ł	have completed this application a	and all details provided are true and	d correct;							
(d) h	) have legal power to invest in accordance with the PDS;									
(e) ł	e) have agreed to the terms of the Financial Adviser remuneration including any Initial Commission or Adviser Service Fee as specified, if applicable;									
` '	(f) acknowledge that any investment in the Fund is subject to investment risk including possible delays in repayment and loss of income and capital invested; and									
(g) acknowledge that neither Chimaera Capital nor any affiliate of the Chimaera Financial Group nor the Investment Manager guarantees that the return on my/our investment or that my/our investment will gain in value or retain its value.										
Date:	Date: (DD/MM/YYYY):									

Name of Individual Investor / Director / Trustee / Partner						
Name of Investor I Sole Director I / Secretary Director I / Secretary	etary Trustee I Partner I Secretary I					
Title: Surname:						
Given Name(s):						
Date of Birth (DD/MM/YYYY):/ Gender: [	Male Female					
Tax File Number:						
Or if exempt state type:						
If Non-Resident of Australia state country of residence:						
Mailing Address:						
Suburb: Stat	te:					
Country	Postcode:					
Phone: (H) + (W) +						
(F) + (M) +						
Email:						
Signature:						
Name of Investor 2 Director 2 Trustee 2 Partner 2						
Title: Surname: Investor 2 Invest						
Given Name(s):						
Date of Birth (DD/MM/YYYY): // / Gender:	Male Female					
Tax File Number:						
Or if exempt state type:						
If Non-Resident of Australia state country of residence:						
Mailing Address:						
Trailing Address.						
Suburb: Stat						
Country State	Postcode:					
	rosicode:					
Phone: (H) + (W) + (M) +						
Email:						
Signature:						

Name of Investor 3	Director 3	Trustee 3	Partner 3	3				
Title: Surname	e:							
Given Name(s):								
Date of Birth (DD/MM/YYYY	):	/	Ge	ender:	1ale	Femal	е	
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Or if exempt state type:								
If Non-Resident of Australia sta	te country of reside	ence:						
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Country							Postcode:	
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(F) +			(1	M) +				
Email:								
Signature:								
Name of Investor 4	Director 4	Trustee 4	Partner 4	1				
Title: Surname	e:							
Given Name(s):								
Date of Birth (DD/MM/YYYY	´):	/	Ge	ender:	1ale	Femal	е	
Tax File Number:								
Or if exempt state type:								
If Non-Resident of Australia sta	te country of reside	ence:						
Mailing Address:								
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Country							Postcode:	
Phone: <b>(H)</b> +			(\	V) +				
(F) +			] (1	M) +				
Email:								

(This must be read in conjunction with Part I of this PDS)

Company seal (if applicable)
Name of Holder of Power of Attorney
Title: Surname: United Surname: Surname: United Surname: Unite
Given Name(s):
Date of Birth (DD/MM/YYYY): Gender: Male Female
Tax File Number:
Or if exempt state type:
If Non-Resident of Australia state country of residence:
If signed by holder of Power of Attorney (POA) the holder of the POA states that no notice of revocation of the POA has been received by the holder.
Signature:

### Notes:

- $\ensuremath{^*}$  Joint Investors must be signed by all investors.
- \* Company must be signed a) under seal or b) by two directors or director and company secretary or c) sole director (where applicable)

  Please state role Director, Company Secretary, Sole Director.
- \* If signed under **Power of Attorney**, the holder must attach certified copy of Power of Attorney.
- \* If you invest in FolioMandate in the course of or furtherance of a business or enterprise carried on by you, you can supply your ABN instead of your TFN to us. You are not obliged to provide your TFN or ABN but if you provide neither and do not claim an exemption we are required to deduct tax from your distributions at the highest marginal tax rate, plus the Medicare levy, to meet Australian Tax Office requirements. Collection of TFNs is authorised and their use and disclosure is strictly regulated by tax laws and the Privacy Act. For further information about the use of TFNs please contact the Australian Tax Office.

