

Issued By: Channel Investment Management Limited ABN 22 163 234 240 AFSL 439007

Application Booklet

Completing the Application Form

A completed application is an instruction to invest in the Oaktree Strategic Credit Fund (AUD). This application form relates to the Product Disclosure Statement dated 03 December 2024 ('PDS') issued by Channel Investment Management Limited ABN 163 234 240 AFSL 439007 ('CIML' or 'Responsible Entity'). Please read the PDS in full before completing this Application Form.

Incomplete applications

Application monies accompanying an incomplete application will be retained in a trust account pending receipt of the required information. Interest earned on these application monies will form part of the Fund. Units will not be issued as a result of the interest earned.

Tax File Number

Investors have the choice of whether or not to quote their Tax File Number (TFN) when opening a Fund account. The investor does not have to quote a TFN, but it is a requirement of relevant taxation laws that CIML will withhold tax (plus Medicare levy) from income distributions to the investor if they have not quoted their TFN or provided appropriate exemption information. Collection of TFN information is authorised, and its use and disclosure are strictly regulated by, taxation and privacy laws. If you are exempt from quoting a TFN, please quote the equivalent ATO code in the TFN space provided (e.g. Aged pension is 444 - 444 - 441).

Additional applications

Additional investments can be made at any time by sending a completed additional unit application form, together with your electronic funds transfer (EFT) confirmation. It is not necessary for you to complete another Application Form. A copy of the additional unit application form is located at the back of this Application Booklet.

Submitting the Application Form

Apex Fund Services Attn: Unit Registry GPO Box 4968 Sydney, NSW, 2001

Need help completing the Application Form?

Contact Channel Client Services T: 1800 940 599

E: clientservices@channelcapital.com.au

Power of Attorney

If signing under a power of attorney, you are certifying that the power of attorney has not been revoked (a certified copy of power of attorney must be submitted with this application unless it has already been sighted). For the purposes of antimoney laundering and counter- terrorism laws, the attorney must complete the same identification requirements as an individual (see PART F - Section A).

Anti-Money Laundering/Counter-Terrorism Financing

Under anti-money laundering and counter-terrorism financing laws, we are required to collect and verify certain information about investors including, if appropriate, the beneficial owners of investors. Without this information, we may refuse to process the application until the requested information has been received or refuse to accept the application altogether. We may also refuse to process a transaction in relation to your investments, or delay or block or refuse a transaction, where we have reasonable grounds for believing that the transaction will breach relevant laws.

Wholesale Investor

If you are applying to invest \$500,000 or more, you will automatically be deemed a wholesale investor and no additional documentation is required.

If you are an Australian investor investing less than \$500,000, additional documentation will be required to certify that you are a wholesale investor. Provided you are not acquiring the product in connection with a business, a current qualified accountant's certificate is required. It must be issued within the preceding 2 years, stating that you have either net assets of least A \$2.5 million (which may include the net assets of a company or trust controlled by you) or gross income for each of the last two financial years of at least A\$250,000 (which may include the gross income of a company or trust controlled by you). Refer to PART E on page 12 for a Wholesale Investor Certificate template.

**NOTE: If you are a New Zealand investor, please contact Apex Fund Services Pty Ltd for more information on the requirements for wholesale investor certification.

Politically Exposed Persons (PEP)

Under anti-money laundering and counter terrorism laws, we are required to ask you whether you are a PEP meaning an individual:

- who holds a prominent public position or function in a government body or an international organisation, including:
 - a. Head of State or head of a country or government;
 - b. government minister or equivalent senior politician; or
 - c. senior government official; or
 - d. Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court equivalent seniority in a foreign country or international organisation; or
 - e. governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; or
 - f. senior foreign representative, ambassador, or high commissioner; or

- g. high-ranking member of the armed forces; or
- board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation; and
- 2. an immediate family member of a person referred to in paragraph (1), including:
 - a. a spouse; or
 - b. a de facto partner; or
 - c. a child and a child's spouse or de factor partner; or
 - d a parent: and
- a close associate of a person referred to in paragraph (1), which means any individual who is known (having regard to information that is public or readily available) to have:
 - a. joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (1); or
 - b. sole benefit of a person described in paragraph (1).

