

► New Investors

Application Form

This Application Form is for an application for investment in the RMBL Mortgage Income Investments Fund ARSN 091 248 289 (**Fund**). This Application Form must be accompanied by the [Product Disclosure Statement](#) dated 01 February 2023 (**PDS**) and [Supplementary Product Disclosure Statement](#) dated 01 March 2024 (**SPDS**), which is issued by the Responsible Entity of the Fund, RMBL Investments Limited (ACN 004 493 789 AFSL number 223246 (**Us, We, Our**)).

If you have any questions about completing this Application Form, please contact Us on (03) 9213 5700 or email team@rmbl.com.au.

HOW TO COMPLETE THIS APPLICATION FORM »

1	Confirm whether You are investing as a Retail or Wholesale Investor in Section 1	<input type="checkbox"/>
2	Complete the Target Market Questions and Investment Preferences in Sections 2 and 3 to make sure the Fund is likely to be suitable for You and/or We send You relevant offers for Loans	<input type="checkbox"/>
	INDIVIDUALS – Complete Section 4	<input type="checkbox"/>
	COMPANIES – Complete Section 5	<input type="checkbox"/>
	TRUSTS – Complete Section 6 , plus EITHER Section 4 or Section 5	<input type="checkbox"/>
	PARTNERSHIPS – Complete Section 7	<input type="checkbox"/>
	ASSOCIATIONS – Complete Section 8	<input type="checkbox"/>
3	Complete Application Information – this includes AML/CTF, Investor Representative and Foreign Tax requirements in Section 9	<input type="checkbox"/>
4	Complete Bank Details in Section 10	<input type="checkbox"/>
5	Complete Declaration in Section 11	<input type="checkbox"/>
6	Provide Identification Documents as requested in Section 12	<input type="checkbox"/>
7	Return Your Application Form along with Identification Documents to RMBL	<input type="checkbox"/>

IMPORTANT INFORMATION

You must read the **PDS** prior to applying to invest in the Fund. You should also review the Target Market Determination (**TMD**) which is available on Our website at www.rmb.com.au/TMD.

If You are unsure whether the Fund is suitable for Your particular personal circumstances, needs or objectives, You should seek advice from an independent financial planner as We are unable to provide You with financial advice.

Once Your funds are invested into a Loan, You are not able to withdraw your funds, except in the circumstances set out on [page 19](#) of the **PDS**.

PRIVACY ACT - COLLECTION STATEMENT

This Application Form, once completed, will contain personal information about You.

We will use Your personal information to process Your application to invest into the Fund and to manage Your investment in the Fund and as otherwise outlined in Our Privacy Policy, which is available on Our website at www.rmb.com.au/rmb-privacy.

Our general Privacy Policy details why We collect personal information, who We may disclose it to (including whether We are likely to disclose it to overseas recipients), and the main consequences (if any) if We do not collect Your Personal Information, which include Us being unable to process Your application to invest. Our general Privacy Policy also contains information about how You may seek access to, or correction of, the personal information held about You, and Our complaint resolution procedures.

If You have concerns or wish to make a complaint about how We treat Your personal information, please contact Our Privacy Officer at privacy@rmb.com.au for assistance.

RELEVANT DEFINITIONS

Where applicable, definitions used match those used in the **PDS** and **SPDS**. However, additional definitions relevant to this Application Form are below. Defined terms below appear in **bold**:

Control means direct or indirect control of an entity including the capacity to determine decisions about financial or operating policies, or by means of trusts, agreement, arrangements, understanding and practices.

Excluded Target Market means someone for whom the Scheme is unlikely to be suitable for.

LVR means Loan to Value Ratio.

Politically Exposed Persons includes a head of state or government, government minister or senior politician, senior government official, judge, governor of central bank or any other person who holds a position of influence with a reserve bank, senior foreign representative high ranking members of the armed forces or board chair or senior executive of a state owned enterprise or the immediate family member or associate of any such person.

TFN means Tax File Number as issued by the Australian Taxation Office (ATO).

Wholesale Investor means a person or entity with at least \$500,000 invested with Us or who otherwise meets the relevant test under the Corporations Act 2001. Please speak to Your accountant or financial planner if You are unsure if You meet the test of being a Wholesale Investor.

1. WHOLESALE INVESTORS

Please note that unless you meet a Wholesale Investor Test You will be a Retail Investor and should answer No to this question.

Will You be investing in the Fund as a Wholesale Investor?

☐ Yes ☐ No

If you answered No, please proceed to **Section 2**.

