

For an investment in ‘Class B – Retail Units’ (**Units**) in the La Trobe US Private Credit Fund (**Fund**) (the **Offer**)

Important Information

This Application Form is not for use in, and may not be delivered to or inside, the United States of America, or to U.S. Persons (see page 52 of the PDS).

Completing the Application Form

Please complete this Application Form and provide the relevant information or documentation (including certified copies of identification as noted below).

Applicant Type	Identification required	Additional documentation required	Sections to complete on Application Form	Australian TFN (if any) [^]	Signature required
Individual	Electronic identification required or a certified copy of one (1) of the following documents that contain your photo(s) and full name(s):	Nil	A, C, D, E, F (G & H [if applicable]) I & J	The applicant	The applicant
Joint	<ul style="list-style-type: none"> Australian driver's licence (current) Australian passport (current or expired less than 2 years) Australian State or Territory photo ID card (current) 	Nil	A, C, D, E, F (G & H [if applicable]) I & J	Each applicant	Each applicant
Superannuation Fund	Individual trustee – for each trustee, same as individual	ABN (if applicable) ACN (if corporate trustee)		The super fund	The trustee(s)
Trust	Corporate trustee – for each company director or person purporting to act on behalf of the corporate trustee (Agent), same as individual	Certified copy of trust deed or certified extract showing: <ul style="list-style-type: none"> Name of super fund/trust Name of trustees and beneficiaries Place of establishment of super fund/trust Certified evidence of authorisation of Agent to act on behalf of corporate trustee.	A, B, C, D, E, F (G & H [if applicable]) I & J	The trust	The trustee(s)
Company	For each director, secretary, or person purporting to act on behalf of the company (Agent), the same as individual	Certified evidence of authorisation of Agent to act on behalf of company	A, B, C, D, E, F (G & H [if applicable]) I & J	The company	Two directors; or if one director company, sole director
Partnership	For each partner or person purporting to act on behalf of the partnership (Agent), same as individual	Certified copy or extract of partnership agreement or certified copy or extract of minutes of meeting Certified evidence of authorisation of Agent to act on behalf of Partnership	A, B, C, D, E, F (G & H [if applicable]) I & J	The partnership	All partners
Estate	For each executor, same as individual	Certified copy of death certificate Certified copy of grant of probate or letters of administration	A, B, C, D, E, F (G & H [if applicable]) I & J	The deceased person	The executor(s)
Minor (under 18)	Certified copy of birth certificate or extract of minor For each adult investing on behalf of the minor, same as individual	Nil	A, C, D, E, F (G & H [if applicable]) I & J	Not applicable if the child is under 16. See children and under 18s www.ato.gov.au	All adults investing on behalf of the minor

[^] The applicant is not required to quote their tax file number, however, if a tax file number is not quoted, tax may be deducted from distributions of income at the highest marginal tax rate (plus any applicable government levy) if required by law. Tax will not be deducted if the Applicant supplies an Australian business number (if applicable) or an appropriate exemption applies to its investment. The use and disclosure of tax file numbers is strictly regulated by tax and privacy laws.

Identification Requirements

Please supply information or documentation to allow La Trobe Financial to complete identification requirements. This will include supplying either your driver's licence/passport numbers to La Trobe Financial to complete electronic identification (Section I of the Application Form) or provide certified copies of the relevant identification documents and attach these to the completed Application Form. Documents not in English must be accompanied by an English translation prepared by an accredited translator.

Identity Verification for Australian Residents

Electronic identification requirements include:

- Australian State or Territory Driver's Licence number; **OR**
- Australian Passport number.

If you do not wish to complete electronic identification then the following forms of identification will need to be provided:

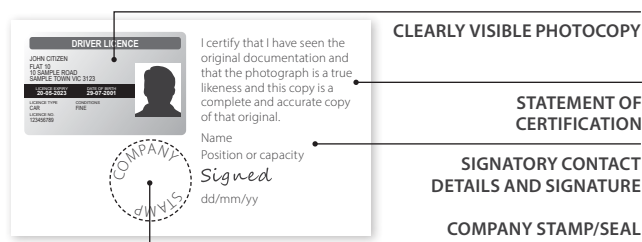
- One certified primary photographic identification document (Category A); **OR**
- One certified primary non-photographic identification document **PLUS** one secondary identification document (Category B).

