Application Form





Zank Income Fund

Use this application form if you wish to invest in:

Zank Income Fund

This Fourth Supplementary Product Disclosure Statement (Fourth SPDS) dated 28 February 2023 supplements the Third Supplementary Product Disclosure Statement (Third SPDS) dated 24 May 2022, Second Supplementary Product Disclosure Statement (SPDS) dated 31 May 2021, Supplementary Product Disclosure Statement (SPDS) dated 30 October 2020 and the Product Disclosure Statement (PDS) dated 30 January 2020 for the Zank Income Fund (Fund), include information about purchasing Units in the Fund. Any person who gives another person access to the Application Form must also give the person access to the Fourth SPDS, Third SPDS, Second SPDS, SPDS, PDS and any incorporated information. You should read the Fourth SPDS, Third SPDS, Second SPDS, SPDS and any incorporated information before completing this Application Form.

The Responsible Entity of the Fund is Vasco Responsible Entity Services Limited (Vasco) ACN 160 969 120, AFSL 434 533. Vasco or a financial adviser who has provided an electronic copy of the Fourth SPDS, Third SPDS, Second SPDS, SPDS, PDS and any incorporated information, will send you a paper copy of the Fourth SPDS, Third SPDS, Second SPDS, SPDS, PDS and incorporated information and Application Form free of charge if you so request.

Customer identification

If you are a new Investor, you are also required to complete the relevant Customer Identification Form depending on what type of Investor you are e.g. individual or super fund. The Customer Identification Forms are available on our website www.vascofm.com or by calling the Administration Manager on +61 3 8532 7120.

Australia's Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation obliges us to collect identification information and documentation from prospective Investors.

Investors are required to complete this Application Form together with the relevant Customer Identification Form and send these to us with the required identification documentation. We will not be able to process your application without a correctly completed Customer Identification Form and the required identification documentation.

Important Information for Financial Advisers

When using the relevant Customer Identification Form, please complete Sections 1 or 2 and 3.

If you are a financial adviser who has identified and verified the Investor, by completing this Customer Identification Form together with Section 11 and the verification procedure and in the consideration of Vasco accepting the Investor's application:

- you agree to identify and verify all new Investors, using this Customer Identification Form for identifying new Investors;
- you agree to retain a copy of the completed forms and all identification documents received from the Investor in the Investor's file for seven (7) years after the end of your relationship with the Investor;
- you agree to advise Vasco in writing when your relationship with the Investor is terminated and agree to promptly provide Vasco all
 identification documents and/or the record of identification received from the Investor at this time, or as otherwise requested from
 Vasco, from time to time.

Contact details and submission

Mail your completed Application Form and identity verification documents to:

Vasco Fund Services Pty Limited Level 4, 99 William Street Melbourne VIC 3000

If you have any questions regarding this form or the required Customer Identification requirements, please contact the Administration Manager on +61 3 8352 7120.

Checklist

Before sending us your application please ensure you have:
completed this form in full;
for new investments, completed the relevant 'Customer Identification Form' available on our website www.vascofm.com;
if paying via direct debit, completed section 9 ensuring ALL bank account signatories have signed;
if paying via cheque, ensure cheque is made payable to 'Perpetual Corporate Trust Limited ACF Pivotal Diversified Fund' and attach it to this Application Form; and provide
read the declaration and provide all relevant signatures and identification documents required for all signatories.







Zank Income Fund

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS APPLICATION FORM

1. Investment details										
Is this a new investment or	r an additional investment?									
New investment	Please proceed to section 2.									
	Existing account									
investment	name									
	Existing account									
	number									
	information provided.									
2. Investor type										
	oint investors – also complete 'Customer Identification Form – Individuals and Sole Traders'									
	plete 'Customer Identification Form – Individuals and Sole Traders'									
	plete 'Customer Identification Form – Superannuation Funds and Trusts'									
	Customer Identification Form – Unregulated Trusts and Trustees'									
Australian company – a	also complete 'Customer Identification Form – Australian Companies'									
Foreign company – also	o complete 'Customer Identification Form – Foreign Companies'									
Other – contact the Ac	dministration Manager on +61 3 8352 7120 for other Customer Identification Forms.									
Each of the above forms is	available at www.vascofm.com									
3. Investor name										
	3A. Individual investor/joint investors/sole trader									
Investor 1										
Surname										
Full given name(s)										
Title (Mr/Mrs/Miss/Ms Business name of										
sole trader (if applicable)										
Investor 2										
Surname										
Full given name(s)										
Title (Mr/Mrs/Miss/Ms)	Date of birth									
	3B. Super fund/Trust/Australian company/foreign company/other									
Name of entity										
	3C. Account designation (if applicable)									
	Provide the name of the person for whom the investment is being made (if applicable). Please note we do not accept									
	investments from people under 18 years of age; however, investments may be designated on their behalf.									
Surname										
ell. of the control of the										
Full given name(s)										
Title (Mr/Mrs/Miss/Ms)										
	We are only required to act on instructions from the investors listed in 3A and 3B. Vasco is not bound to									

take any notice of any interest of any person listed in 3C.