Privacy

CIML has a Board approved privacy policy. We collect and manage your personal information in accordance with this policy, the Privacy Act 1998 (Cth) and the Australian Privacy Principles ('APP').

CIML may collect personal information from you in the application and any other relevant forms in order to process your application, administer your investment and for other purpose permitted under the Privacy Act 1988 (Cth). Tax, company and anti-money laundering law also require some of the information to be collected in connection with an application. In some cases, we collect personal information from third parties including public sources, our related companies, referrers, brokers, agents, your adviser(s) and our service providers.

If you do not provide us with your relevant personal information, we will not be able to provide you with products or services (such as issuing you units). Privacy laws apply to our handling of personal information and we will collect, use and disclose your personal information in accordance with our privacy policy, which includes details about the following matters:

- the kinds of personal information we collect and hold;
- how we collect and hold personal information;
- whether collection is required or authorised by law;
- the purposes for which we collect, hold, use and disclose personal information;
- the entities or persons to which personal information is usually disclosed;
- how you may access personal information that we hold about you and seek correction of such information (note that exceptions apply in some circumstances);
- how you may complain about a breach of the APPs, or a registered APP code (if any) that

- binds us, and how we will deal with such a complaint;
- whether we are likely to disclose personal information to overseas recipients and, if so,

the countries in which such recipients are likely to be located if it is practicable for us to specify those countries.

Personal information is unlikely to be disclosed to any third parties overseas.

CIML may also be allowed or obliged to disclose information by law. If an investor has concerns about the completeness or accuracy of the information CIML has about them or would like to access or amend personal information held by CIML, they can contact CIML's Privacy Officer at:

Attention: Privacy Officer

Channel Investment Management Limited

GPO Box 206 Brisbane QLD 4001 Phone: 1800 940 599

Our privacy policy is publicly available at www.channelcapital.com.au or you can obtain a copy free of charge by contacting us.

If you are investing indirectly through an IDPS, we do not collect or hold your personal information in connection with your investment in the Fund. Please contact your IDPS operator for more information about their privacy policy.

Correct Forms Of Registrable Names

An application must be signed in the name(s) of natural persons, companies or other legal entities. At least one name given in full and the surname is required for each natural person.

The name of the beneficiary or any other non-registrable name should be included by way of an account designation, completed as described in the examples of correct forms of registrable names below.

Type of investor	Correct form of Registrable Title
Individual or Joint Applicants Use given names in full Do not use initials	Mr John Alfred Smith and Mrs Mary Anne Smith
Partnerships Use partners' personal names Include the name of the partnership as account designation	Mr John Smith and Mr Michael Smith < John Smith and Son A/C >
Minor (a person under the age of 18) Use the name of the responsible adult Include the name of the minor as account designation	Mr John Smith < John Smith >
Company Use company title Do not use abbreviations	ABC Pty Ltd
Trusts Use trustee(s) personal name(s) or registered company name Include the name of the trust	Mrs Sue Smith < Sue Smith Family A/C >
Deceased Estates Use executor(s) personal name(s) Include the name of the deceased	Ms Jane Smith < Est John Smith A/C >
Association Use office bearer(s) personal name(s) Include the name of the club, etc.	Mr Michael Smith < ABC Tennis Association A/C >
Superannuation Funds Use name of trustees and fund Do not use the name of the fund only	Mr John Henry Smith and Mrs Susan Jane Smith < J & S Smith Super Fund A/C >
Co-operative Use name of co-operative Do not use abbreviations	ABC Co-operative Limited
Government Body Use name of government body	ABC Department or Department of ABC

Application Form checklist

 $Please\ complete\ the\ sections\ of\ the\ application\ form\ that\ apply\ to\ you\ and\ then\ return\ the\ signed\ form\ with\ the\ relevant\ document(s)\ to\ the\ address\ provided.$