Please send the completed form to: Client Services

Chimaera Capital Limited 349 Collins Street Melbourne VIC 3000

Australia

or

Fax to +61 3 8614 8410 (Australia) +852 2166 9510 (Hong Kong) +65 6594 3810 (Singapore)

or

Email signed form to clientservices@chimaeracapital.com

I. Account Operating									
a) Individual / Joint / Sole Trader / Partnership / Trustee (s):									
Either/Any One to Sign Any Two to Sign All to Sign Any Authorised Representative All Authorised Representatives									
b) Company (including corporate Trustee or Partner):									
Any Director to Sign Any Two Directors to Sign Any Authorised Representative All Authorised Representatives									
Any Director and Secretary to Sign Sole Director or Secretary Power of Attorney (Please provide a certified copy with this application form)									
If you select Authorised Representative(s) in 4 (a) or 4 (b) you must complete Section 5 or Section 6.									
2. Account Operating - Authorised Representative(s) Schedule									
If you are an entity that intends to operate your account pursuant to a Schedule of Authorised Representatives do not complete Section 6 but you must attach both the list of Authorised Representatives including sample signatures and contact information and the relevant entity authorisation/resolution (eg. for a corporation you must attach a copy of the shareholder resolution).									
3. Account Operating - Authorised Representative Details - Do not complete this section if you have completed Section 5.									
Title: Surname:									
Given Name(s): Gender: Male Female									
Signature: Date of Birth (DD/MM/YYYY): // //									
If your details are included in Section 3 you need only complete this panel & you are not required to complete the address, phone & email contact details.									
Mailing Address:									
Suburb: State: State:									
Country Postcode: Postcode:									
Phone: (H) + (W) +									
(F) + (M) +									
Email:									
Title: Surname:									
Given Name(s): Gender: Male Female									
Signature: Date of Birth (DD/MM/YYYY): // //									
If your details are included in Section 3 you need only complete this panel & you are not required to complete the address, phone & email contact details.									
Mailing Address:									
Suburb: State:									
Country Postcode:									
Phone: (H) + (W) +									
(F) +       (M) +									
Email:									

Section B - Adviser Remuneration  You may elect to remunerate your Advisor directly from your account with Chimaera. Your Adviser is required to disclose all remuneration																												
received in the relevant		nent o	1			they r		_						•			_											
Is this section applicab	le!		App	licable	9		INO.	t Ap	plic	abi	e - Co	ontini	ue to	⊃ <b>S</b> €	cti	on	C											
I. Initial Fee																												
	Please specify if you have agreed with your Financial Adviser to have a fee amount deducted from your initial investment amount:  Yes  No																											
	If Yes is selected and by inserting the fee amount in the field below, you are instructing Chimaera to deduct from your initial investment the nominated fee amount (GST inclusive) to be paid to your Financial Adviser.																											
, % of yo	our initi	al inve	estme	nt am	ount	(up to	o a r	nax	imu	ım î	2.5%).																	
2. Adviser Service Fe	ee																											
Please specify if you have advisory fees (adviser S												a:		\	és			No	)									
If Yes is selected and by monthly from your inve																						g Ch	nima	aera	to.	with	ndra	.W
Flat percentage ren	Flat percentage remuneration of% per annum of your investment value OR																											
Flat dollar remuneration of \$																												
3. Financial Adviser Details																												
Adviser Name:		$\prod$												I	$\perp$												$\prod$	
Title:	Surna	me:																									$\Box$	
Given Name(s):																											$\prod$	
Address:																											$\Box$	
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I hereby request Chima from my client's accour		provid	de a (	GST Ta	ıx Inv	oice t	o m	y cli	ent	on	my b	ehalf	eac	h tii	ne	the	: A	dvis	er :	Ser	vice	Fe	e is	ded	duct	ed		
Adviser Signature:																												
Advisor Stamp																												