Category A:

A certified copy of **ONE** of the following documents that contains your photo and full name:

- Australian driver's licence (current)
- Australian passport (current or expired less than 2 years)
- Current Australian State or Territory photo ID card

Example:



Category B:

A certified copy of **ONE** document from **BOTH** i and ii below:

- i**
 - Australian birth certificate
 - Australian citizenship certificate
 - Pension card issued by Centrelink
 - Medicare Card
 - Health care card issued by Federal or State Government; **AND**

OR ii A notice that contains your name and residential address which was issued to you by **EITHER**:

- The Commonwealth or a State or Territory within the preceding 12 months and records the provision of financial benefits; **OR**
- The Australian Taxation Office within the preceding 12 months and records a debt payable by or to you; **OR**
- A local government body or utilities provider within the preceding three months and records the provision of services to you at your residential address.

Please contact La Trobe Financial for other categories.

Identity Verification for Non-Australian Residents

Category A:

A certified copy of **ONE** of the following current documents:

- Foreign passport bearing your photograph and your signature or a unique identifier (current)
- National identity card issued by a foreign government bearing your photograph and either a signature or a unique identifier
- Foreign driver's licence that contains your photograph

Category B:

If you cannot provide one of the documents in Category A, please provide certified copies of **TWO** of the following current documents:

- OR**
 - Citizenship certificate issued by a foreign government
 - Birth certificate issued by a foreign government
 - Pension card issued by a foreign authority
 - Health concession card issued by a foreign authority

Please contact La Trobe Financial for other categories.

Certification of documents

Who can certify?

Anyone listed on the Federal Attorney General's website may certify a document, which includes persons who are licensed or registered to practice the following occupations:

- | | | |
|------------------------|-------------------|------------------------|
| • Chiropractor | • Nurse | • Physiotherapist |
| • Dentist | • Optometrist | • Psychologist |
| • Legal practitioner | • Patent attorney | • Trade marks attorney |
| • Medical practitioner | • Pharmacist | • Veterinary surgeon |

If you need a document certified **outside Australia** we will accept a document certified by the following:

- a staff member at an Australian Consulate
- a person authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents (for example, a Notary Public or a lawyer)

What must the certifying officer do?

A person authorised to certify a document (see above) must:

1. Attest that the document is a true copy of the original by:
 - (a) For a document with a photo:

"I certify that I have seen the original documentation and that the photograph is a true likeness and this copy is a complete and accurate copy of that original."
 - (b) For a document without a photo:

"I certify that I have seen the original documentation and this copy is a complete and accurate copy of that original."
2. Sign and date the copy of the document they are certifying
3. Add their name along with the position or capacity to the document
4. Affix their official stamp or seal (if applicable)

Section A

All Investors

If there are more than 2 applicants, please provide details on a separate page.

For each applicant, we require confirmation of your tax residency and for applicants that are not Tax Resident in Australia Only, completion of the additional FATCA/CRS form.

Please note that all communications with you will be via email. If you do not provide us with your email address, you will receive communications from us via post including your annual Investor Activity Statement for the previous financial year.

Section B

Organisation/Trust/SMSF/Associations

If you are investing in the name of a company, trust, partnership, association, co-operative, Government body or other you must complete both sections A and B.

For each Entity application, we require confirmation of your tax residency, and we may require completion of the additional FATCA/CRS form depending on which option you select under section C of the Application Form. No FATCA/CRS form is required in connection with completing section B of the form for an Entity application. U.S. Persons must not apply for Units (see page 1 of this Application Form).

Section A is required to be completed for all beneficial owners, being those individuals who directly or indirectly own 25% or more of the Entity, or who control the Entity.

Section D (Account Authorities) applies to joint company and organisation investors and identifies the number of signatories who can authorise transactions on the account, such as redemptions and changes to account details. If left blank, we will assume one signature only is required.

Section C

Investor Questionnaire

As a product issuer and distributor, La Trobe Financial has obligations at law to ensure that it takes reasonable steps that will, or are reasonably likely to, result in distribution of the product being consistent with the Target Market Determination for the product.