Type of investor	Sections to be Completed in Ap	plication Form	Verification Documentation Required	
	PART A	PART B, C, D & E	PARTF	
Individual / Joint Applicants	Section 1		Section A	
Regulated Trust(e.g. SMSF)- Individual Trustee/s	Sections 1 & 3		Section B	
Regulated Trust(e.g. SMSF)- Corporate Trustee	Sections 2a & 3		Section B	
All Other Trust Types – Individual Trustee/s	Sections 1 (trustee and beneficial owners) & 3		Section H	
All Other Trust Types – Corporate Trustee	Sections 1 (for beneficial owners), 2a & 3	Complete all Sections in	Section H	
Private and Unlisted/ Unlicensed Public Australian Company	Sections 1 (for beneficial owners) & 2a	Part B & C (as applicable) Ensure Part D – Investor Declaration is signed by all required applicants	Section C	
Listed / Licenced Australian Company	Section 2a		Section E	
Foreign Listed/Licenced Company (Australian Registered)	Sections 2a & 2b	Complete Part E – Wholesale Investor Certificate Declaration (as applicable)	Section D	
Foreign Private and Unlisted/ Unlicensed Public Company (Australian registered)	Sections 1 (for trustees and beneficial owners), 2a & 2b		Section F	
Foreign Company (not registered in Australia)	Sections 1 (for trustees and beneficial owners), 2a & 2b		Section G	
Partnerships	Sections 1 & 4		Contact Channel	
Association / Registered Co- operative / Government Body	Sections 1 (as applicable) & 5		Contact Channel	
Minor / Deceased Estate	Sections 1(for trustees) & 6		Sections A and J or I (as applicable)	

Oaktree Strategic Credit Fund (AUD) **CLASS A UNITS**

APIR: CHN2669AU

APPLICATION FORM 03 December 2024

Dr)

	Please cro
PART A	1 10000 010

Section 1

Investor Details Individual/Joint/ Trustee/Director/ Partner/25% or more Shareholder or Beneficial Owner

If there are more than (2) two Individuals, Partners, 25% or more shareholders or Beneficial Owners, please print additional pages.

Please cross boxes where appropriate.	
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Registered Address (PO Box NOT acceptable)

State

Director 3:

Investor 1	Investor 2		
Mr Mrs Miss Ms Other (e.g. Dr)	Mr Mrs Miss Ms Other (e.g. Dr)		
Given Name(s)	Given Name(s)		
Surname	Surname		
Date of Birth / / / / / / / / / / / / / / / / / / /	Date of Birth / / / / / / / / / / / / / / / / / / /		
Residential Street Address	Residential Street Address		
State Postcode	State Postcode		
Country	Country		
Are you a Politically Exposed Person (as defined on page 2)	Are you a Politically Exposed Person (as defined on page 2)		
No 🗌 Yes 📋 If yes, please provide details below	No 🗆 Yes 🗀 If yes, please provide details below		
If you are a beneficial owner or controlling person indicate your role (such as managing director)	If you are a beneficial owner or controlling person indicate your role (such as managing director)		
Are you an Australian resident for taxation purposes?	Are you an Australian resident for taxation purposes?		
Yes No	Yes No		
lf yes, please provide your Tax File Number or Exemption Number.	If yes, please provide your Tax File Number or Exemption Number.		
f no, please also complete section 13 of the application form as required.	If no, please also complete section 13 of the application form as required.		
Name of Company (as registered with ASIC or foreign registration bo	ody)		
Tax File Number or Exemption Number	Other Identification Number		

Section 2(a)

Company Details Private/Public

Australian Bu	ısiness	Numbe	r						

Principal Place of Management (if any)

Postcode

Country Country A Private Company A Public Company Other type of Company (please state)

State

For private companies, state the full name of each Director: Director 2: Director 1:

If there are more directors, provide details on a separate sheet and attach to your application form.

Postcode

Please also complete Section 1 of this form for any shareholders with ownership greater than 25%, or if no shareholder with greater than 25% and the sharethan 25%, individuals who directly or indirectly control (includes exercising control through the capacity to determine decisions about $financial\ or\ operational\ policies;\ or\ by\ means\ of\ arrangements,\ voting\ rights\ of\ 25\%\ or\ more,\ or\ power\ of\ veto) the\ company,\ or\ if\ no\ power\ of\ veto)$ such person exists, for each managing official or director of the Company.

