

Application Form

Whitehaven Equity Income Fund ARSN 166 733 133

Please complete this form using **BLACK INK** and write clearly within the boxes in **CAPITAL LETTERS**. Mark appropriate boxes with a cross (X). You should read the PDS dated 10 December 2018, issued by Whitehaven Private Portfolios Ltd ABN 64 109 808 577; AFSL 300878, before completing this application form. Capitalised terms in the Application Form have the same meaning as in the PDS.

PART 1

INVESTMENT AMOUNT

Minimum application is \$20,000 and thereafter multiples of \$5,000.

Investment amount: \$, , .

PART 2

INVESTOR IDENTIFICATION

If you have invested in a Whitehaven fund previously, we will already have your information on record.

Have you invested in a Whitehaven managed fund previously?

Yes, investor number:

No. You need to complete the Investor Identification Form appropriate to the type of investor you are; as detailed below.

Please mark (X) the appropriate box to indicate the type of entity that is making the investment.

Individual / Joint Investor

Complete Investor Identification Form 1

Australian Company

Complete Investor Identification Form 2

Foreign Company

Complete Investor Identification Form 3

Regulated Trust (e.g., SMSF)

Complete Investor Identification Form 4

Unregulated Trust (e.g., Family Trust)

Complete Investor Identification Form 5

Other, e.g., partnership or executor of an estate

PART 3

APPLICANT DETAILS

A. Individual Investor, Joint Investor 1, Company Director 1, Executor 1 or Trustee 1

Title Given name(s)

Surname

Date of birth (dd/mm/yyyy)

B. Joint Investor 2, Company Director 2, Executor 2 or Trustee 2

Title Given name(s)

Surname

Date of birth (dd/mm/yyyy)

C. Tax File Number (Individual Investor and Joint Investors only)

Please include your Tax File Number in the space provided to ensure tax is not deducted from distributions.

Individual Investor (A)

Joint Investor (B)

If any of the investors above are exempt from providing a Tax File Number, please provide the reason for the exemption (e.g., Sole Parent Benefits, Service Pension, etc.)

D. Name of Investing Company, Association, Body or Trustee Company if applicable

Please fill in this section if you are investing on behalf of a Company.

ABN

Tax File Number

Individual investors may designate an investment on behalf of another individual.

E. Account Designator (name of Superannuation Fund, Trust, Deceased Estate or other entity or person)

ATF

ABN

Tax File Number

If exempt from providing a TFN and/or ABN, please provide the reason for the exemption

Required by foreign residents for tax purposes.

F. Is the investing entity is a foreign resident for tax purposes? If yes, specify the country of tax residency

No

Yes

Country:

PART 4

CONTACT DETAILS & COMMUNICATIONS

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.

These contact details will be used for all administration correspondence.

Reports will be emailed unless indicated otherwise.

Number and Street

City, Suburb or Town

State/Territory

Country (if not Australia)

Postcode

Daytime phone number

After hours phone number

Fax number

Mobile number

Email address

Please mark (X) this box if you want to receive Annual Financial Reports for the Fund.

Please mark (X) this box if you want communications to be sent to your nominated email address.

PART 5

DISTRIBUTION PAYMENTS

Please mark (X) this box if you would like your distributions reinvested as additional units.

%

Indicate the proportion of each distribution to be reinvested as additional units, e.g., 100%. Any proportion of your distribution not reinvested will be paid to your nominated bank account.

You are required to provide your bank account details for payment of distributions. Distributions will not be made by cheque.

Australian bank account details only.

Account name

Financial institution

BSB

Account number

PART 6

REGULAR ADDITIONAL INVESTMENT

Minimum investment is multiples of \$5,000.

Regular additional investment amount:

\$, , . 0 0

I/we request the above amount to be deducted from my/our bank account as specified above, on the following basis:

Monthly Quarterly Annually Other:

Please mark (X) this box to limit the total amount or duration of your regular additional investment amount.

End date:

Total additional investment amount: \$

PART 7

ADVISER DETAILS

If you use a financial adviser, please have them sign this section to confirm that they hold a current AFS licence and are authorised to deal in and/or advise on managed investment products.

Title Adviser given name(s)

Adviser surname

Adviser company (if applicable)

Adviser email

Licensed dealer name

Licence number

Please mark (X) this box if you would like your Adviser to receive a copy of all correspondence

Please mark (X) this box if your Adviser has completed the identification and verification requirements for this investor under the AML/CTF Act.

ADVISER SIGNATURE

PART 8

DECLARATION AND AUTHORISATION

I/We declare that I/we have personally received and read the current PDS and agree to be bound by the PDS and the Constitution (each as amended from time to time). I/We declare that the offer was received and accepted in Australia and all information in this application is true and correct. I/We indemnify Whitehaven against any liabilities whatsoever arising from acting on any information I/we provide in connection with this application. I/We have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. I/We acknowledge that neither Whitehaven nor any of its related entities (including its directors and employees) guarantee the Fund's performance, the repayment of capital, any particular rate of return or any distribution. In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions. If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of the power. I/We have read and understood Whitehaven's privacy policy which is available at <http://whitehavenprivateportfolios.com.au> and consent to my/our personal information being collected, used, disclosed and stored in accordance with the policy. I/We agree that, until I/we inform Whitehaven otherwise, I/we will be taken to have consented to all uses of our personal information (including for marketing purposes). I/We agree to provide Whitehaven with all information and documentation requested for AML/CTF investor identification and verification purposes. I/We confirm that I/we am/are authorised to provide the personal information provided in connection with this application and I/we consent to my/our information being verified using independent and electronic data sources (or such other information sources), which may involve disclosure of my/our personal information to document issuers, service providers, government or regulatory bodies, credit agencies or other information holders and repositories. I/We have made an offer to become an Investor in the Fund and that offer cannot be revoked. Whitehaven may accept or reject this application in whole or in part. I/We understand that if I/we fail to provide any information requested or do not agree to any of the possible uses or disclosure of our information as detailed in the PDS, my/our application may be rejected by Whitehaven and Whitehaven is released and indemnified in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided. Whitehaven has not provided me/us with financial product advice regarding an investment in the Fund that has taken into account my/our objectives, financial situation or needs. I/We acknowledge that I/we have had the opportunity to seek independent professional advice regarding the legal, taxation and financial implications of investing in the Fund.

If the application is signed by more than one person, who will operate the account:

Any to sign

All to sign together

Signature

Date (dd/mm/yyyy)

Signature

Date (dd/mm/yyyy)

SIGNATURE

SIGNATURE

Name

Name

If a Company Officer or Trustee, you MUST specify your title:

Director Sole Director Trustee

Other

If a Company Officer or Trustee, you MUST specify your title:

Director Company Secretary Trustee

Other

Contact details

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