Please complete the questionnaire on behalf of the Investor(s) to assist La Trobe Financial with assessing whether it is likely that you are within the target market for the product.

Section D

Account Authorities

This section applies to joint company and organisation investors and identifies the number of signatories who can authorise transactions on the account such as withdrawals and changes to account details. If left blank, we will assume one signature only is required.

Section E

Investment Amount & Payment

Please indicate your investment amount noting that there is a minimum investment amount of AUD\$10,000 for an initial acquisition of Units and AUD\$5,000 for any subsequent acquisition of Units.

Section F

Payment of Distributions

This bank account will be your nominated account with La Trobe Financial for the payment of distributions and/or redemption proceeds.

Section G

Financial Adviser details

If you are investing via a financial adviser please ask your adviser to complete this section.

Section H

Investor Representative

If you wish to appoint a financial adviser, solicitor, accountant or another trusted person to discuss and/or deal with your investments in the Fund, please complete this section. This section is optional and you do not have to appoint an Investor Representative.

Section I

Verification of Identity

Verification of identity must be completed electronically or manually by supplying information or certified identity documents to La Trobe Financial. You will be required to provide your consent to La Trobe Financial to disclose your personal information to a third party agency if you choose to have your identification verified electronically. Please confirm that you consent to La Trobe Financial providing your information to credit reporting agencies for verification purposes. These checks do not impact your credit rating.

Section J

Declaration & Signature

The Application Form must be signed by all relevant parties.

Issuer and Responsible Entity :

La Trobe Financial Asset Management Limited (**La Trobe Financial**) ABN 27 007 332 363; AFSL 222213.

Class B – Retail Units (**Units**) in the Fund will only be issued following our acceptance of an application form issued with the Product Disclosure Statement current at the date of signing this form.

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option.

If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

1. How to apply:

Please email all completed applications through to:

investor@latrobefinancial.com.au

OR

Post your application to:

**La Trobe US Private Credit Fund
GPO Box 5193
Sydney NSW 2000**

2. Calling our team:

Our Asset Management Team are available to help you with your application.

Phone 1800 818 818.

3. Completing this form

Please note that by completing this Application Form, investors must supply either information to complete electronic identification, or certified copy of identification will need to be provided for all individuals identified in Sections A and B. The identification requirements are set out in detail in the pages below.

You should consider the appropriateness of an investment in the Units, having regards to your own objectives, financial situation and needs and seek professional financial advice tailored to your personal circumstances before making an investment decision.

SECTION A – INVESTOR TYPE (All Investors)

Please note details of Company directors, Trustees and Partners required below if completing on behalf of a corporation/organisation as per Section B.

Applicant 1

Existing Investor Number _____

Investor type: Individual Joint Company Director
 Agent Trustee Partner Parent/Guardian

Title _____

Surname _____

Given names _____

Other names known by _____

Date of birth _____

Country of citizenship/s _____

Tax File Number or Exemption Reason^ _____

Tax File Number or Exemption Reason _____

Tax Residence Country*

Tax Resident in Australia Only
 Tax Resident of another country outside of Australia
If you check this box, please also complete the FATCA and CRS Details form available at www.latrobefinancial.com.au and submit with your Application Form.

**Do not complete when filling out this Section A for company directors, trustees and partners if completing on behalf of a corporation/organisation.*

U.S. Persons must not apply for Units (see page 52 of the PDS).

If there are more than two (2) applicants, including trustees or company directors, please provide their full details on a separate page.

^The Applicant is not required to quote its tax file number, however, if a tax file number is not quoted, tax may be deducted from payments of interest at the highest marginal tax rate (plus any applicable government levy) if required by law. Tax will not be deducted if the Applicant supplies an Australian business number (if applicable) or an appropriate exemption applies to its investment. The use and disclosure of tax file numbers is strictly regulated by tax and privacy laws.

Applicant 2

Existing Investor Number _____

Investor type: Individual Joint Company Director
 Agent Trustee Partner Parent/Guardian

Title _____

Surname _____

Given names _____

Other names known by _____

Date of birth _____

Country of citizenship/s _____

Tax File Number or Exemption Reason^ _____

Tax Residence Country (Not Applicable for Entity Application) _____

Tax Residence Country*

Tax Resident in Australia Only
 Tax Resident of another country outside of Australia
If you check this box, please also complete the FATCA and CRS Details form available at www.latrobefinancial.com.au and submit with your Application Form.