### Section C - Payment Details

	I. Application Amount The minimum Initial Investment Amount is \$50,000 and the minimum Additional Investment Amount is \$1,000																															
	Chimaera Super Franked Income Folio  funds paid in by EFT, Cheque or Direct Debit  \$ , , , , , , , , , , , , , , , , , ,																															
Stock Transfer (Estimated Value — a final value will be determined upon							on tr	ans	fer)											\$				, [			],[					
Total Application Amount																					\$				, [			],[	I			
	Please contact Chim ees may apply for t				full c	detai	ls of	the	doc	ume	ents	rec	quire	ed t	o tı	rans	fer y	/ou	r cu	rre	nt ir	vest	mer	nts t	:0 y	our.	Acc	our	nt.			
2.	Deposits with Ch	imaera	- C	ash	can	not	be a	icce	pte	d																						
	EFT	(i) Aust	ralia	an In	ives	tors			Acc BSE Acc	cour 3: cour h the	nt N nt N	<b>Vam</b> <b>Vum</b> rigin	ne: nber al A	~: .ppli	Ch 06 11 icat	nima 3 - 0 97 2 ion l	010 2402 Forn	Ca <u>2</u> n to	pital	l Lir	mite ⁄ via	d Cu mail le is	or f	fax t							lease	
		(ii) Nor	n Au	ustra	lian	Inve	estoi	rs	Swi	ift C	Code	e: Vam	ie:				k of		(	CTI Chi	BAA mae	U25 ra C	apit		imit	ed (	Cus	tod	у			
	Cheque	Please n together name of unless p	r wi f an	ith th Aus	ne co tralia	omp an re	leteo egula	d Ap	plica finar	atior ncial	n Fo	rm. titut	The	e ch	equ	ue m	nust	be	fror	n a	n ac	cour	nt he	eld i	in y	our	nan	ne c	or th	ie		
	Direct Debit	Make su	ıre y	you a	also	com	plet	e th	e ba	nk a	icco	ount	det	tails	in	Sec	tio	n 3	bel	ow.	Ple	ase	ensı	ure	clea	red	fun	ıds a	are a	wail	able.	
Ву	Withdrawal, Distr providing your fin nsaction requests	nancial ir	nstit	utio	n ac	cou	ınt d					ctio	n yo	ou a	autl	hori	se (	Chi	mae	era	Сар	oital <sup>-</sup>	to u	ıse <sup>.</sup>	the	se c	leta	ils f	or a	ll fu	ture	:
Re	invest all Income Re	eceived	in n	ny M	ode	l Fol	lio						Yes			No																
Yo	u would like to esta	ablish a F	Regi	ular\	∕Vitŀ	ndra	wal I	Plan					Yes			No																
	Bank/Institution:							Ι																						I		
Z	Branch Name/Loc	ation:																					L									]
<b>AUSTRALIAN</b>	BSB:		<u> </u>					_																								4
UST	Account Number:	:	<u> </u>				<u> </u>	<u> </u>	<u> </u>					<u> </u>	_		_	<u> </u>	4		<u> </u>						_			<u> </u>	<u> </u>	
∢	Account Name:		<u></u>				4	+	<u>_</u>				_	4		_	_	4	<u> </u>	<u> </u>	<u> </u>	<u>_</u>						4	_	<u> </u>	+	
			$\perp$																													

	Bank/Institution:										
MAL	Branch Name/Location:										
TIO	Swift Code:										
INTERNATIONAL	Account Number:										
Ē	Account Name:										
4.	. Regular Withdrawal Plan										
М	1inimum withdrawal amount is \$1,000										
Ple	lease pay to my Financial Institution no	minated in <b>Se</b>	ection 3 abo	ve (until fu	ırther not	tice)		\$	,	,	
0	Quarterly commencing Ma	ar Jun	Sep	Dec							
	minimum balance of \$25,000 in your Fund			a. Regular V	/ithdrawal	Plan.					
	, , , , , , , , , , , , , , , , , , , ,										
5.	. Regular Savings Plan										
Minimum periodic payment into your Model Folio is \$1000											
You would like to establish a Regular Savings Plan:											
If Yes, you will need to complete the Direct Debit Authority in Section D of this Application Form and be bound by the terms of the Direct											
D	Debit Form set out in Part 1 of this PD:	5.									
6.	. Switching between Funds										
	ou can switch the whole of your invest witched into must first meet the minim				long as th	ne minimu	ım switc	h is \$10,00:	0 and the F	und being	5
	Do you wish to switch between Funds:		Yes	No							
	Yes, state details below:										
	rom (state Folio Name)	To	o (state Foli	o Name)				Switch v	value		
								\$			
F								\$	_'		$\pm$
F								Φ			$\pm$
L								<b>⊅</b>	,	,	
7.	. Folio Reporting										
Your preferred periodicity of reporting:  Daily  Weekly  Monthly											
	II information pertaining to your invest ominated email address.	tment is acces	sible online.	Any repo	ts we ser	nd to you	will be i	n electronic	c format to	your	
	If you wish to receive a hard copy of any document, please contact the Client Services Team – contact details are found on the inside back cover of this document.										

