



Application Form

This Application Form accompanies the Information Memorandum dated 1st December 2025 issued by Toria Finance Pty Limited ACN 167 510 714 Australian Financial Services Licence Number 453345 (Toria) as trustee of the Toria Debenture Fund (Fund).

It is important that you read the Information Memorandum in full and acknowledgments contained in this Application Form before applying for notes in the Fund (Notes).

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the Information Memorandum.

If investing via a Financial Adviser

Please ensure both you and your financial adviser also completes Section G: 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, your financial adviser has elected to retain this information, and has agreed to make it available upon request, under Section F of this application form.

If you are completing this form as an individual please complete section: A, B, E, F, G

If you are completing this form as a company please complete section: A, C, E, F, G

If you are completing this form as a trust please complete section: A, D, E, F, G

SECTION A - Investment Details

Please only complete this section if you are investing in your own name, company or as an individual trustee.

Total Note Amount of This Investment \$AUD:

Interest Rate (% per annum):

What is your Investment Term Preference? Please tick one box ONLY.

☐ 6 months

☐ 12 months

Are You Adding to an Existing Investment With Toria Finance?

☐ Yes

☐ No

SECTION B - Investor Applicant Details

(Your name MUST match your ID exactly)

Applicant 1/Director 1:

Given Names (in full):

Mr / Mrs / Miss / Ms

First Name

Second Name

Surname

Date of Birth

Tax File Number (TFN) or Equivalent (also know as Tax Identification Number (TIN):

Residential Address (not a PO Box):

Suburb:

State:

Post Code:

Country:

Telephone:

Mobile:

Email Address:

Are You An Australian Citizen or Permanent Resident?

Yes

No

If you are a tax resident in any additional foreign countries, please provide details (TIN / country of issue / country of foreign tax residence) as an attachment.

Applicant 2/Director 2:

Given Names (in full):

Mr / Mrs / Miss / Ms

First Name

Second Name

Surname

Date of Birth

Tax File Number (TFN) or Equivalent (also know as Tax Identification Number (TIN):

Residential Address (not a PO Box):

Suburb:

State:

Post Code:

Country:

Telephone:

Mobile:

Email Address:

Are You An Australian Citizen or Permanent Resident?

Yes

No

If you are a tax resident in any additional foreign countries, please provide details (TIN / country of issue / country of foreign tax residence) as an attachment.

B1 - Investor Identification Documents

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislation, the Manager must collect certain information from prospective individual investors (and beneficial owners) supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors (and beneficial owners).

Please refer to Appendix A for further information on providing certified identification. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select one of the following options to verify each investor and beneficial owner:

An originally certified copy of an Australian drivers' licence (front and back), displaying your current residential address

OR

An originally certified copy of your current passport that contains a photograph and signature of the passport holder.

B2 - Source of Funds

As a part of our AML/KYC requirements, please confirm the source of funds for this investment (select ONE only):

Gainful Employment

Inheritance / Gift

Business Activity

Superannuation Savings

Financial Investments

Other

SECTION C - Company & Trustee Investor Details

Full Company Name:

ACN / ABN:

ARBN (if applicable):

Country of Incorporation or Registration:

Name of Trust and ABN (if applicable):

Tax File Number (or exemption claimed):

Registered Business Address (not a PO Box):

Suburb:

State:

Post Code:

Country:

Director Details:

Full Name of Director 1:

Full Name of Director 2:

Full Name of Director 3:

Full Name of Director 4:

Please name each natural person who is an ultimate beneficial owner or controller of 25% or more of the company:

Are Any of the Company Directors or Shareholders a US Citizen or US Tax Resident?

Yes

If you are a tax resident in any additional foreign countries, please provide details (TIN / country of issue / country of foreign tax residence) as an attachment.

No

Contact Person Details:

Name:

Telephone:

Mobile:

Email Address:

C1 - Company & Trustee Identification Documents

To comply with the Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation, we must collect certain information from prospective investors and their beneficial owners supported by CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to Appendix A for further information on providing certified identification. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Select One of the Following Options to Verify the Company:

Perform an ASIC search of the ASIC database

OR

Provide a certified copy of the certificate of registration/ incorporation issued by ASIC or the relevant foreign registration body.

Select One of the Following Options to Verify Each Investor and Beneficial Owner:

Provide a certified copy of a driver licence that contains a photograph of the licence/ permit holder.

OR

Provide a certified copy of a passport that contains a photograph and signature of the passport holder.