**Do not complete when filling out this Section A for company directors, trustees and partners if completing on behalf of a corporation/organisation.*

ADDRESS & CONTACT DETAILS

Contact name _____

Residential street address _____

City, State, Province & Postcode _____

Country (if not Australia) _____

PO Box or postal address (if different to residential address) _____

Phone (business) _____

Mobile _____

Email _____

Contact name _____

Residential street address _____ Same as Applicant 1

City, State, Province & Postcode _____

Country (if not Australia) _____

PO Box or postal address (if different to residential address) _____

Phone (business) _____

Mobile _____

Email _____

E-CONSENT: By providing your email address, you agree to receive all communications, including statements, electronically. In certain circumstances, we may still need to send you letters in the post. Your communication preferences can be changed at any time by contacting us.

SECTION B – INVESTOR DETAILS (ORGANISATION/TRUST DETAILS/SMSF/ASSOCIATIONS)

Note: Section A is required to be completed for Individual Trustees.

If you are investing in the name of a company, trust, partnership or other entity, please complete the following:

Entity type: Company Trust SMSF Partnership
 Sole Trader Association Custodian Other

Full name of Entity

Trustee Name (if applicable)

Type of Trust (if applicable)

Settlor of Trust (if applicable)

ACN/ARBN

ABN

Tax File Number or Exemption Reason[^]

Tax Residence Country

U.S. Persons must not apply for Units (see page 52 of the PDS).

Please select the most appropriate box from the below:

- Australian superannuation fund (i.e. a superannuation entity or public sector superannuation scheme (including an exempt public sector superannuation scheme or self-managed superannuation fund); or
- Australian "Financial Institution" for FATCA and CRS purposes; or
- Listed public company the stock of which is regularly traded on an established securities market; or
- Tax Resident in Australia only, Non Financial Institution whose:
- earnings from 'Investment income (including property)' was < 50% of the Entity's revenues in the preceding reporting period; and
 - assets that generate such income were < 50% of the Entity's assets in that period, (i.e Active NFFE/NFE for FATCA/CRS purposes); or
- None of the above*

*Please complete the FATCA and CRS Details form available at www.latrobefinancial.com and submit with your Application Form.

[^]The Applicant is not required to quote its tax file number, however, if a tax file number is not quoted, tax may be deducted from payments of interest at the highest marginal tax rate (plus any applicable government levy) if required by law. Tax will not be deducted if the Applicant supplies an Australian business number (if applicable) or an appropriate exemption applies to its investment. The use and disclosure of tax file numbers is strictly regulated by tax and privacy laws.

Country of incorporation, formation or registration and name of relevant registered body (if applicable)

Registration or Identification Number

Type of Government body, level of Government and Jurisdiction (Government bodies only)

OWNERSHIP/DIRECTORS (Please Note: Section A is required to be completed for all individuals below)

Directors, any individuals/beneficiaries that have 25% or more ownership of the company, trust or partnership, and any individual who purports to act on behalf of the customer (Agent).

Individual 1 name

Individual 2 name

Individual 3 name

Individual 4 name

Certified copies of Trust Deeds (and any variations thereto) MUST be supplied with the Application.

Certified copy of authority for Agent to act on behalf of the entity MUST be supplied.

ADDRESS DETAILS

Registered Office

Street address

City, State, Province & Postcode

Country (if not Australia)

Principal Place of Business

Same as Registered Office

Street address

City, State, Province & Postcode

Country (if not Australia)

ASSOCIATIONS

Full name and address of the chairman, secretary and treasurer (or equivalent of these positions)

Chairman

Address

Secretary

Address

Treasurer

Address

Other

Address

SECTION C – RETAIL INVESTOR QUESTIONNAIRE (Required)

IMPORTANT

If you have received personal financial advice to invest in the US Private Credit Fund Class B – Retail Units (**Fund Product**) then please fill out **Section C1 – Advised Investor(s) that have received personal financial advice**. Otherwise, please proceed to **Section C2 – Questionnaire for Non-Advised Retail Investors**.