### Section D - Direct Debit Authority Please debit my/our account for the following periodical payment: Is this section applicable? Applicable Not Applicable - Continue to Section E I. Action To Be Taken New payment (move to section 2) Amend existing payment (move to section 3) Cancel payment (move to section 4) 2(a). New Periodic Payment 1st payment to be made on (DD/MM/YYYY): and the on day of each fortnight month (insert day of month. Use "31" for the last calendar day) Account To Be Debited Bank/Institution: Branch Name/Location: BSB: Account Number: Account Name: Reference No. Account Name: Bank/Institution: Branch Name/Location: Swift Code: Reference No. Account Number: Account Name: 2(b). Transfer To Commonwealth Bank of Australia BSB 063010 11972402 Account No. Account Name: Chimaera Capital Limited Custody 3. Amend Existing Payment Previous payment amount New payment amount \$ 4. Cancellation 1st payment to be made on (DD/MM/YYYY): Cancel the payment for \$ and the on day of each fortnight month (insert day of month. Use "31" for the last calendar day) week

Note: Funds will be debited on the day you requested. Please allow two business days for bank transfer time.

Name of Bank/Institution:

CHIMAERA CAPITAL LIMITED // 13

(This must be read in conjunction with Part I of this PDS)

#### 5. Declaration and Applicant Signatures

I/We request to participate in the Chimaera Capital Limited Regular Savings Plan and I/we understand the "Participating Institution" accepts this order.

I/We request you, until further notice in writing to debit the nominated account(s) with any amount Chimaera Capital Limited ABN 66 074 577 647 AFSL 246542, may debit or charge me/us in connection with my/our "Participating Institution" Cash Management Account, through BECS (Bulk Electronic Clearing System). I/We have completed all relevant sections of this form.

I/We understand and acknowledge that:

- (a) IMy/Our nominated financial institution(s) may in its absolute discretion decide the order of priority of payment by it or any monies pursuant to this request or any authority or mandate.
- (b) The financial institution(s) may, in its discretion, at any time by notice in writing to me/us, terminate this request as to future debits.
- (c) Chimaera Capital Limited may, by prior notice in writing to me/us within 7 days, vary the timing of future debits.
- (d) Investment(s) will be deducted on, or close to the specified time of the last business day. When I/we are uncertain whether sufficient funds will be available to meet the direct debit, I/we will contact the financial institution(s) directly and ensure that sufficient cleared funds are available.
- (e) I/We understand to allow 2 working days for the funds to be cleared when received into my/our "Participating Institution" Cash Management Account.
- (f) I/We can modify or defer my/our Regular Savings Plan at any time by giving Chimaera Capital Limited days notice in writing. I/We need to do this in time for the change that I am/we requesting to take effect.
- (g) I/We can stop my/our Regular Savings Plan at any time by giving Chimaera Capital Limited or my financial institution 7 days notice in writing. I/We need to do this in time for the cancellation to take effect. Alternatively, I/we can cancel my/our Regular Savings Plan by taking all of my/our money out of the fund.

Name of Investor Sole Director / Secretary Di	irector / Secretary Trustee Partner Secretary
Title: Surname:	
Given Name(s):	
Signature:	Date (DD/MM/YYYY)://
Name of Investor Director Trustee Pa	ırtner
Title: Surname:	
Given Name(s):	
Signature:	Date (DD/MM/YYYY):
Company seal (if applicable)	
OFFICE USE ONLY	_
Signature verified:	Authorised:  Date processed (DD/MM/YYYY):

### Section E1 - Investor Identification: Individuals / Joint / Sole Trader

Chimaera is required under the Anti-Money Laundering and Counter-Terrorism Financing Act to identify each new account applicant. Please ensure that you complete the relevant sections below and attach the required documentation. Failure to do so may result in your application being rejected.