Will the value of your initial investment to the RMBL fund equal or exceed \$500,000?

☐ Yes ☐ No

If you answered No, please provide the following supporting documentation.

Individuals

An Accountant Certificate from a qualified Accountant stating evidence of the following:

- Have a gross income for each of the last two financial years of at least \$250,000 or,
- Have or control gross assets of at least \$10 million or more.

A valid Accountant Certificate must be issued in the last 6 months.

Trusts

- Financials or proof of assets form evidencing Trust or SMSF assets meet the minimum net asset threshold of \$2.5 Million.
- A copy of the entity's AFSL.

If You are investing as a Wholesale Investor, please proceed to **Section 3**.

2. TARGET MARKET QUESTIONS

These questions are designed to see if You are in the **Excluded Target Market** as defined in the TMD for the Fund. You are likely to be in the **Excluded Target Market** if You answer any of the below questions "Yes".

If You are in the **Excluded Target Market**, You should seek financial advice from an independent financial planner before completing Your Application Form as the Fund is unlikely to be suitable for Your objectives, financial situation and needs.

As explained in [Section 10](#) of the PDS, Your capital may be at risk in the event that the Borrower defaults on the Loan and RMBL must enforce its mortgage against the Security Property. As a result of this process, RMBL may be unable to recover the full amount lent to the Borrower, leaving a shortfall in funds available to repay to Investors. In that situation You may lose some of Your capital invested in that Loan. While we have risk management measures in place to mitigate the risk of capital loss, we do not guarantee return of Your Capital in the event of a default situation.

☐ Yes ☐ No

If a decrease in your capital were to occur, would it lead to substantial financial difficulties for you?

Do you require access to Your investment amount in the short-term (less than 1 year)?

☐ Yes ☐ No

As explained in [Section 8.16](#) of the PDS and SPDS, in some cases beyond Our control, a Borrower may not repay the Loan by the Maturity Date. This means that there may be a delay between the Maturity Date for a Loan and the repayment of Your capital.

☐ Yes ☐ No

If this was to occur, would this cause You financial or other hardship?

3. PREFERENCES

Please detail any preferences that You may have for particular Loans so we can send You offers that are relevant to You:

Loan Preferences (if any):

Please note that where You select preferences, We will not send You an offer for placement of your funds into a Loan until we have a Loan available that meets Your preferences – this may take longer than where You have not selected any preferences.

☐ Development Loans

☐ Non-Development Loans

☐ LVR of 60% and below

☐ Rural Properties

☐ Vacant Land

☐ Other:

Contact Preferences

Main Contact Person:

Residential Address:

Postal Address:

Same as Residential ☐

Email:

Phone:

Contact Preference:

☐ Email

☐ Mail

4. INDIVIDUAL (JOINT & SOLE) INVESTORS OR INDIVIDUAL TRUSTEES

Please note that for Individual Trustees, We need details of all Trustees and each individual trustee is required to provide verification of identification in **Section 12**.

Where investing in the name of a Trust, You also need to complete Section 6.

Please note that PO Boxes are not acceptable and full Residential Addresses are required. Mobile phone numbers are preferred where available.

* TFNs are **NOT** required for Individual Trustees – TFN should be provided for the Trust in **Section 6**.

Individual/Trustee 1

Full Name:

Date of Birth:

Residential Address:

Postal Address: Same as Residential ☐

Phone No:

Email:

Occupation:

TFN*:

If exempt, please provide reason

Individual/Trustee 2

Full Name:

Date of Birth:

Residential Address:

Postal Address: Same as Residential ☐

Phone No:

Email:

Occupation:

TFN*:

If exempt, please provide reason

Individual/Trustee 3

Full Name:

Date of Birth:

Residential Address:

Postal Address: Same as Residential ☐

Phone No:

Email:

Occupation:

TFN*:

If exempt, please provide reason

Individual/Trustee 4

Full Name:

Date of Birth:

Residential Address:

Postal Address: Same as Residential ☐

Phone No:

Email:

Occupation:

TFN*:

If exempt, please provide reason

5. COMPANIES OR CORPORATE TRUSTEES

Where investing in the name of a Trust, You also need to complete **Section 6**.

**Please note that PO Boxes are not acceptable and full Residential Addresses are required.
Mobile phone numbers are preferred where available.**

* TFNs are **NOT** required for Corporate Trustees – TFN should be provided for the Trust in **Section 6**.