SECTION C1 – INVESTOR(S) THAT HAVE RECEIVED PERSONAL FINANCIAL ADVICE

Declaration by Investor(s)

I declare that I have received personal financial advice to acquire Class B Units in the La Trobe US Private Credit Fund.

Signature _____	Signature _____
Name _____	Name _____
Date _____	Date _____

SECTION C2 – QUESTIONNAIRE FOR NON-ADVISED RETAIL INVESTORS

Please answer all of the questions below unless you have completed Section C1 above.

- 1** What are your primary investment objectives for this investment?
Please select at least one.

 - Receiving variable interest income paid monthly
 - Access to US private credit (i.e. loans to US-based companies) via an Australian unit trust
 - Exposure to a portfolio of predominantly senior (i.e. first ranking), secured loans issued to mid-sized US companies
 - Regular access to my investment money 'on demand' or 'at call'
 - Target yield which is at least the US Secured Overnight Financing Rate (SOFR) plus a margin which is variable and reviewed monthly
 - Receiving capital gains from the value of units appreciating over time

- 2** Please identify approximately how much of your total investable assets (excluding your home) you intend to invest?

 - Less than 10% of my investable assets
 - Between >10% and 25% of my investable assets
 - Between >25% and 35% of my investable assets
 - Between >35% and 75% of my investable assets
 - Between >75% and 100% of my investable assets

- 3** In investing into this asset class, US private credit, are you looking for a product that it is capital guaranteed?

Yes No

- 4** What type of return are you seeking from your investment?

 - Variable rate of income return
 - Fixed rate of income return

- 5** Do you require access to all of your capital upon request at any time?

Yes No

- 6** Under normal market conditions, within what period do you expect to redeem all of your invested capital?

 - Within 9 months
 - Between 9 months and 12 months
 - Between one year and three years
 - Between three and five years
 - Greater than five years

Please Note: Acceptance of your application by La Trobe Financial should not be taken as a representation or confirmation that your investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions.

SECTION D – ACCOUNT AUTHORITIES (Optional)

Authorisation for account changes and redemptions

One signatory All signatories Other (please specify) _____

SECTION E – INVESTMENT AMOUNT & PAYMENT (Required)

Please indicate your investment amount.

A minimum initial amount of AUD\$10,000 applies. The Responsible Entity may elect a different minimum amount from time to time.

Investment Amount AUD \$ _____

Once your application has been processed, we will provide you with our direct deposit details to transfer your investment amount.

SECTION F – NOMINATED BANK ACCOUNT (Required)

Please provide Account details of the bank account into which distributions and/or redemption proceeds are to be paid. Must be in the name of the Investor Account.

Account name _____
 Name of financial institution _____
 BSB _____ Account number _____

SECTION G – FINANCIAL ADVISER RELATIONSHIPS (Advisers only)

Adviser details

Your Financial Adviser will be provided with information relating to your investment unless you tell us otherwise. You may wish to provide further authority to your adviser to transact on your behalf, see section H below.

La Trobe Financial Adviser Number _____ Name _____
 Company _____ Dealer group _____
 Contact name _____ Contact phone _____
 Email _____

Identity verification declaration

In accordance with the Financial Services Council/Financial Planning Association Industry Guidance Note 24, I confirm that customer identification has taken place under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (**Act**) and that I will provide La Trobe Financial with access to the records as required, or that the industry agreed 'Customer Identification Form' confirming compliance is attached. I also agree to forward these documents to La Trobe Financial if I ever become unable to retain the documents. I understand and agree that La Trobe Financial is authorised to conduct random audits of these records in accordance with its obligations under the Act.

Signature of Financial Adviser _____ Date _____

SECTION H – APPOINTING SOMEONE TO BE YOUR INVESTOR REPRESENTATIVE (Optional)

TO BE COMPLETED BY INVESTOR(S)

You may appoint someone to represent you in dealing with your investments with La Trobe Financial. If you would like to do this, please complete the following steps:

A. Name and Signature of Investor Representative

Full name _____ Signature _____

B. Level of authority

There are three types of authority that you can provide to your Investor Representative. Please select your preferred level of authority.

