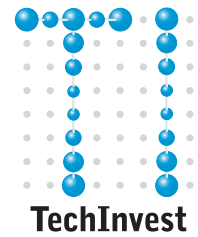


Application Form



TI Fund Series

TI Intercept Capital Fund

TI Explicit Alpha Fund

TI Technology Investment Fund

This Application Form is part of a Product Disclosure Statement relating to units in the TechInvest Fund Series ('the Funds'). The Product Disclosure Statement contains information about investing in the Funds. You should read this document and any supplementary product disclosure statement before applying for units in the Funds. (If you make an error while completing your Application Form, do not use correction fluid. Cross out your mistakes and initial your changes).

Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (the AML/CTF Act) we are required to collect additional information about you. We may also ask you to provide **certified**

copies of certain identification documents along with the Application Form. A list of persons eligible to certify documents can be found in Appendix 1 on the last page of this form.

Under the AML/CTF Act, we are prohibited from processing your application until we have received all of the information and supporting documentation requested in this form. In most cases, the information that you provide in this form will satisfy the AML/CTF Act.

However, in some instances we may contact you to request further information. It may also be necessary for us to collect information (including sensitive information) about you from third parties in order to meet our obligations under the AML/CTF Act.

Part A – Are you an Existing Investor?

Existing Investor

If you are an existing investor in the Funds prior to 31 January 2008 you do not need to provide additional identification information. If you have invested after 31 January 2008, and have not previously provided identification information you will need to provide the additional information requested in the section relating to your investor type under **Part B Type of Investor** below. **For all existing investors**, complete your existing account details below; if required complete the section relating to your investor type as indicated by **Part B**. Then complete the application form from **Section 6 onwards**.

Existing Investment – Name of Fund
Existing Account Number
Existing Account Name

New Investor

Complete your investor details and the additional information requested in the section relating to your investor type as indicated by **Part B**. Then complete the remainder of the application form from Section 6 onwards and **mail** the completed form along with your certified identification documentation (where applicable) to the unit registry contact details provided in the PDS. **Faxed copies will not be accepted.**

If investing via a Financial Adviser

Please ensure both you and your financial adviser also complete **Section 13 Financial Adviser Details and Customer Identification Declaration**. You do not need to provide copies of your certified identification documentation with your application form if this information has been provided to your financial adviser and your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 13 of the Application Form.

Part B – Type of Investor and Required Documentation

Type of Investor (please tick)	Go to and complete	Identification Documentation
<input type="checkbox"/> Individual/ Joint (including verifying officers)	Section 1A	A certified copy of any ONE of the following documents: <ul style="list-style-type: none"> • Australian driver’s licence; OR • Australian passport; OR • Any ID card issued under state or territory law that contains your photo, date of birth & signature.
<input type="checkbox"/> Sole Trader	Section 1A & 1B	A certified copy of any ONE of the following documents: <ul style="list-style-type: none"> • Australian driver’s licence; OR • Australian passport; OR • Any ID card issued under a state or territory law which contains your photo, date of birth and signature.
<input type="checkbox"/> Company	Section 2	No certified documents are required
<input type="checkbox"/> Trust/ Superannuation Fund	Section 3	Identification documentation required for Trust / Superannuation Trust For Category B (Foreign Super Trust) and Category E (other Trust) you must provide ONE of the following documents: <ul style="list-style-type: none"> • Certified copy or certified extract of the trust deed; OR • Notice (such as an assessment notice) issued to the trust by the Australian Taxation Office within preceding 12 months; OR • A letter from a solicitor or qualified accountant verifying the name of the trust. For individual trustees, you must provide a certified copy of any ONE of the following documents: <ul style="list-style-type: none"> • Australian driver’s licence; OR • Australian or foreign passport; OR • Any ID card issued under a state or territory law which contains your photo, date of birth and signature. Category B and E trusts must also provide a list of the full names and addresses (not PO Boxes) of all individual and company trustees.
<input type="checkbox"/> Partnership	Section 4	You must provide a certified copy or certified extract of any ONE of the following documents: <ul style="list-style-type: none"> • The partnership agreement; OR • Extract of minutes of a partnership meeting. Both of these documents must show the full name of the partnership. In addition, ONE partner must also provide a certified copy of any ONE of the following documents: <ul style="list-style-type: none"> • Australian driver’s licence; OR • Australian or foreign passport; OR • Any ID card issued under a state or territory law which contains your photo, date of birth and signature.
<input type="checkbox"/> Authorised Representative/ Agent	Section 5	Not Applicable
Other:	If you are a Charity, Association, Cooperative, Government Body or IDPS please contact MacKenzie Coultas for the forms that you will need to complete.	