SECTION D - Trust Investor Details

Name of Trust and ABN (if applicable):

Country of Establishment:

Type of Trust:

- Discretionary Trust
- Unit Trust
- Self-managed superannuation fund

Tax File Number (unless exempt): ABN:

Registered Business Address (not a PO Box):

Suburb: State: Post Code: Country:

Name of Each Natural Person Who is an Ultimate Beneficial Owner or Controller of 25% or More of the Trust:

Are Any of the Beneficiaries a US Citizen or US Tax Resident?

Yes

If you are a tax resident in any additional foreign countries, please provide details (TIN / country of issue / country of foreign tax residence) as an attachment.

No

D1 - Trustee Details

The Investor is Investing On Behalf Of A Trustee

Yes

No

If the trustee is an individual, please complete Section A. If the trustee is a company, please complete Section B.

SECTION E - Account Details

Please nominate your Bank Account details for distribution of interest payments and redemption.

Account Name:

BSB:

Account Number:

Bank:

SECTION F - Declaration & Signatures

All To Complete

By completing and signing this Application Form, the Applicant:

- Declares I have read and understood the Toria Debenture Information Memorandum updated as of 1st December 2025;
- applies to subscribe for the total amount of Notes referred to in this application form;
- acknowledges that an investment in the Notes is subject to investment risks including the possible loss of capital invested;
- declares that they have read the Information Memorandum to which this Application Form is attached in its entirety;
- acknowledges that the Trustee is entitled to accept or reject this application in whole or in part;
- acknowledges that the privacy notification of this Information Memorandum has been read, understood and agreed to and that personal information may be used, disclosed and otherwise handled in the manner referred to;
- agrees to provide all information and identification materials that may be required at any time for the purpose of complying with obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006;
- acknowledges that if the required information is not received and the identity of the applicant is unable to be verified, the Applicant's investment or a transaction relating to the Applicant's investment may not be able to be processed;
- if investing as a trustee (on behalf of a superannuation fund or trust), confirms that they are acting in accordance with their designated powers of authority under the trust deed. In the case of a superannuation fund, they also confirm that they are a complying fund under the Superannuation Industry (Supervision) Act 1993;
- acknowledges that none of the Issuer, their related entities, directors or officers have guaranteed or made any representation as to the performance of the Fund, or the repayment of capital from the Fund.

Signature of Applicant 1/Director 1

Name of Applicant 1/Director 1

Individual

Director

Date

Signature of Applicant 2/Director 2

Name of Applicant 2/ Director 2

Individual

Director

Date

SECTION G - Financial Adviser Details and Customer Identification Declaration (if applicable)

Customer Identification Declaration – Adviser to Complete

I confirm that I have completed an appropriate Customer Identification Procedure (CID) on this investor and/or the beneficial owners 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 and/or the beneficial owners;

OR

I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide Toria Finance (Manager) or its agents with access to these documents upon request; and

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 the Manager.

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 the Manager.

Financial Adviser Name (if a new adviser, please attach a copy of your employment/ representative authority)

Business Name

Adviser Number (if applicable)

AFS Licence Number

ABN

Name of Regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator)

Dealer Group Name (if different from the above)

Registered Business Street Address

Suburb or Town

State

Postcode

Country

Email Address

Mobile

Adviser / Dealer Stamp

Signature

Date

Investor to Complete

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

Please provide access to information and send copies of all transaction confirmations to my/our financial adviser.

You may change your election at any time by contacting the Manager.

Appendix A - Providing Certified Identification Documents

1. A person who, under a law in force in a State, Territory or Commonwealth is currently licensed or registered to practise the following occupations:

- Architect
- Chiropractor
- Dentist
- Financial advisor or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration agent registered under Division 3 of Part 3 of the Migration Act 1958
- Nurse
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trademarks attorney
- Veterinary surgeon

2. 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).

3. A person listed in Part 2 of Schedule 2 of the Statutory Declarations Regulations 2018 including:

- Finance company officer with 5 or more years of continuous service
- Credit union officer with 5 or more years of continuous service
- Justice of the Peace
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Employee of Australia Post
- Chartered Accountant or Certified Practising Accountant (CPA)
- Police officer
- Teacher (full time employed as such)
- A person authorised as a notary public, including a notary public (however described) exercising functions at a place outside the Commonwealth and the external territories of the Commonwealth.

What does the third-party certifier have to do?

To certify a document, the 'authorised certifier' must write the following wording or similar wording on the copy of the document or on a certificate relating to the document.

For identity verification documents that contain a photograph of the signatory: "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."

For identity verification documents that do not contain a photograph of the signatory: "I certify that I have seen the original documentation and this copy is a complete and accurate copy of that original." In each case the 'authorised certifier' should:

Sign and date the photocopy;

Add their name in block capitals along with their position or capacity;

Note their address, daytime telephone number (not a mobile phone) and any registration number; and add the official stamp of their office (if possible).