- Enquiry Only:** I/we authorise you as our Investor Representative to make enquiries and receive information from La Trobe Financial in relation to my investment in the Fund.
- Full Transaction Authority:** I/we authorise you as my/our Investor Representative to transact on my behalf in relation to my investment in the Fund, as if you were the legal and beneficial owner of the Units, including by making further investments, transfers or redemption requests.
- Power of Attorney:** I/we authorise you as my/our Power of Attorney to transact on my/our behalf in relation to my investment in the Fund, as if you were the legal and beneficial owner of the Units, including by making further investments, transfers or redemption requests.

C. Identity Verification of Investor Representative

We require a certified copy of the Power of Attorney documentation along with Certified ID/Electronic Verification for the individual acting as the Power of Attorney. We require Certified ID/Electronic Verification for the individual acting as Investor Representative (other than a POA). If you consent to La Trobe Financial conducting electronic verification please provide at least one identifier below:

Address _____ Date of birth _____
 Select at least one Drivers Licence No. _____ Passport No. _____ Medicare No _____

Note: Bank Account amendments will require verbal confirmation from investment account holder(s)/Power of Attorney in all instances.

D. Declaration and acknowledgement

I/we wish to appoint our Investor Representative to deal with Units as authorised. I/we hereby release, discharge and agree to indemnify La Trobe Financial and La Trobe Financial Services Pty Limited (the Investment Manager for the Fund) from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon the instructions of my/our Investor Representative, except to the extent caused by their fraud, negligence or wilful misconduct (including that of their employees, officers, agents or contractors).

Signature of Investor _____ Signature of Investor _____
 Date _____ Date _____

SECTION I – VERIFYING YOUR IDENTITY (Required)

La Trobe Financial is required by law to collect and verify information about your identity before providing services to you. Please tick your preferred option for us to verify your identity:

1. Online verification (Australian ID documents only): To complete electronic identity verification you will be required to provide the following information: Driver's Licence/Australian Passport details. By ticking this box, you confirm that you are authorised to provide the personal information presented (including name, residential address, date of birth and Driver's Licence/Passport number) and consent to that information being disclosed to a Credit Reporting Body, the document issuer or official record holder including via third party systems for the purpose of confirming and verifying my/our identity. You agree that La Trobe Financial may keep full and proper records of all such disclosures, confirmations and consents as necessary or required to comply with its obligations under law;

OR

2. Certified copy of identification: Certified copy of identification for each Applicant (Section A) or individual (Section B) MUST be attached to the application if this method is selected. Refer to the section 'Completing the Application Form' above, for further details.

APPLICANTS

Individual 1 Australian Driver's Licence no. _____
 Card no. _____
 State _____ Expiry date _____
 Australian Passport no. _____
or Certified copy of identity documents

Individual 2 Australian Driver's Licence no. _____
 Card no. _____
 State _____ Expiry date _____
 Australian Passport no. _____
or Certified copy of identity documents

Individual 3 Australian Driver's Licence no. _____
 Card no. _____
 State _____ Expiry date _____
 Australian Passport no. _____
or Certified copy of identity documents

Individual 4 Australian Driver's Licence no. _____
 Card no. _____
 State _____ Expiry date _____
 Australian Passport no. _____
or Certified copy of identity documents

We will be unable to accept applications for units until the verification of identity process has been completed.

Please note that by signing this Application Form, you will be consenting to La Trobe Financial and its third party service provider collecting information about you for the purposes of verifying you. This may include sending your information to credit reporting agencies for the purpose of verification.

SECTION J – DECLARATION AND SIGNATURE (Required)

All Investors (or their agents or attorneys, if applicable) must sign this declaration. We cannot process your application without the relevant signatures.