Full Company Name:

(including Corporate Trustees)

ACN:

ABN:

TFN*:

Registered Office Address:

Principal Place of Business:

Company Type:

☐ Public (Listed)

☐ Public (Unlisted)

☐ Proprietary

Please complete Director details below for PROPRIETARY Companies Only:

Director 1

Director 2

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

Director 3

Director 4

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

Shareholder Beneficial Owners:

Complete for Public (Unlisted) and Proprietary Companies.

Please provide details of individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings). Where Beneficial Owner is also a Director, only provide the Full Name.

Beneficial Owner 1

Beneficial Owner 2

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Beneficial Owner 3

Beneficial Owner 4

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

6. TRUSTS

Please make sure You complete either **Section 4** or **Section 5** (as applicable) in addition to this section.

Name of Trust:

Trust Type:

☐ SMSF

☐ Charitable Trust

☐ Testamentary Trust

☐ Discretionary (Family)

☐ Other (specify):

Trust ABN:

TFN:

Country where Trust
was established:

☐ Australia

☐ Other (specify):

Is the Settled Sum greater than \$10,000?

☐ Yes

☐ No

(for Unregulated Trust)

If Yes, complete the Settlor details

Settlor 1

Settlor 2

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Beneficiary Details

Primary beneficiaries are individuals named in the Trust Deed.

Primary Beneficiaries

Full Name:

Full Name:

Full Name:

Full Name:

Full Name:

Full Name:

Full Name:

Full Name:

7. PARTNERSHIPS

Please note that PO Boxes are not acceptable and full Residential Addresses are required.

Full Name of Partnership:

Registered business name
of Partnership:
(if applicable)

ABN:

TFN:

Country where Partnership
established:

☐ Australia

☐ Other (specify):

Is Partnership regulated by professional association?

☐ Yes ☐ No – please provide details below:

Name of Association:

Membership Details:

Partner 1

Partner 2

Full Name:

Full Names:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

Partner 3

Partner 4

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

Beneficial Ownership:

Provide details of individuals who ultimately own 25% or more of the Partnership or are entitled to exercise 25% or more of the voting rights, including power of veto OR directly or indirectly Control the Partnership. Where Beneficial Owner is also a Partner, only provide the Full Name.

Beneficial Owner 1**Beneficial Owner 2**

Full Name:

Full Names:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Beneficial Owner 3**Beneficial Owner 4**

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

8. ASSOCIATIONS

Please note that PO Boxes are not acceptable and full Residential Addresses are required.

Name of Association:

TFN:

Type of Association:

☐ Incorporated

ID Number:

☐ Unincorporated

Address details – Please provide one

If there is no Principal Place of Administration, provide the address of the Registered Office or the address of an officeholder of the Association

Address of Principal place
of administration:

Address of Registered Office:

Office Holder Address,
including name and position:

Officeholder Details (as applicable)

Chairperson

Secretary

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

Treasurer	Public Officer
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Residential Address:	Residential Address:
Phone No:	Phone No:
Email:	Email:
Beneficial Ownership	
Provide details of any other person who has indirect or direct Control of the Association.	
Beneficial Owner 1	Beneficial Owner 2
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Residential Address:	Residential Address:
Beneficial Owner 3	Beneficial Owner 4
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Residential Address:	Residential Address:

9. APPLICATION INFORMATION

Our Account Details for EFT: Westpac – BSB: 033-186 Account Number: 172767

Please provide Your Deposit ID (*if known*) or name as a reference

Investment Information

Investment Amount \$

How will You be providing Us
with Your Application Funds:

☐ Cheque

☐ Electronic Funds
Transfer (EFT)
See details above

☐ Direct Debit Request
Please complete
details in [section 10.1](#)

☐ Transfer from another investor

Name:

ID:

Please provide reason for transfer below:

Interest Instructions:

☐ Reinvest

☐ Pay into nominated bank account
Please provide bank account details in [section 10.2](#)

Joint Applicants Only

Who will operate Account?

☐ Any to sign

☐ Both to sign

Anti-Money Laundering & Counter-Terrorism Financing Related Questions

Source of Funds:

☐ Savings

☐ Inheritance

☐ Gift

☐ Wages

☐ Superannuation savings

☐ Redundancy

☐ Sale of Asset

☐ Business Activity

☐ Other (specify):

Politically Exposed Persons:

Are any people noted in this Application Form a **Politically Exposed Person**?

☐ No

☐ Yes – please state name of individual:

Foreign Tax Questions

Is any Applicant a tax resident of another country?