4. Contact details																																		_
This is the Investor's addres	s w	here	all	corr	espo	ndei	nce	will	be:	sent.																								
Contact person																																		
Unit number						Sti	reet	nui	mb	er																								
Street name																																		
Suburb																									Ī	ĪĒ								
																								Ī	Ī	Ī			_					
State					Po	stco	do		Ī			j		'																				
Country																																		
Phone (after hours)														'	D	hor			II	200	hou	urc)	Ϊ		ī	╗						T		
Mobile															г	noi	ie (,DU:	51116						Ť	٦̈́								
Email																				га	csin	niie												
5. Personal attributes												_ L													JL —	 				_				_
Personal Advice	We in the control we target Have eith	will he T isiste may get r get r ve yo blan ner y	revi MD, ent v y see mark ou re atio	ew for the control of	the red assignment of the contract of the cont	espo ess v likel r info erso ess, fir	nses whet ly ob orma nal f rece	to to ther ojecti ation inan ived	the we ives in fro advitua	ques cons , fina om yo prod vice f tion	tion ider incia ou a duct rom or n	s s it al s inc	m. You is like situation of the second of th	it b ely y ion rve in r	elovyou and the relate	w are d ne rig	nd of with the the the the the the the the the t	thin s. to re this advi	side the ejec inv ser vice	er the ta t ar rest	nose rget n ap mer ardi	ans ma plica nt? ng t	wer. rket tion	if w Yes	ains wh ve co	t the nether onsi	e Fu er th ider lo vest	und's he Fi you men	are	y att wo not who	tribu ould I t wit	likely hin t	y be the sider	ec
Adviser name																									JL									
Adviser company																																		
Adviser email or phone contact																																		
AFS Licence name (if known)																																		
AFS Licence number																																		
Investment Objective	Do	you	seel	k Ind	ome	Dist	ribu	ition	fro	m yo	ur Ir	าง	estme	ent?	? [,	Yes			Vo														
	No you The	te: . i. Fur	An i	nve ⁄ill n	ot pr	ent i	n th e Ca	ie Fu ipital	ind I Gr	is no	ot c n. Do	ap	oital g ou ac	cce	ran pt t	his?	, [If yo	ou Yes	sele	_	d 'N	ю',	thei	า th	is p	oroc	luct	is r	not :	suita	able	for	
Asset Allocation	Wil	l this	s inv	estn	nent	repre	esen	nt 10	1% (or les	s of	y	our to	otal	inv	esta	able	ass	ets	?		Yes		No)									
													le for you s																ur a	isset	ts av	ailak	ole fo	r
Minimum Investment Time Frame	The suggested minimum investment timeframe for this Fund is 2 years. Do you accept this? Yes No Note: The Fund is considered high to very high risk which means returns (positive or negative) may fluctuate significantly from year-to-year. Therefore, the suggested minimum investment timeframe for this Fund is 2 years. If you selected "No", then this product may not be suitable for you.																																	