Director 4:

Business Address in Australia (if applicable) Further Information for Foreign Companies Postcode State NOTE: Please also complete Section 1 of the form (attach additional page(s) if necessary) for all directors and/or shareholders who are not provided by the form (attach additional page(s)) and the form (attach additional page(s)) are also as a fine additional page(s) and the form (attach additional page(s)) are also as a fine additional page(s) and the form (attach additional page(s)) are also as a fine additional page(s). The fine additional page(s) are also as a fine additional page(s) are also as a fine additional page(s) are also as a fine additional page(s). The fine additional page(s) are also as a fine additional page(s) are also as a fine additional page(s) are also as a fine additional page(s). The fine additional page(s) are also as a fine additional page(s). The fine additional page(s) are also as a fine additionhold an interest of greater than 25%. Country where company was formed, incorporated or registered: If the company is registered by a foreign registration body, the name of the body and any registration number is sued and any registration number is sued as the following the following the properties of the pRelevant foreign body: Registration Number: Full name of Trust Details Trust/ Full business name (if any) Superannuation Fund Country where Trust established Tax File Number or Exemption Number Type of Trust (Select one of the following trust types and provide the information requested): Registered management investment scheme Provide Australian Registered Scheme Number (ARSN) Regulated trust (e.g. SMSF) Provide name of regulator (e.g. ASIC, APRA, ATO) Provide the Trust's ABN or registration/licensing details Government superannuation fund Provide name of the legislation establishing the Fund Other trust type Trust description (e.g. Family, unit, charitable, estate) Name of trust beneficiaries or details of the class of beneficiaries: Number of Trustees**: Full Name of Settlor*: * Only required where initial contribution to the trust was greater than \$10,000 (unless settlor is deceased). $**Note: Please\ complete\ Section\ 1\ for\ each\ Individual\ Trustee\ and\ each\ beneficiary\ of\ the\ trust,\ or\ complete\ Section\ 2\ for\ a\ Corporate$ Please also complete Section 1 for individuals who directly or indirectly control (see section 2(a) for what constitutes "control") an unregulated trust. Section 4 Name of Partnership Partnership Details Full registered business name (if any) of Partnership Country where Partnership established NOTE: Please provide the full names and details for each of the Partners in Sections 1, 2, 3 or 4 of the form as required (attach extra page(s) if necessary).

Section 5	Please cross type of Investor						
occition o							
Association/ Registered Co- operative/ Government	Association Registered Co-Operative Government Body						
	Name of Association/Registered Co-operative/Government Body						
Body Details							
	Tax File Number or Exemption Number Other Identification Number						
	Australian Business Number						
	Registered Address						
	State Postcode Country						
	Principal place of business/operations address (if same as registered address, please write 'AS ABOVE').						
	Couptry						
	State Postcode Country						
	Full name of the association's President, Secretary and Treasurer (or other equivalent officers in each case). This section is only to be completed by Associations.						
	Name of President						
	Name of Secretary						
	Name of Treasurer						
	Please complete Section 1 with the full names and details of the President, Secretary or Treasurer (attach additional page(s) if necessary) and provide ID for one of the officers.						
	The Government Body is an entity established under legislation of:						
	Commonwealth of Australia						
	Commonwealth of Australia						
	State, Territory or foreign country (if so, name of state, Territory or foreign country)						
Section 6	Please cross type of Investor (if applicable)						
Minor/Deceased Estate	Account Designation: Minor Deceased Estate						
	Designation Name (full name of relevant minor or deceased person)						
	< A/C>						
	Please provide the full names and details of the relevant Trustee(s) by completing Section 1 of the form.						
DARTR							
PART B							
0	Mailing Address Contact Phone						
Section 7							
Contact Details	Email						
These details will be used for all							
administration	State Postcode						
correspondence.							
By providing your email	Country						
address(es), you agree to receive all							
communications,	As an investor in the Fund, you will receive market insights, performance updates and relevant Fund information. You may						
including transaction	also receive additional marketing from the investment manager. If you do NOT wish to receive this, please email						
confirmations, statements, reports	clientservices@channelcapital.com.au.						
and other notifications,							
by email.							