I. Privacy																																	
Please spec other Chim					to b	ре р	rovi	ded	with	n inf	orm	natio	on i	n re	elati	on t	0 0	the	r pr	od	ucts	s ar	ıd s	erv	ices	s of	fere	ed b	уС	him	aer	a or	
Please attach the	2. Required Documentation Please attach the following documentation with your application a) Proof of Identification																																
Certified cop	Certified copy <sup>1</sup> of ID (e.g. Passport, Driver's Licence or State ID Card) (Please note that the ID must contain photograph, date of birth and signature)																																
b) Proof of Address																																	
Proof of residential address (e.g. Utility Bill, Bank Statement, Insurance Certificate, Tax Notice, Lease Agreement)  Document must be original or certified copy <sup>1</sup> and no more than 3 months old. Please note: P.O. Box addresses are not acceptable																																	
3. Please complete if Individual(s) carries on business as Trader(s) or Investor(s)																																	
Full Business Name	e (if any):			I	I		I	I																	I	Ι	Ι	I	I				
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Section E2 - Partne I. Privacy	ershi	ip																													
Please specify if you of other Chimaera related				be p	rovio	ded '	with	int	forn	nat	tion ir	n rel	latio	n t	0 0	othe	er p	roc	luct	s ar	nd s	ervi	ices	offe	ere	d b <sub>)</sub>	/ CI	nima	aera	or	
2. Required Documentation  Please attach the following documentation with your application  a) In respect of at least ONE of the Partners:																															
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b) In respect of the Partne	rship,	any	ON	IE of	the f	follo	win	g:																							
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c) If the Partnership is regu	ılated	l by a	a pro	ofess	iona	lass	ocia	ıtio	n:																						
An original current me	mbers	ship	cert	ificate	e																										
3. Partnership Details																															
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to provide your TFN or AB distributions at the highest (	*If you invest in the course of a business or enterprise, you may supply your ABN instead of your TFN to Chimaera. You are not obliged to provide your TFN or ABN but if you provide neither and do not claim an exemption, Chimaera is required to deduct tax from your distributions at the highest marginal tax rate, plus the Medicare levy, to meet Australian taxation laws requirements. Collection of TFNs is authorised under these laws which, together with the Privacy Act, strictly regulates the use and disclosure of TFNs.																														
4. Type of Partnership (se	ect 🗴	onl	y or	ne of	the 1	follo	wing	g pa	artr	ner	ship t	уре	s ar	nd p	oro	vid	e th	ne in	nfoi	rma	tior	n red	que	este	d)						
Is the partnership regulate	d by a	ı pro	ofess	iona	asso	ocia	tion	?																							
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Provide member	ership	deta	ails:	L								_	4															L	Щ	_	_
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No How many par	No How many partners are there? Please ensure that you have provided the full name & address of each partner in Section A3 above.																														

### Section E3 - Trusts I. Privacy Please specify if you do not wish to be provided with information in relation to other products and services offered by Chimaera or other Chimaera related entities. 2. Required Documentation Please attach the following documentation with your application a) If any of the Trustees is an Individual, then in respect of at least ONE of those Individuals: Certified copy<sup>1</sup> of ID (e.g. Passport, Driver's Licence or State ID Card) AND Proof of residential address (e.g. Utility Bill, Bank Statement, Insurance Certificate, Tax Notice, Lease Agreement) Document must be original or certified copy<sup>1</sup> and no more than 3 months old. Please note: P.O. Box addresses are not acceptable b) If any of the Trustees is an Australian Company, then in respect of the company: Certified copy<sup>1</sup> of Certificate of Incorporation c) If any of the Trustees is a Foreign Company, then in respect of the company: Certified copy<sup>1</sup> of Certificate of Registration (issued by the relevant foreign registration body) AND (if the company is registered with ASIC) Certified copy<sup>1</sup> of Certificate of Incorporation d) In respect of the Trust: Certified copy<sup>1</sup> of the Trust Deed AND A letter from a Solicitor or Qualified Accountant that confirms the existence of the Trust and the currency of the Trust Deed 3. Trust Details Full name of Trust: Full Business Name (if any): Country where established: **4.Type of Trust** (select **x** only one of the following trust types and provide the information requested) Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN): Registered trust (e.g. an SMSF) Provide name of regulator (e.g. ASIC, APRA, ATO): Provide the trust's ABN or registration / licensing details: Government superannuation fund Provide name of the legislation established the fund: Other trust type Trust description (e.g. Family, unit, charitable, estate):