5. Personal attributes (continued)											
Risk Profile	Explanation: The following question will assist us in determining your risk profile. In this context "growth assets" include assets such as shares, property, and alternative investments. Defensive assets may include cash or fixed income investments. What is your risk appetite?											
	Please select the option which is most fits your intentions with respect to your investment in the Fund. Very High - I am an aggressive investor seeking to achieve returns significantly higher than the market average and as a result accept this means returns may be volatile with a higher potential that I may experience the loss of some or all my capital. I have a tolerance for sustained losses. My typical											
	preference is for growth assets only. High – I am a moderately aggressive investor seeking above market average returns and as a result I accept this means returns may be volatile and there is some potential that I may experience loss of some or all of my capital. I have a stronger preference for growth assets with smaller or moderate holding in defensive assets. Any investment in the Fund would represent only a small proportion of my investable assets.											
	Medium - I am seeking to achieve market average returns and seeking to minimise potential losses of capital. I have a preference for balance between growth assets and defensive assets.											
	ow − I am risk averse and willing to accept below market average returns in return for preservation for aprical. I do not have a tolerance for loss. I have a preference for defensive assets only. Yes No											
	Note: The Fund has a High to Very High risk profile. If you consider yourself to have a 'Medium' or 'Low' risk profile per above, then this product is not suitable for you.											
Withdrawals	The Fund expects to make an offer withdrawal offer on a quarterly basis. The Fund is not suitable for investors seeking to access capital prior to the expiry of their Minimum Investment Term and outside of the withdrawal offer period.											
	No you accept this? Yes No Note: Given the Fund has a Minimum Investment Term, investors with a need to withdraw and have access to their funds prior to the expiry of the Minimum Investment Term are not considered to be within the target market. If you selected "No", then this product is not suitable for you.											
6. Tax information												
	It is not against the law if you choose not to give your TFN or exemption reason, but if you decide not to, tax may be taken out of your distributions at the highest marginal tax rate (plus Medicare levy).											
	5a. Individual investor or entity 5b. Investor 2 (joint investors)											
TFN	TFN											
Tax exemption	Tax exemption											
ABN												
	5c. Non-residents											
	If you are an overseas investor, please indicate your country of residence for tax purposes.											
7. Investment allocation	on and payment options											
Please indicate how you will l/we are making my/our inv	ill be making your new or additional investment and the amount you wish to invest. vestment via:											
Direct Credit/EFT → s	ee below.											
Bank Cheque → make	e cheque payable to 'Perpetual Corporate Trust Limited ACF Zank Income Fund'.											
Fund name	Initial investment											
Incentivise Investment Fund	s , , , , , , , , , , , , , , , , , , ,											
The minimum initial investr	nent is \$100,000.											
Only cheques or drafts in A	ok Cheques or drafts must be made payable to Perpetual Corporate Trust Limited ACF Zank Income Fund. Australian currency and drawn on an Australian bank will be accepted. Your cheque(s) should be crossed NOT NEGOTIABLE. Detected Application Form with your cheque(s) to:											
Vasco Fund Services Pty Lin Level 4, 99 William Street Melbourne VIC 3000 T +61 3 8352 7120 F +61 3 8352 7199	Direct Credit / EFT Instructions Alternatively you can direct credit your Application Monies to: Perpetual Corporate Trust Limited ACF Zank Income Fund Commonwealth Bank											

Account number: 19423835 Please note the applicants na

BSB: 062 000

Please note the applicants name when transferring the funds. Please ensure all funds transferred are net of all bank charges.

E info@vascofm.com

8. Annual report																												
A copy of the annual report for the Fund will be provided on the Vasco website www.vascofm.com. Please cross (X) this box if you wish to receive a paper copy of the annual report(s) for the Fund. If you choose to have an annual report mailed to you, it will be mailed to the address provided in section 4 or your current address on file for existing investors. For additional investments, a nomination in this section overrides any previous nominations.																												
9. Income distribution	s																											
Please indicate how you word distributions will be reinveste may make interim distribution. Please reinvest my/our in Please credit my/our norm.	ed. A rons. W	nomin /e do r e distri	ation not g	in thuaran	nis se ntee	ctior any	ove parti	erride culai	es ar r leve	ny pi el of	revioi f distr	us no ributi	omir ion.	natio	ins. T	nere	may	be										
10. Nominated bank a	ccou	nt (m	ust l	oe a	n Au	ıstra	liar	n fin	anc	ial	insti	ituti	ion)															
Unless requested otherwise, paid to you and not reinvest requests that you make unti	ed. By	/ provi	ding	your	nom	inate	ed ac	ccou	nt d	etail	ls in t	his s	ectio	on yo	ou au	thor	ise V	'asco	to t	use t	hese	det	ails t	or al	ll fut	ure t	trans	
Financial institution																												
Branch																												
Account name																												
Branch number (BSB)																Acc	ount	t nu	ımb	er								

11. Declaration and applicant(s) signature(s)

Please read the declarations below before signing this form. The signatures required are detailed at the bottom of this Application Form..

We declare that:

- I/we agree to the Investment Manager of the Fund having read-only access to my/our online investor portal maintained by the Trustee/Responsible
- Entity of the Fund and give this consent for the purposes of any privacy or other legislation and for other lawful purpose.
- all details in this Application Form and all documents provided are true and correct and I/we indemnify Vasco against any liabilities whatsoever arising from acting on any of the details or any future details provided by me/us in connection with this application;
- I/we have received a copy of the current Fourth SPDS, Third SPDS, Second SPDS, SPDS and all information incorporated into the PDS to which this application applies and have read them and agree to the terms contained in them and to be bound by the provisions of the Fourth SPDS, Third SPDS, Second SPDS, SPDS, PDS (including the incorporated information) and current Trust Deed of the Fund (each as amended from time to time);
- I/we have carefully considered the features of the Fund as described in the Fourth SPDS, Third SPDS, Second SPDS, SPDS, PDS and TMD (including its investment objectives, minimum suggested investment timeframe, risk level, withdrawal arrangements and investor suitability) and, after obtaining any financial and/or tax advice that I/we deemed appropriate, am/are satisfied that my/our proposed investment in the Fund is consistent with my/our investment objectives, financial circumstances and needs;
- I/we have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- I/we have received and accepted this invitation to subscribe for units in the Fund in Australia and represent and warrant to Vasco that I/We are permitted to invest in the Fund without Vasco obtaining any further authorisation, registration or certification in any country other than Australia and agree to indemnify Vasco for any loss suffered if this warranty is untrue;
- the details of my/our investment can be provided to the adviser group or adviser named at the end of this form or nominated by them by the means and in the format that they direct;
- if this application is signed under Power of Attorney, the Attorney declares that 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 unless we have already sighted it);
- sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company;
- I/we acknowledge that if Vasco reasonably believes an email or facsimile communication it receives is from me/us Vasco is entitled to rely on that email or facsimile communication and will not be liable for any loss it may suffer if it is later found the email or facsimile communication was fraudulent.
- unless alternative authority for signature is notified to and accepted by Vasco, the person/persons that signs/sign this form is/are able to operate the account on behalf of the company and bind the company for future transactions, including in respect of additional deposits and withdrawals, including withdrawals by telephone and fax;
- I/we acknowledge that I/we have read and understood the information under the headings 'Privacy' in the Fourth SPDS, Third SPDS, Second SPDS, SPDS and PDS. I am/We are aware that until I/we inform Vasco otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) contained under that heading and I/we have consented to my/our financial adviser providing such further personal information to Vasco as is required or reasonably deemed necessary by Vasco under applicable law;
- I/we understand that if I/we fail to provide any information requested in this application form or do not agree to any of the possible use or disclosure of my/our information as detailed on the Fourth SPDS, Third SPDS, Second SPDS, SPDS, my/our application may not be accepted by Vasco and we agree to release and indemnify Vasco in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided;
- I/we acknowledge that none of Vasco, or any other member of Vasco or any custodian or investment manager, guarantees the performance of the Fund or the repayment of capital or any particular rate of return or any distribution;
- I/we are bound by the Trust Deed of the Fund and that an application for Units is binding and irrevocable;
- I/we have not relied on statements or representations made by anybody, other than those made in the Fourth SPDS, Third SPDS, Second SPDS, SPDS and PDS:
- I/we agree and acknowledge no cooling off period applies and I/we have had the opportunity to seek independent professional advice on subscribing for Units;
- I/we agree and acknowledge Vasco is required to comply with the anti-money laundering laws in force in a number of jurisdictions (including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS)) and I/we must provide Vasco with such additional information or documentation as Vasco may request of me/us, otherwise my/our Application for Units may be refused, Units I/we hold may be compulsorily redeemed, and any disposal request by me/us may be delayed or refused and Vasco will not be liable for any loss arising as a result thereof;
- I/we have provided a tax file number, and if not, I/we consent to Vasco withholding tax at the highest marginal tax rate;
- I/we acknowledge and agree to having read and understood the risks of investing in the fund as described in the Fourth SPDS, Third SPDS, Second SPDS, SPDS, PDS and understand that the risks associated with the Fund's investments may result in lower than expected returns or the loss of my/our investment;

I/We also warrant and acknowledge that:

- All information contained in my/our Application is true and correct;
- I/we are not a Politically Exposed Person (PEP) as defined by the AML/CTF legislation;
- if the Applicant is a SMSF, it is compliant and investing in this Fund complies with the Superannuation Industry (Supervision) Act 1993 (Cth);
- I/we hold the appropriate authorisations to become an Investor in the Fund and that offer cannot be revoked;
- I/We are not US Citizens or US tax residents, nor a company trust, partnership or estate in which a US citizen or US tax resident has a substantial or controlling interest. Refer to list of signatories on page 7 of this Application Form.