Section 1 – Individual / Joint / Sole Trader

A. Individual / Joint Investor Details (joint applicants will be held as joint tenants)

Complete your name, address and contact details below. You must include a street residential address not a PO Box.

Investor 1

Title Mr/Mrs/Ms/Dr/Other	Date of Birth
Given Names	Surname
TFN or reason for exemption	
Country of residence for tax purposes (if not Australia)	

Residential address (not a PO Box)

Address		
Suburb	State	Postcode
Country		

Investor 2

Title Mr/Mrs/Ms/Dr/Other	Date of Birth
Given Names	Surname
TFN or reason for exemption	
Country of residence for tax purposes (if not Australia)	

Residential address (not a PO Box)

Address		
Suburb	State	Postcode
Country		

B. Sole Trader Details (A person carrying on a business in Australia)

(please also complete Section 1A)

Business name (if any)

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Australian Business Number (ABN) if applicable

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Tax File Number (TFN)

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Principal place of business (not a PO Box)

Address		
Suburb	State	Postcode
Country		

C. Individual Trustees/Individuals within a Partnership

(please complete in addition to relevant sections. If more than 2 individuals, please provide full names and residential addresses on a separate page and attach to this form.)

Individual 1

Title Mr/Mrs/Ms/Dr/Other	Date of Birth
Given Names	Surname

Residential address (not a PO Box)

Address		
Suburb	State	Postcode
Country		

Individual 2

Title Mr/Mrs/Ms/Dr/Other	Date of Birth
Given Names	Surname

Residential address (not a PO Box)

Address		
Suburb	State	Postcode
Country		

Section 2 – Company

Company Name

Australian Company

Public Private (proprietary)

Foreign Company

Public Private (proprietary)

Australian Company (both Public & Private)

Australian Company Number (ACN)

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Australian Business Number (ABN)

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Registered address (not a PO Box)

Address		
Suburb	State	Postcode
Country Australia		

Principal Place of Business in Australia

- Same as registered address above
- Other – please provide address below (not a PO Box)

Address		
Suburb	State	Postcode
Country Australia		

Foreign Company (Public & Private)

Australian Registered Business Number (ARBN) (if not registered, leave blank)

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Identification number issued by foreign registration body (If not registered, write 'Not registered')

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Name of foreign registration body (If applicable)

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Registered address in Australia (not a PO Box) (If not Registered in Australia, provide overseas address)

Address		
Suburb	State	Postcode
Country		

Principal Place of Business in Australia (or full name and address of company's agent in Australia)

- Same as registered address above
- Other – please provide address below (not a PO Box)

Full name of agent in Australia (If applicable)

--

Address		
Suburb	State	Postcode
Country Australia		

1. Director details for Private Companies (both Australian and Foreign)

Director 1 - Full Name

Director 2 - Full Name

Director 3 - Full name

Director 4 - Full Name

Director 5 - Full Name

(If more than 5 directors, please provide full names on a separate page and attach to this form.)

2. Major Shareholders for Private Companies excluding regulated companies (both Australian and Foreign)

For a private company (Australian and foreign) which is not a regulated company* please provide details for each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.