☐ No

☐ Yes – please complete Foreign Tax Information Form

Investor Nominated Representative Details (if applicable)

Please refer to Section 20 of the PDS, noting that Investor Nominated Representatives will have access to Your personal information and can act on Your behalf.

Verification of Identification Documentation is required for Investor Nominated Representatives in **Section 12**

Full Name:

Date of Birth:

Residential Address:

Phone No:

Email:

Capacity:

☐ Full Authority

☐ Limited Authority

Signature:

10. BANK DETAILS (INCLUDING DIRECT DEBIT INFORMATION)

10.1 - Direct Debit Information

Complete this if You would like Us to arrange for Your investment amount to be direct debited from Your bank account

Amount to be debited: \$

Date for funds to be debited:

Account Name:

Bank:

BSB:

Account Number:

I authorise RMBL to debit the above amount on the above date from the nominated account (please tick)

☐

10.2 - Interest Payments Bank Account

Complete this if You would like interest payments to be paid to You each month, and do not want Your interest to be reinvested

Bank:

BSB:

Account Name:

Account Number:

11. DECLARATION

By completing and signing this Application Form, You declare that:

- (a) You have received, read and understood a copy of the Product Disclosure Statement (**PDS**) dated 01 February 2023 and Supplementary Product Disclosure Statement (**SPDS**) dated 01 March 2024.
- (b) You understand that You are bound by the terms and conditions of the RMBL Mortgage Income Investments Fund Constitution.
- (c) All the details You have provided are true and correct to the best of Your knowledge.
- (d) You understand that We will collect personal information for the purposes of being able to process Your application and administer Your investment in the Fund.
- (e) Where You have appointed an Investor Nominated Representative, that You have read and understood Section 20 of the PDS and understand that this Investor Nominated Representative will have the same powers as You to deal with Your investment in the Fund on Your behalf.
- (f) You understand that Your investment is subject to the risk of loss of capital and/or interest as the return of Your funds and the payment of interest is linked to the Borrower's repayment of capital and/or payment of interest as explained in Section 10 of the PDS.
- (g) You understand that once Your funds are invested into a Loan, You are unable to redeem Your funds prior to maturity or repayment except at Our discretion as set out in Section 8.17 of the PDS.
- (h) You understand that in the circumstances of a Borrower requesting an extension to a Loan where the value of the Security Property results in a breach of the LVR, Your funds will be unable to be returned and will remain in the Loan until the Borrower has provided additional capital or security to bring the LVR back within guidelines as explained in Section 8.16 of the PDS and SPDS.
- (i) You understand that following the expiry of the term of a Loan, there may be a delay between the Maturity Date and the return of Your funds due to circumstances beyond Our control as explained in Section 8.16 of the PDS and SPDS.
- (j) Where a Borrower requests an extension to a Loan, we will write to you advising the renewal terms. You understand that in the circumstance of a Borrower requesting an extension to a Loan, we will write to you to seek your consent to renew your Investment in that Loan. If you have not responded to two requests seeking consent, we will subsequently confirm with you in writing that you have deemed consent to remain invested in the Loan. Your investment in the Loan will remain invested for the renewal term unless you elect in writing to re-allocate your investment to another Loan(s) or to have your funds repaid. Refer to the PDS and SPDS for an explanation on Loan renewals and deemed consent.
- (k) By providing Your email and/or mobile number in this application, You agree to be sent electronic communications.

Signatures by Applicants

Individuals: (including Individual Trustees)	All Applicants / Trustees
Companies: (including Corporate Trustees)	Two Directors / Director & Company Secretary or Sole Director
Partnerships:	All Partners or as per Companies for Company Partners
Associations:	Two Authorised Signatories including Public Officer

Signature 1

Signature 2

Full Name:

Full Name:

Capacity:

As listed above

Capacity:

As listed above

Date:

Date:

12. VERIFICATION OF IDENTIFICATION

Applicant Type	Verification of Identification (VOI) Requirements
Individuals:	Certified VOI Documents for each Applicant.
Companies:	Certified VOI Documents for each Director and Beneficial Owner identified
Trusts:	VOI Documents for each Individual Trustee and/or Beneficial Owners and Settlor where settled sum is greater than \$10,000 PLUS an original OR certified copy of the Trust Deed or an original or certified extract of the Trust Deed. If the Trustee is a Corporate then we require VOI for the Directors of the Company.
Partnerships:	VOI Documents for Individual Partners and Beneficial Owners PLUS verification of Partnership Name and membership of Professional Association. If the Trustee is a Corporate then we require VOI for the Directors of the Company.
Associations:	VOI Documents for each Beneficial Owners PLUS verification of name of Association and ID Number

VOI Requirements for Individuals, Directors, Partners and Beneficial Owners

Please choose either 1 document from Option 1 **OR** 2 documents from Option 2.