11. Declaration and ap	plicant	(s) s	ign	atuı	re(s)	(co	ntiı	nue	d)																							
Investor 1																																
Signature																			D	ate				/			7,	/[٦
												7	7	7		7								/][_/					_
Surname																	 			 									Ш			
Given name(s)				L					 -					JL -			 7	 T								الـــ ا	7	ᆛ				٦
Capacity	Sole	e Dir	ecto	r L	D	irect	tor		Tru	stee	<u>.</u>			_l o	ther		JL	JL			_lL					JL		JL	_lL	_		╛
nvestor 2 (joint nvestors)																																
Signature																			D	ate				/			7/	/[
Surname																																
Given name(s)														Ī														$\overline{\Box}$				
		J							[T				٦
Capacity		ector			omp						Trus						Othe	er L		_								_ L	L	L		
Signing Authority	Please t (e.g. wi	ick t thdr	o ind awa	dica [.] ls, cl	te sig hang	gning je of	g re acc	quire coun	eme t de	nts tails	for t	futu c.)	re in	strı	uctic	ns																
	Onl	y on	e red	quire	ed to	sigr	า.																									
		signa	atori	es n	nust	sign.																										
PLEASE NOTE: All signatori								of th	eir d	drive	ers li	icen	se or	r pa	isspo	ort	in a	ddit	ion	to a	ny id	dent	tifica	atio	n de	ocu	mer	nts r	equ	ired	by	
the Customer Identification	n Form r	equi	red f	for t	he Ir	ivest	or.																									
12. Adviser use only																																٦
By submitting this form wit	h this se	ctior	n con	nple	ted k	ру ус	our a	advis	or y	ou c	ons	ent	to yo	our	adv	isor	rec	eivir	ng i	nforr	nati	on a	abou	ıt yo	our	inve	estn	nent	in t	he F	und.	_
Office name																																
Surname																																
Given name(s)																																
Title (Mr/Mrs/Miss/Ms																																
Phone (business hours)																																
Adviser group email																																
Adviser group name]	
Adviser group AFSL						Ш] [I		الـ											J	ا ك	_ _	_ _						J	
Adviser group AFSL																																

Important notes

This application must not be handed to any person unless the Fourth SPDS, Third SPDS, Second SPDS, SPDS and PDS and access to the information incorporated into the Fourth SPDS, Third SPDS, Second SPDS, SPDS and PDS is also being provided. Vasco may in its absolute discretion refuse any application for Units. Persons external to Vasco or other entities who market Vasco products are not agents of Vasco but are independent investment advisers. Vasco will not be bound by representations or statements which are not contained in information disseminated by Vasco. Application monies paid by cheques from investment advisers will only be accepted if drawn from a trust account maintained in accordance with the Corporations Act.

7

Signatories

The table below provides guidance on completing the Declaration and applicant(s) signature's section of the application form. Before signing the application form please ensure you have read the declaration.

Please note all signatories are required to provide a certified copy of their passport, drivers licence or other identification document(s) considered suitable to Vasco.

Type of investor	Names required	Signature required	TFN/ABN to be provided								
Individual and/or joint investors	i. Full name of each investor (please do not use initials).	Individual investor's; or each joint investor's	Individual investor's; or each joint investor's								
Sole trader	i. Full name of sole trader; andii. Full business name (if any).	Sole trader's	Sole trader's								
Australian or foreign company	Full company name as registered with the relevant regulator; and Name of each director of the company; and Full name of each beneficial owner*	i. Sole director's; or ii. Two directors'; or iii. One director's and company secretary's	Company's								
Trust/Superannuation fund If you are investing on behalf of a superannuation fund, we will assume the superannuation fund to be a complying fund under the Superannuation Industry (Supervision) Act.	i. Full trust/superannuation fund name (e.g. Michael Smith Pty Ltd ATF Michael Smith Pty Ltd Super Fund); and ii. Full name of the trustee(s) in respect of the trust/super fund. Where the trustee is an individual, all information in the 'Individual and Sole Traders' section must be completed. If any of the trustees are an Australian company, all information in the 'Australian company' section must also be completed; and iii. Names of beneficiaries (if identified in Constitution). iv. Full name of the settlor** v. Full name of each beneficial owner	Individual trustee(s) 'as trustee for' If any of the trustees are an Australian company, the signatures set out in the 'Australian company' section are also required.	Superannuation fund's or trust's								
Account designation	Name of the responsible adult, as the investor.	Adult(s) investing on behalf of the person/minor	Adult(s)								
If the investment is being made under Power of Attorney (POA) Please ensure an original certified copy of the POA is attached to the application form. Each page of the POA must be certified.	i. Full name of each investor(s) (as listed in section 3); and ii. Full name of person holding POA (underneath signature).	Person holding Power of Attorney In the case that the POA document does not contain a sample of the POA's (i.e. Attorney's) signature, please provide a certified copy of either the POA's driver's licence or passport containing a sample of their signature.	Individual investor's; or each joint investor's								

^{*} Beneficial owner means an individual who ultimately owns or controls (directly or indirectly) the investors. Owns mean ownership (either directly or indirectly) of 25% or more of the investor.

^{**}This is not required in some circumstances.