* Regulated company - any company that is licensed and subject to the oversight by a statutory regulator ie. ASIC, APRA, ATO

Major Shareholder 1 - Full Name

Residential address (not a PO Box)

Address		
Suburb	State	Postcode
Country		

Major Shareholder 2 - Full Name

Residential address (not a PO Box)

Address		
Suburb	State	Postcode
Country		

Major Shareholder 3 – Full Name

Residential address (not a PO Box)

Address		
Suburb	State	Postcode
Country		

(If more than 3 major shareholders, please provide full names and residential addresses on a separate page and attach to this form.)

Section 3 – Trust / Superannuation Fund

Name of Trust / Superannuation Fund

Country of establishment

Tax File Number (TFN)

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Type of Trust

- Category A Government superannuation fund (Australian or foreign) established under legislation
- Category B Foreign superannuation fund (other than Category A)
- Category C Managed investment scheme registered with ASIC

Australian Registered Scheme Number (ARSN)

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- Category D Regulated Trust
 - self managed superannuation fund within the meaning of Section 19 of the Superannuation Industry (Supervision) Act 1993 (SIS) – regulator is Australian Tax Office; or
 - regulated superannuation fund, approved deposit fund, pooled superannuation trust or public sector superannuation scheme within the meaning of the SIS Act – regulator is Australian Prudential Regulation Authority.

Name of regulator (e.g. ASIC, APRA, ATO)

Registration/Licence details

Australian Business Number (ABN)

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Category E Other (e.g. family trust, unregistered scheme, foreign trust) – please specify below

If you selected either Category B or Category E, you will need to provide details of beneficiaries.

Beneficiary details

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes Provide details of membership class (e.g. family members of a named person)

No List full names of all company and individual beneficiaries

Beneficiary 1 – Full name

Beneficiary 2 – Full name

Beneficiary 3 – Full name

Beneficiary 4 – Full name

(If more than 4 beneficiaries, please provide full names on a separate page and attach to this form).

Trustee details

Trustee is a:

- Company Complete **Section 2 Company** of this form
- Individual Complete **Section 1C** of this form

Section 4 – Partnership

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

Type of Partnership

Is the partnership regulated by a professional association?

- Yes Complete Regulated Partnership details below plus Section 1C for ONE of the partners
 No Complete Section 1C for ALL of the partners

Regulated Partnership

Full name of Professional Association partnership regulated by

Membership/Registration details

Section 5 – Authorised Representative/Agents

Full name of Authorised Representative/Agent

Title of role held with investor

Signature of Authorised Representative/Agent

Evidence of authority to act on investors behalf e.g. Power of Attorney

If the investor is a non-individual (i.e. a company, trust etc) please also complete the following:

If a non-individual investor (i.e. a company, trust etc) appoints an authorised representative in relation to this investment then the investor must also appoint a verifying officer to liaise with that authorised representative.

Please provide the following information about the verifying officer:

Title Mr/Mrs/Ms/Dr/Other	Date of Birth
Given Names	Surname

Residential address (not a PO Box)

Address		
Suburb	State	Postcode
Country		

Section 6 – Investor Contact Details (all new investors to complete)

Investor contact name and contact details

Title Mr/Mrs/Ms/Dr/Other	
Given Names	Surname
Phone Number (Work)	Phone Number (Mobile or Home)
Fax Number	Email Address

Postal Address (If different to street address)

Postal Address		
Suburb	State	Postcode
Country		

Section 7 – Investment Choice and Investment Distribution Options

Name of Fund	Amount to be invested	Distributions (please select one only)*	
		Reinvest all	Pay all to a bank account
TI Intercept Capital Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
TI Explicit Alpha Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>
TI Technology Investment Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>

* If no selection is made or an incomplete instruction is received, the distribution will be reinvested.