5. Beneficiary Details (only complete if "Other trust type" is selected in 4 above)  Do NOT complete if the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund.																												
Do the terms of the trust identify the beneficiaries by reference to of a membership class?																												
Yes - Provide details	Yes - Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)																											
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If there are more Beneficiaries, please provide details on a separate sheet.																												
6.Type of Trustee																												
Individual - Individual D  Australian and/or Foreig									cor	nole	ted	in Se	ectio	n D	)4 an	ıd dı	etails	s of	Dire	ctoi	rs to	be	e coi	mple	eted	l in S	Sect	ion A
7. Regulatory / Listing / € (select ★ the following cate																			sted)									
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### Section E4 - Australian & Foreign Companies (including Companies acting as Trustee(s))

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Please specify if you do not wish to be provided with information in relation to other products and services offered by Chimaera or other Chimaera related entities.																											
2. Required Documentation Please attach the following documentation with your application a) In respect of at least ONE of the Directors:																											
Certified copy <sup>1</sup> of ID  AND  Proof of residential ac	ldress	(e.g. l	Jtility	Bill, E	Bank S	taten	nent	t, Insu	ıran	ce C									_				ole.				
Document must be original or certified copy <sup>1</sup> and no more than 3 months old. Please note: P.O. Box addresses are not acceptable  b) If the company is an Australian Company, then in respect of the Company:																											
Certified copy <sup>1</sup> of Certificate of Incorporation																											
c) If the Company is a Foreign Company, then in respect of the Company:																											
Certified copy <sup>1</sup> of Certificate of Registration (issued by the relevant foreign registration body)  AND (if the company is registered with ASIC)  Certified copy <sup>1</sup> of Certificate of Incorporation																											
3. Company Details																											
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to provide your TFN or AE distributions at the highest	ABN/ACN:  *If you invest in the course of a business or enterprise, you may supply your ABN instead of your TFN to Chimaera. You are not obliged to provide your TFN or ABN but if you provide neither and do not claim an exemption, Chimaera is required to deduct tax from your distributions at the highest marginal tax rate, plus the Medicare levy, to meet Australian taxation laws requirements. Collection of TFNs is authorised under these laws which, together with the Privacy Act, strictly regulates the use and disclosure of TFNs.																										
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4.1 Regulat	tory/Listing Details (select	<b>≭</b> the follo	wing ca	itegori	es which	apply t	to the c	ompa	any and	d prov	ide the	e info	rmatio	on req	ueste	d)	
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4.2. Shareholders (only needs to be completed for proprietary companies that are not regulated companies as selected in Section 3 and 4) Provide details of ALL individuals who are beneficial owners. Shareholder I: Surname: Title: Given Name(s): Residential Address (PO Box not acceptable) Address: Suburb: State: Country Postcode: Shareholder 2: Title: Surname: Given Name(s): Residential Address (PO Box not acceptable) Address: Suburb: State: Country Postcode: Shareholder 3: Title: Surname: Given Name(s): Residential Address (PO Box not acceptable) Address: Suburb: State: Country Postcode: Shareholder 4: Title: Surname: Given Name(s): Residential Address (PO Box not acceptable) Address: Suburb: State:

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Title:	Surname:
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Address:	
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	If there are more Shareholders, please provide details on a separate sheet

- A certified copy is a document that has been certified as a true copy of the original document by one of the following persons:
- 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);
- a judge of a Court;
- a magistrate;
- a chief executive officer of a Commonwealth court;
- $\bullet\,$  a registrar or deputy registrar of a court;
- a Justice of the Peace;
- a notary public (for the purposes of the Statutory Declarations Regulations 1993);
- · a police officer:
- $\bullet \ \text{an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;}\\$
- a permanent employee of the Australian Postal Corporation with 2 or more years continuous service who is employed in an office supplying postal services to the public;
- ullet an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- 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);
- a finance company officer with 2 or more years of continuous service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 1993);
- 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 licenses; or
- 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.

#### DIRECTORY

If you need more information or have any questions you should contact Chimaera Client Services, your Financial Adviser or the Folio Manager.

### Chimaera Client Services

Telephone

Telephone: +61 3 8614 8400 or 1300 799 459 8.30 am to 5.30 pm Monday to Friday (EST) Facsimile: +61 3 8614 8410

Internet

www.chimaeracapital.com

Australian Head Office

Chimaera Capital Limited 349 Collins Street Melbourne Victoria 3000 Australia

Email

clientservices@chimaeracapital.com

Mail

Chimaera Capital Limited GPO Box 214 Melbourne Victoria 3001 Australia