Section 8 Additional	If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.
Enquirer	Given Name(s) Surname
	Date of Birth Company (if applicable)
Section 9	By completing this section you consent to give your financial adviser access to your account information.
Adviser Details	Adviser Name Adviser Company (if applicable)
	Dealer Group Name AFSL No.
	Adviser Email Adviser Phone
Section 10 Investment Details	Please note that application funds will not be invested until completed and signed Application Form is received and accepted. Minimum investment amount is \$100,000. Amount S PAYMENT DETAILS BSB
Section 11 Nominated Account and Distribution Details	The following account will be credited for payment of distributions and redemptions (if applicable). Account Name Financial Institution BSB(Branch) Account Number INCOME DISTRIBUTION Please specify how you would like any income distributions from the Fund to be paid. Income is reinvested automatically by the Responsible Entity unless otherwise instructed. Reinvested in the Fund Credit to my/our nominated account

FATCA and CRS -Self-certification Declaration

SMSF: Sections 13 and С

Information about investors that are foreign tax residents must be reported to the Australian Tax Office (ATO) in accordance with the contraction of the contractio $international\ tax\ reporting\ standards\ and\ laws\ to\ which\ Australia\ is\ subject.\ These\ include\ the\ OECD\ Common\ Reporting\ Standard$ (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia's obligations under CRS or FATCA, please visit the ATO website www.ato.gov.au

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on their domicile, place of management, principal office or incorporation, the amount of time a person spends in a country, the

A TIN is the number assigned by each on Number in Australia or a Social Securit	country for the purposes of administering ta y Number in the US. If a TIN is not provided,	ax laws. This is the equivalent of a Tax File				
Individual 1 Are you a tax resident of another country? No Please provide your name and Tax Identification Number (TIN) helpw:						
Country of Tax Residence 1 2	Tax Identification Number (TIN)	Reason Code if no TIN provided				
Reason A: The country of tax residency Reason B: The individual has not been Reason C: The country of tax residency Individual 2	rissued with a TIN. does not require the TIN to be disclosed.					
No						
1 2 3 Reason A: The country of tax residency Reason B: The individual has not been	does not issue TINs to tax residents.					
1. A Financial Institution insurance company Provide the entity's Global Intermediary If the entity is a Financial Institution but to Deemed Compliant Financial Excepted Financial Institution Exempt Beneficial Owner Non Reporting IGA Financial Insurancial Insurance company Provide the entity's Global Intermediary Insurance company NonParticipating Financial Insurance company Provide the entity's Global Intermediary Insurance company Provide the entity is a Financial Insurance company Insurance company Provide the entity is a Financial Institution but the entity is a Financial Insurance company Insurance company	n (A custodial or depository institution, an inverse of FATCA/CRS purposes) Identification Number (GIIN), if applicable does not have a GIIN, provide its FATCA status I Institution stitution	estment entity or specified				
	A TIN is the number assigned by each of Number in Australia or a Social Securit reasons specified as A, B or C) for not seemed Country of tax residence Individual 1 Are you a tax resident of another country of Tax Residence Country of Tax Residence Country of Tax Residence Reason A: The country of tax residency, Reason B: The individual has not been Reason C: The country of tax residency Individual 2 Are you a tax resident of another country of Tax Residence Please provide your name Country of Tax Residence Country of Tax Residence Are you a tax resident of another country of tax residency of Tax Residence Are you a tax resident of another country of Tax Residence Are you a tax resident of another country of Tax Residence Are you a tax resident of another country of Tax Residence Are you a tax resident of another country of Tax Residence Country of Tax Residence Are you a tax residency A Financial Institution insurance company A Financial Institution but of the entity is a Financial Institution but of the entity is a Financial Institution Exempt Beneficial Owner Non Reporting IGA Financial Institution insurancial Institution Exempt Beneficial Owner Non Reporting IGA Financial Institution insurancial Institution insurancial Institution insurancial Institution insurancial Institution Exempt Beneficial Owner	Are you a tax resident of another country? No Please provide your name and Tax Identification Number (TIN) below: Country of Tax Residence Tax Identification Number (TIN) Reason A: The country of tax residency does not issue TINs to tax residents. Reason B: The individual has not been issued with a TIN. Reason C: The country of tax residency does not require the TIN to be disclosed. Individual 2 Are you a tax resident of another country? No Please provide your name and Tax Identification Number (TIN) below: Country of Tax Residence Tax Identification Number (TIN) Reason A: The country of tax residency does not issue TINs to tax residents. Reason B: The individual has not been issued with a TIN. Reason C: The country of tax residency does not require the TIN to be disclosed. Select the appropriate entity type from one of the four options below and provide req 1. A Financial Institution (A custodial or depository institution, an inv insurance company for FATCA/CRS purposes) Provide the entity's Global Intermediary Identification Number (GIIN), if applicable If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status Deemed Compliant Financial Institution Excepted Financial Institution				