1. I/We wish to apply for fully paid Class B – Retail Units (**Units**) in the Fund. I/We declare that I/we have received a paper or electronic copy of the Product Disclosure Statement dated on or around 19 June 2024 at the same time as I/we received this form.
2. I/We confirm that I/we have read the Product Disclosure Statement for the Fund and the details in the Application Form are true and correct and should these details change, I/we shall promptly advise La Trobe Financial in writing of the change(s).
3. I/We agree to be bound by the provisions of the Product Disclosure Statement and acknowledge the terms of La Trobe Financial's privacy policy available at www.latrobefinancial.com. I/We represent that I/we have the experience necessary to evaluate the financial, investment and other risks associated with an investment in the Fund or will seek advice where necessary.
4. I/We acknowledge that investments in the Fund are subject to investment risks, which could include delays in payments, and loss of income and capital invested, and that La Trobe Financial does not guarantee the performance of the Fund or any particular rate of return or the repayment of capital out of the Fund.
5. We confirm that I/we am/are not a 'U.S. Person' or 'U.S. Persons' (see page 1 of this Application Form).
6. If applying as a company, we acknowledge that redemptions from the Fund must be signed by an authorised representative of the company or in accordance with the company's constitution or under a power of attorney.
7. If making a joint application, we confirm and agree that unless otherwise indicated in this application, the investment in the Fund is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or redemptions by any available method.
8. I/We declare and agree that to the best of my/our knowledge, having made due enquiries, any information and documents that will be used for the purposes of this application (whether or not provided on or with this application) are complete and correct, and if they are about another person, have been provided with the consent of that person.
9. I/We acknowledge that it is a criminal offence to knowingly provide false or misleading information or documents in connection with this application.
10. If signed under a power of attorney, I/we declare that I/we have no knowledge of the revocation of that power of attorney.
11. If applying as a custodian, I/We declare that I am/we are acting in the capacity as a trustee, am/are licensed to provide custodial services and are providing the same in the ordinary course of carrying on a business providing such custodial services, and have carried out all requisite customer identification procedures and ongoing customer due diligence in relation to the customers to whom I/we are providing custodial services.
12. If my/our investment in the Fund will be held on trust by a trustee, I/we acknowledge and confirm that only the trustee has rights and obligations under the Fund and the trustee is authorised under the trust deed of the trust to apply for, and hold, units in the Fund.

Continued following page. >

SECTION J – DECLARATION AND SIGNATURE (Required)*< From previous page.***Privacy and Anti-Money Laundering declarations**

13. I/We authorise the disclosure to my/our Financial Adviser, Authorised Representative or Referrer and/or other service provider of any information in relation to this application or my/our investment (personal information).
14. I/We acknowledge and agree that La Trobe Financial may disclose information about me/us to courts, tribunals or as required by law, including to verify my/our identity as necessary for La Trobe Financial to comply with its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act and that this application may not be accepted or processed until this disclosure has been satisfactorily completed.
15. I/We agree to information about me/us being collected, used and disclosed in accordance with the privacy statement contained in the Product Disclosure Statement.
16. I/We acknowledge that La Trobe Financial may use my/our personal information for marketing to me/us products and services offered by it and organisations with which it is affiliated or which it represents. I/We have the right not to receive marketing material by contacting La Trobe Financial.
17. I/We acknowledge and agree that La Trobe Financial may provide personal information to an external organisation that provides information technology services for the purposes of the Fund.

Further Investments into the Fund

18. I/We acknowledge and confirm that if I make a further investment in the Fund, I/we can do so by depositing funds in the manner prescribed by La Trobe Financial in accordance with the Constitution and that where I/we do so, I/we agree to have re-confirmed that the information contained in this Application Form (subject to any information which has changed and has been notified to La Trobe Financial) is correct and up to date of investment and I/we are taken to have re-declared all declarations contained in this Section J.

Digital signatures are currently accepted on our application forms.

WARNING: The information contained in the Product Disclosure Statement is general information only and it is not investment advice or a recommendation that the Fund is suitable having regard to your investment objectives, financial situation or particular needs. The Product Disclosure Statement is not financial, taxation, legal or other advice. You should consider your personal circumstances and obtain investment and/or taxation advice tailored to your personal circumstances before making any investment decision in relation to the Fund.

Signature of Investor

Date _____

Name _____

Capacity to execute: Applicant Director
 Power of Attorney Trustee

Signature of Investor

Date _____

Name _____

Capacity to execute: Applicant Director
 Power of Attorney Trustee

Please do not use this Application Form unless accompanied by the PDS.

Post your application to:

La Trobe US Private Credit Fund
GPO Box 5193
Sydney NSW 2000

Email your application to:

investor@latrobefinancial.com.au