Payment Method

Important – Preferred method of payment (please tick your selection)

Cheque

Cheques are to be made payable to:

‘EQT ATF TI Intercept Capital Fund’;

‘EQT ATF TI Explicit Alpha Fund’; and/or

‘EQT ATF TI Technology Investment Fund’

Electronic Funds Transfer

Bank Name	ANZ Banking Group Limited				
Bank Address	55 Collins Street Melbourne VIC 3000				
Account Name	TI Intercept Capital Fund	BSB No.	013-030	Account Number	8372-20275
Account Name	TI Explicit Alpha Fund	BSB No.	013-030	Account Number	8372-20283
Account Name	TI Technology Investment Fund	BSB No.	013-030	Account Number	8371-70642
Quoting	Full name of Applicant				

Section 8 – Banking details (for distributions and redemptions)

Bank Name

Bank Address

Account Name

BSB Number

Account Number

<input type="text"/>	<input type="text"/>
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Section 9 – Authorised Representative/Agent appointment

Please complete if Authorised Representative/Agent required.

I/We have read the terms and conditions of an authorised representative and agree to those terms and conditions.

<input type="text"/>	<input type="text"/>
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Name of Authorised Representative/Agent

Signature of Authorised Representative/Agent

Representative/Agent

Please also sign Section 12 Declaration and Signatures.

Section 10 – Annual Financial Report

- You can obtain a copy of the Funds' annual financial reports from the EQT website at www.eqt.com.au/insto from 30 September each year. However, if you would like to receive a copy by post please tick the box.

Section 11 – Privacy

When you complete this Application Form EQT will be collecting personal information from you for the primary purpose of processing and administering your investment in a Fund. In order to comply with Australian taxation laws, the Corporations Act, the Anti-Money Laundering and Counter-Terrorism Act and other laws and regulations EQT must collect certain information about you.

EQT may also be required to obtain personal information (including sensitive information) about you from third parties in order to comply with these laws.

EQT may disclose your personal information to other parties involved in providing services to, administering or managing a Fund (such as to your financial adviser and to service providers such as external administrators and posting services). EQT may also use your information to forward to you, from time to time, details of other investment opportunities offered by EQT in which you may be interested.

- Please tick the box if you do not wish to be updated with such investment opportunities. If you do not mark the box we will assume that you want to hear about the investment opportunities we have described.

Section 12 – Declaration and Signatures

You should read the PDS for the TechInvest Fund Series ('the Funds') dated 3 December 2008 ('PDS'), offering units in the Funds before investing. A person giving access to this Application Form must, at the same time and by the same means, give access to the PDS and any document which updates the information contained in the PDS. While the PDS is current, EQT will provide on request and without charge a paper copy of the PDS, any document which updates it and the Application Form to anyone receiving an electronic copy of the PDS. The law prohibits any person passing on to another person this Application Form unless it is attached to, or accompanied by, a complete and untampered electronic version of the PDS or a print out of it.

I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the respective Constitutions. I/We have detached this Application Form from the PDS and declare that all details are correct. I/We acknowledge that Equity Trustees Limited is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank. If I/we have provided an e-mail address, I/we consent to receive on-going investor information including PDS information, confirmations of transactions and additional information as applicable, via that method of delivery. I/we received and accepted this offer in Australia. I/we acknowledge that Equity Trustees Limited or the Investment Manager do not guarantee the repayment of capital or the performance of the Funds or any particular rate of return from a Fund.

By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS and where appropriate have obtained my/our own independent financial investment advice (having regard to the inherently complex nature of these products). If this is a joint application each of us agrees our investment is held as joint tenants.

I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:

- I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
- I/we owe any amounts to EQT or any other person,

I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the relevant Fund.

Authorised signatories for future instructions

You may specify the way that you wish to sign future instructions in relation to your investment in the Funds.

These instructions do not apply for your initial application. They will apply to all your existing and future unitholdings in the Funds until such time as you advise EQT in writing to the contrary.