Section 14a Entities (Company, Trust, Partnership, Association, etc)	2. Public Listed Company, Majo Organisation, Central Bank, 3. A Foreign Charity or an Active reporting period, less than 50 less than 50% of assets hele For other types of Active NFE Financial Account Informat If the entity is a Foreign Char (Country of Tax Residency of Country of Tax Residency of Tax Residenc	ity located in a Non-Participating CRS Jurison 4b (Country of Tax Residency for Entity) Prity Owned Subsidiary of a Public Listed Contain Australian Registered Charity or Decea We Non-Financial Entity (NFE) (Active NFEs Down of their gross income was passive incomed produced passive incomed) Es, refer to section VIII in the Annexure of the citon at www.oecd.org) ity or Active NFE, please proceed to section	npany, Governmental Entity, International sed Estate. include entities where, during the previous se(e.g. dividends, interests and royalties) and e OECD 'Standard for Automatic Exchange of
Section 14b Country of Tax Residency for Entity		b.1 country of tax residency and tax identificat table. If a TIN is not provided, please list the ration a TIN. Tax Identification Number (TIN) n't issue TINs to tax residents. and with a TIN.	ion number (TIN). Please include multiple reason(of the of the three reasons specified as Reason Code if no TIN provided
Section 14b.1		or those individuals No controlling persons (an individual who directs, settlors, protectors and beneficiaries) tax or those individuals No company's controlling persons (an individual versical owners controlling more than 25% of than Australia?	tly or indirectly exercises control over the

Investor Declaration

By completing and signing the Application Form, the investor:

- a. I/We have read and understood the PDS to which this application relates and agree to be bound by the provisions of the Fund Constitution;
- b. I/We have received personally a complete and unaltered PDS prior to completing the Application Form and declare that all the details given in this Application Form are true and correct;
- c. I/We confirm that I/we are in compliance with all relevant laws and regulations (including, without limitation, the requirements of the Corporations Act) and will not cease to be in compliance if I/we are allocated Units;
- d. I/We authorise the use of the TFN information provided on the Application Form in respect to my/our investment;
- e. I/We acknowledge that neither CIML, nor its associates, guarantee the capital invested by investors or the performance of the specific investments of the Fund;
- f. I/We acknowledge that the provision of the products available through the Fund should not be taken as the giving of investment advice by CIML, as CIML is not aware of the investor's investment objectives, financial position or particular needs:
- g. I/We acknowledge that I/we are responsible for ensuring that the information on the Application Form is complete and correct;
- h. I/We have such knowledge and experience in financial and business matters that I/we are capable of evaluating the merits and risks of a purchase of the Units and I/we acknowledge that an investment in the Fund involves a degree of risk;
- i. I/We have the financial ability to bear the economic risk of the investment in the Fund;
- j. I/We have had access to all information that I/we believe is necessary or appropriate in connection with this application for Units. I/We acknowledge and agree that the only information and representations provided by CIML are those contained in the PDS to which this Application Form relates;
- k. I/We have made and relied upon my/our own assessment of the Fund and have conducted my/our own investigation with respect to the Application and the Fund including, without limitation, the particular tax consequences of subscribing, owning or disposing of the Units in light of my/our particular situation as well as any consequences arising under the laws of any other taxing jurisdiction;
- I. Except to the extent that liability cannot by law be excluded, I/we acknowledge that none of the directors, officers, employees or advisers of CIML or the Fund, or any of their respective related bodies corporate, accept any responsibility in relation to the Application;
- m. I/We acknowledge that the Fund, CIML and its affiliates will rely upon the truth and accuracy of the foregoing acknowledgments, representations, warranties and agreements. I/We indemnify the Fund, CIML and their affiliates against any loss, damage or costs incurred and arising out of or in relation to any breach by me/us of the acknowledgments, representations, warranties and agreements;
- n. I/We agree that CIML, may:
 - i) require me/us to provide any additional documentation or other information and perform any acts to enable compliance with any laws relating to anti-money laundering and counter terrorism financing ('AML') or any other law;
 - ii) at its absolute discretion and without notice to me/us, take any action it considers appropriate, including blocking or delaying transactions on my/our account or refuse to provide services to me/us to comply with any law relating to AML or any other law; and
 - iii) in its absolute discretion and without notice to me/us, report any or any proposed transaction or activity to anybody authorised to accept such reports relating to AML or any other law;
- $o. \quad I/We certify that if we are signing under a power of attorney, the power of attorney has not been revoked; and if the power of attorney has not been revoked; and if the power of attorney has not been revoked; and if the power of attorney has not been revoked; and if the power of attorney has not been revoked; and if the power of attorney has not been revoked; and the power of attorney has not been revoked been revoked has not been revoked has not been revoked been revoked has not been revoked him the power of attorney has not been revoked him the power of attorney has not been revoked him the power of attorney has not been revoked him the power of attorney has not been revoked him the power of attorney has not been revoked him the power of attorney has not been revoked him the power of attorney him the p$
- p. I/we have read and understood CIML's privacy collection statement in this Application Booklet and understand that a copy of the Privacy Policy is publicly available at www.channelcapital.com.au
- q. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the Privacy Policy.
- r. I/we consent to CIML disclosing this information to my/our financial adviser (named in this form). Where the financial adviser no longer acts on my/our behalf, I/we will notify CIML of the change.
- s. I/We confirm that I/we are a wholesale client (as defined in section 761G of the Corporations Act).

