ACCOUNTANT'S CERTIFICATE FOR WHOLESALE CLIENTS

Powerwrap...

This certificate is issued under Chapter 6D and 7 of the Corporations Act 2001.

| Part 1 – Provide Wholesale Client details | | | | |
|---|--|--------------|-----|--|
| Account name | | | | |
| Account number | | | | |
| Part 2 - Provide details of | f Controlled Companies and/or Trusts (wh | ere applicab | le) | |
| Name of Company/ Trust | | | | |
| | | | | |
| ACN (if applicable) | |] | | |
| TFN | And/or | ABN | | |
| | | | | |
| Name of Company/ Trust | | | | |
| | | | | |
| ACN (if applicable) | | | | |
| TFN | And/or | ABN | | |

Part 3 - Accountant details and declaration

By submitting this certificate, I represent to Praemium that all the details in this certificate are true and I certify that the person/entity whose details are set out in Part 1 above has:

- Net assets of at least \$2.5 million; or
- A gross income for each of the last two financial years of at least \$250,000.

For the purposes of the Corporations Act the person/entity named in Part 1 controls1 the companies and trusts listed in Part 2 (if any).

| Professional body I belong to: | |
|---|--|
| | |
| Membership designation from the professional body is: | |
| I comply with the body's continuin | g professional education requirements. |
| Accountant's name | |
| | |
| Accountant's Signature | Data laquad |
| | Date Issued: |

Part 4 - Once completed please send this form to us:

This form can be scanned and returned to us electronically or sent by mail to the address below.

Return this completed form and any supporting documents to your Financial Adviser. Alternatively, return to us by post: Powerwrap Client Services, PO Box 16071, COLLINS ST WEST VIC 8007

This form is to be used in respect of Powerwrap Investment Account (ARSN 137 053 073) issued by Powerwrap Limited ("Responsible Entity", "Powerwrap") ABN 67 129 756 850 AFSL 329829