A. Company Please tick one of the following options

- one director and company secretary two directors

Please also tick one of the following two options

- signed under common seal signed without common seal

B. Trust / Superannuation Fund / Partnership / Charity / Association / Co-operative / Government Body

Please tick one of the following options

- one director and secretary two directors
 two executive officers two authorised signatories

Please also tick one of the following options

- signed under common seal signed without common seal

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Name of applicant Signature of applicant Date

Capacity (please tick if applicable)

- director secretary executive officer authorised signatory

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Name of applicant Signature of applicant Date

Capacity (please tick if applicable)

- director secretary executive officer authorised signatory

Company Seal (If applicable)

Section 13 – Financial Adviser Details and Customer Identification Declaration

Customer Identification Declaration (Financial Adviser to complete)

I confirm that I have completed an appropriate customer identification procedure (CID) on this investor which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act). (Please select the relevant option below):

- I have attached the verification documents that were used to perform the CID for this investor; OR
 I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide EQT or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to EQT.

I agree to provide EQT or its agents with any other information that they may require to support this application.

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Financial Adviser Name Financial Adviser Signature Date

Please also complete the Financial Adviser details section below.

Financial Adviser Access to Investor information (Investor to complete)

I/We agree that information relating to my/our investment be supplied to my/our financial adviser.

Please tick the box if you **do not** wish your financial adviser to have access to information about your investment.

Please also elect if you wish copies of all transaction confirmations to be provided to your financial adviser. If no election is made copies **will not** be sent.

Yes, please send copies of all transaction confirmations to my/our adviser

No, please **DO NOT** send copies of all transaction confirmations to my/our adviser

Please ask your financial adviser (if applicable) to complete these details:

Adviser details (if a new adviser, please attach a copy of your employee/representative authority).

Adviser name	Adviser No. (if applicable)	
Business name		
Street address		
Street address 2		
Suburb	State	Postcode
Postal address		
Suburb	State	Postcode
Office Phone	Direct	
Mobile	Fax	
Email		

Dealer details

Dealer name		
Dealer No. (if applicable)	Contact person	
AFSL No.	ABN	
Postal address		
Suburb	State	Postcode
Office Phone	Fax	
Email	Website	

DEALER STAMP

Appendix 1

Persons authorised to certify documents

- (1) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
- (2) a judge of a court;
- (3) a magistrate;
- (4) a chief executive officer of a Commonwealth court;
- (5) a registrar or deputy registrar of a court;
- (6) a Justice of the Peace;
- (7) a notary public (for the purposes of the Statutory Declaration Regulations 1993);
- (8) a police officer;
- (9) an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- (10) a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- (11) an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- (12) an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- (13) a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993);
- (14) an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
- (15) a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Appendix 2 Checklist

- Have you completed your details under your investor type?
- Have you provided certified copies of your identification documents or has your financial adviser completed Section 13?
- Have you completed all relevant details and signed the Application Form?
- Once you have completed the above send the Application Form to the unit registry contact details provided in the PDS.

Directory

Responsible Entity**Equity Trustees Limited**

ABN 46 004 031 298

AFSL 240975

www.eqt.com.au

Level 2, 575 Bourke Street

Melbourne Vic 3000

Telephone: (03) 8623 5000

EQT Client Services: 1300 555 378

Facsimile: (03) 8623 5395

Investment Manager**TechInvest Pty Limited**

ABN 43 084 084 444

AFSL 241183

www.techinvest.com.au

Level 13, 234 George Street

Sydney NSW 2000

Administrator**MacKenzie Coultas Funds Administration Pty Ltd**

www.maccoul.com.au

PO Box 244

Kent Town SA 5071

Email: Registry@maccoul.com.au

Phone: 1300 553 481

Fax: (08) 8131 3299

Custodian**UBS Nominees Pty Ltd**

ABN 32 001 450 522

AFSL 231088

Level 16, Chifley Tower

2 Chifley Square

Sydney NSW 2000

Prime Broker**UBS AG, Australia Branch**

ABN 47 088 129 613

AFSL 231087

Level 16, Chifley Tower

2 Chifley Square

Sydney NSW 2000