Name 1	
Capacity	Signature
(i.e. Individual/Trustee/Director/Secretary/Partner/ Authorised Signatory)	Date / / / /
Name 2	
Capacity	Signature
(i.e. Individual/Trustee/Director/Secretary/Partner/ Authorised Signatory)	Date / / / / / / / / / / / / / / / / / / /

Wholesale or Professional Investor Certificate

If you are investing less than \$500,000 you will need to get a "Qualified accountant" (defined below) to complete this form. Alternatively, submit an equivalent Qualified accountant's certificate to satisfy the trustee that you are a wholesale investor

This certificate is issued for the purposes of Section 708(8) and Section 761G of the Corporations Act 2001.

I hereby certify that the following person/persons has:

Please show the name of each person this applies to (print full legal name of the person – individual or company): Individual(s)

	2
3	4
Company	
Net assets** of at least AUD \$2.5 million; or	
A gross income $\ensuremath{^{**}}$ for each of the last 2 financial years of at least	t AUD\$250,000 a year
Controlled Companies or Trusts***	
It is confirmed that for the purposes of the Corporations Act,th companies or trusts:	hat the above-named person/persons control the following
Please list the name of the entities (include details of trusts for which the entity acts as a trustee)	
I confirm that I am a qualified accountant as defined in section	88B of the Corporations Act.
I belong to (name of the professional body)	
I comply with this body's continuing professional education req	uirements.
Qualified Accountant* to sign (defined below):	
Name	Signature
	Date / / / /

- * "Qualified accountant" means a member of a professional body that is approved by ASIC in writing for the purpose of the definition. ASIC has indicated that it will approve an member of:
- (a) The Australian Society of Certified Practicing Accountants ("ASPCA"), who is entitled to use post-nominals "CPA" or "FCPA" and is subject to and complies with the ICAA's continuing professional development requirements;
- (b) The Institute of Chartered Accountants in Australia ("the ICAA"), who is entitled to use the post-nominals of "CA", "ACA", or "FCA", and is subject to and complies with the ICAA's continuing professional education requirements; or
- (c) The National Institute of Accountants ("the NIA"), who is entitled to use the post-nominals "MNIA" or "FNIA", and is subject to and complies with NIA's continuing professional education requirements.
- ** In calculating the net assets or gross income, the investor may include the net assets or gross income (as relevant) of any company or trust the investor controls (see Corporations Regulation 7.6.02AC).
- *** Where the investor is a company or trust controlled by someone who has certificate from a qualified accountant, the investor may be considered wholesale (see Corporations Regulation 7.6.02AB).