OPTION 1

Primary Documents – Documents containing a photograph
Please provide **ONE** of these Documents

- ☐ Australian State/Territory Driver's Licence (**Front and Rear**)
- ☐ Australian Passport*
- ☐ Card issued under a State or Territory for purpose of providing a person's age
- ☐ Foreign Passport – Non-English Passports to be accompanied by an English Translation

* Passports with an expiry date under 2 years are acceptable.

OPTION 2

Secondary Documents – Documents without a photograph
Please provide **TWO** of these Documents – **One from each column**

One from this column	One from this column
<input type="checkbox"/> Australian Birth Certificate	<input type="checkbox"/> A document issued by the Commonwealth (including the ATO) of a State or Territory within the preceding 12 months which contains the individual's name and residential address
<input type="checkbox"/> Australian Citizenship Certificate	<input type="checkbox"/> A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address of that person (must contain the individual's name and residential address)
<input type="checkbox"/> Pension Card issued by the Department of Human Services	<input type="checkbox"/> If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months and contains the name and residential address and records a period of time that the individual attended the school

VOI Document Requirements for Trusts, Partnerships and Associations

Trusts

- ☐ Original or Certified Copy of Trust Deed; **OR**
- ☐ Original or Certified Copy of extract of Trust Deed including name of the Trust, Trustees, Beneficiaries or Members, Settlor/s and Appointers (where applicable).

Partnerships

Provide **ONE** of these Documents

- ☐ Original or Certified copy or Certified Extract of Partnership Agreement
- ☐ A Certified copy of Certified extract of minutes of a Partnership Meeting
- ☐ Search of relevant ASIC, government or other regulators database (such as ABN lookup)
- ☐ Notice issued by the Australian Taxation Office within the last 12 months
- ☐ Original or Certified copy of a certificate of registration of business name issues by an Australian government or government agency

Provide **ONE** of these Documents if Partnership is regulated by a Professional Association

- ☐ Original current membership certificate
- ☐ Membership details independently sourced from professional association

Associations

Incorporated Associations

Provide **ONE** of these Documents

- ☐ Information provided by ASIC or the government body responsible for incorporation of the Association
- ☐ Original or Certified copy or Certified extract of Constitution or Rules of Association
- ☐ Original or Certified copy of Certified extract of minutes of a meeting of the Association

Unincorporated Associations

Provide **ONE** of these Documents

- ☐ A search of relevant government or regulator database (such as ABN Lookup)
- ☐ Original or Certified copy or Certified extract of Constitution or Rules of Association
- ☐ Original or Certified copy of Certified extract of minutes of a meeting of the Association

Who Can Certify VOI Documents?

Architect

Commissioner for Affidavits

Chiropractor

Commissioner of Declarations

Dentist

Credit Union Officer #

Financial Advisor/Planner

Employee of a Commonwealth authority #

Legal Practitioner

Engineer*

Medical Practitioner

Finance Company Officer #

Midwife	Judge
Registered Migration Agent	Justice of the Peace
Nurse	Magistrate
Occupational Therapist	Registered Marriage Celebrant
Optometrist	Master of a court
Patent Attorney	Officer of the Australian Defence Force #
Pharmacist	Member of the Australasian Institute of Mining and Metallurgy
Psychologist	Member of the Governance Institute of Australia
Trade Marks Attorney	Member of Parliament – Federal and State
Veterinary Surgeon	Minister of Religion
Accountant*	Notary Public
Agent of Australian Postal Corporation who is in charge of an office supplying postal services to the public	Permanent employee of Australia Post #
Australian Consular Officer or Australian Diplomatic Officer	Police Officer
Bailiff	Registrar or Deputy Registrar of a Court
Bank officer #	Senior executive employees of a Commonwealth Authority
Building Society Officer#	SES employee of the Commonwealth
Chief Executive Officer of a Commonwealth Court	Sheriff or Sheriff's Officer
Clerk of a Court	School or Tertiary Teacher employed on a permanent basis by a School or Tertiary Education Institution
An officer or authorised representative of an AFSL holder #	An officer or credit representative of holder of an Australian credit licence #
# - person must have been 2 or more years of continuous service	