

Section 15

Senior Trust Retirement Village Listed Fund – Application form

This Application Form represents an offer to purchase Units in the Senior Trust Retirement Village Listed Fund under the exclusion for offers of financial products of the same class as quoted financial products in clause 19 of Schedule 1 of the Financial Markets Conduct Act 2013, the terms of which were described in the Information Memorandum dated 29 November 2018. Any capitalised terms used in this Application Form but not defined have the same meaning as given to those terms in the Information Memorandum. If you require assistance filling in this Application Form, please call the Registrar.

A. APPLICANT DETAILS

First name(s):		Surname:	
Street Address		DOB	
First name(s):		Surname:	
Street Address		DOB	
First name(s):		Surname:	
Street Address		DOB	
Company / Trust / Account Designation			
Postal address			
City:	Postcode:	Country:	
Telephone	Mobile:	Daytime:	

B. APPLICATION & PAYMENT

I wish to purchase Units for the following NZ\$ Amount:

\$

Applications for purchase of Units must be accompanied by payment in the correct amount. This Application Form and any payments must be sent to Senior Trust Management Limited ("Manager") as per the instructions on the reverse of this application form.

The minimum amount you can apply for is \$100.00 and then in multiples of \$100.00 thereafter. The unit price will be calculated at least monthly on the next Valuation Day in the month after receipt of funds to allow for bank clearance of your payment. Your Units will be allotted on that Valuation Day or, if your payment is received after 2pm on a Valuation Day, on the next Valuation Day following receipt of your payment.

Choose ONE of the PAYMENT options only below. Please tick the box next to your selected option.

Option 1: Please make a one-time DIRECT DEBIT it from my bank account stated below.

By ticking this box and submitting this Application Form, I agree that the Registrar is authorised to withdraw from this account the full dollar amount of Units applied for on the terms and conditions for one-time direct debit. **Please confirm with your bank that payments can be direct debited from this account.**

Option 2: Please find attached my payment by CHEQUE for the dollar amount of Units applied for above made payable to "Senior Trust Listed Fund offer" and crossed "Not Transferable".

For subscription amounts below \$100,000, **1% of the amount you apply for will be deducted from your application monies to meet fees charged by NZX and other subscription costs, and the number of Units allotted to you will be reduced accordingly.**

For subscription amounts equal to and above \$100,000, **0.5% of the amount you apply for will be deducted from your application monies to meet fees charged by NZX and other subscription costs, and the number of Units allotted to you will be reduced accordingly.**

Please provide New Zealand dollar bank account details for direct debit (if you selected Option 1) and/or direct credit of your quarterly distribution payments. If you wish to have your distribution paid into a different bank account than the one provided below for direct debit purposes, you need to advise Link Market Services of the account details in writing. **PLEASE NOTE:** No distribution payments will be made to Unitholders by cheque. Payments will be withheld until such time a bank account is provided to the Registrar, Link Market Services.

Name of Bank:

Name of Account:

Bank

Branch

Account Number

Suffix

If you wish your distribution payments to be direct credited to your Cash Management Account held with an NZX Firm, please provide the following details: Direct credit to my Cash Management Account:

Name of NZX Firm where Cash Management Account is held:

Cash Management Account Number:

C. COMMON SHAREHOLDER NUMBER (CSN)

If you have a CSN for any other securities you hold which is in the exact same name as this application, please enter it here. If you do not have a CSN, leave the space blank and you will be allocated a CSN and Authorisation Code (FIN) when your Units are allotted.

D. ELECTRONIC COMMUNICATIONS

I agree to receive my Unitholder communications via email at my email address provided below:

E. IRD NUMBER

Both IRD numbers are required in respect of a joint application

- Please tick this box if you hold an RWT exemption certificate from the IRD and attach a copy of your RWT exemption certificate.
- Please tick this box if you are a non-resident for NZ tax purposes; under the Income Tax Act 2007, you will be treated as a NZ tax resident unless this box is ticked.
- Please tick this box if you are a US resident, citizen or taxpayer.

F. VERIFICATION OF YOUR IDENTIFY

All applicants must provide details of their drivers licence which will be used for AML/CFT Act verification purposes along with your DOB and Street address provided in "A" of this application form.

APPLICANT #1: NZ Drivers Licence number:

Licence version:

APPLICANT #2: NZ Drivers Licence number:

Licence version:

If you don't have a driver's licence you can provide some other form of identification such as a passport or a birth certificate. If you do not provide these details your application form cannot be processed.

G SIGNATURE(S) OF APPLICANTS

I/we hereby acknowledge that I/we have read the terms and conditions set out in this Application Form, and apply for the dollar amount of Units as set out above and agree to accept such Units (or such lesser number as may be allotted to me/us) on, and subject to, the terms and conditions set out in this Application Form. I/We consent to the Registrar verifying my/our identity electronically using my/our details provided by providing those details to a credit reporting agency or any other person or entity for the sole purpose of identity verification. The Application Form must be signed by, or on behalf of, each Applicant. If the Applicant is a company or other entity, it should be signed by a duly authorised person in accordance with any applicable constitution or governing document. If the Applicant is a minor (under the age of 18) the parent or legal guardian should sign the Application Form on the Applicant's behalf. If you elect to pay by one-time direct debit, you should ensure that the signatories are consistent with your bank authorities.

		date
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H RETURN OF APPLICATION

Please submit your completed application form and payment in any of the following ways:

SCAN & EMAIL: info@seniortrust.co.nz

MAIL: Senior Trust, PO Box 113 120, Newmarket, 1149

Enquires to Investor Support line: 0800 605600

Terms and Conditions By signing this Application Form:

- a) I / We agree to subscribe for Units upon and subject to the terms and conditions of this Application Form and I / we agree to be bound by the provisions thereof.
- b) I / We declare that all details and statements made by me / us in this Application Form are complete and accurate.
- c) I / We certify that, where information is provided by me / us in this Application Form about another person, I / we are authorised by such person to disclose the information to you and to give authorisation.
- d) I/We consent to the Registrar verifying my/our identity electronically using my/our details provided above and below by providing those details to a credit reporting agency or any other person or entity for the sole purpose of identity verification.
- e) I / We acknowledge that an application cannot be withdrawn or revoked by me / us once it has been submitted.
- f) I / We acknowledge that the Offer is only made in New Zealand, and by applying for Units, I / we agree to indemnify the Manager and its respective directors, officers, employees and agents in respect of any liability incurred by the Manager as a result of my / our breach of securities laws in any jurisdiction other than New Zealand.

The information in this Application Form is provided to enable the Manager and the Registrar to process your application, and to administer your investment. By signing this Application Form, you authorise the Manager and the Registrar to disclose information in situations where the Manager or the Registrar are required or permitted to do so by any applicable law or by a governmental, judicial or regulatory entity or authority in any jurisdiction. If you are an individual under the Privacy Act 1993, you have the right to access and correct any of your personal information.