Section A

Individuals/Joint Applicants

Minimum Identification Required

For each Investor please provide:

- $a) \quad \text{an original or certified copy of a valid Driver's Licence} \\ (\text{Australian State or Territory, or Foreign Country equivalent}) \\ \text{with} \\$ photograph; or
- b) an original or certified copy of a passport issued by Australian Commonwealth or expired passport which has not been cancelled and was current within the preceding two years; or
- c) Passport or similar document issued for the purpose of international travel that contains a photograph and signature of the person

Or d) Both: (i) an original or certified copy of a valid primary I.D. document	
,	
National Identity Card with a photograph and signature issued by Australian Commonwealth, State or Territory; or	
Foreign National Identity Card with a photograph and signature issued by a foreign government, UN or UN Agramment translation provided by an accredited translator, if not in English; or	ency, with English
Birth Certificate or birth extract issued by Australian State or Territory; or	
Birth Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accif not in English; or	credited translator
Citizenship Certificate issued by Commonwealth government; or	
Citizenship Certificate issued by foreign government, UN or UN Agency, with English translation provided by translator if not in English; or	an accredited
Pension card issued by Centrelink;	
And (ii) an original or partified copy of a valid accordant I.D. documents.	
(ii) an original or certified copy of a valid secondary I.D. document:	
notice issued to an individual by Centrelink within preceding 12 months which records the provision of financ individual and the individual's name and residential address; or	ciai benetits to an
notice of a foreign welfare department equivalent within preceding 12 months which records the provision of to an individual and the individual's name and residential address; or	f financial benefits
notice issued to an individual by the ATO or relevant foreign Taxation authority within the preceding 12 month the name and residential address of the individual; or	s which records
notice issued to an individual by a local government body or utilities provider within preceding three months provision of services to that residential address or that individual; or	which records the
For persons under 18, a notice issued by a school principal within the preceding three months containing the person and his or her residential address and recording the period of time that the person attended the sc	
Self Managed Superannuation Fund, registered managed investment schemes, regulated trusts and Governme Superannuation Fund copies of:	nt
a search of the relevant regulator e.g.: ASIC, ATO, APRA or Trust Deed	

Section B

Regulated Trust

Section C Private and Unlisted/ Unlicensed Public Australian Companies	Minimum Identification Required Original or certified copies of: a search of the relevant ASIC database, or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); and where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section 'A' must also be satisfied. for each Signatory, the identification requirements set out in Section 'A' must also be satisfied.
Section D Foreign Listed / Licensed Company (Australian Registered)	Australian Registered Foreign Company Original or certified copies of: a search of the relevant ASIC database, search of the licence or other records of the relevant regulator, other appropriate document(s) including reliable independent electronic data(e.g. Dun & Bradstreet report); and where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section 'A' must also be satisfied. for each Signatory, the identification requirements set out in Section 'A' must also be satisfied.
Section E Listed / Licensed Australian Companies	Original or certified copies of: a search of the relevant ASIC database or relevant stock exchange or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report).
Section F Foreign Private and Unlisted / Unlicensed Public Companies (Australian Registered)	Australian Registered Foreign Company Original or certified copies of: a search of the relevant ASIC or other government database, a search of the relevant foreign stock exchange, a search of the licence or other records of the relevant regulator or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); or Certificate of Incorporation or recent extract of public company register or document issued by the foreign government (including a registration certificate).
Section G Foreign Companies (not registered in Australia)	Unregistered Foreign Company Original or certified copies of: Foreign registration certificate, Certificate of Incorporation, recent extract of company register: or other appropriate document(s) including a search of the relevant government database, a search of the relevant stock exchange, a search of the licence or other records of the relevant regulator, or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); and where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section 'A' must also be satisfied. for each Signatory, the identification requirements set out in Section 'A' must also be satisfied.
Section H Other Trust Types	Original or certified copies of: the trust deed; if the Settler of the Trust has made a material asset contribution of >\$10,000 and is still living, the identification requirements set out in Section 'A' must be satisfied; and where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section 'A' must also be satisfied. And In respect of one of the trustees: if the trustee is an individual, then ID required as per the individual requirements as per Section 'A'; or if the trustee is a company, then ID required as per the company requirements as per Section C', 'D', 'E', 'F' or 'G'.
Section I Deceased Estate	Identification as per Section 'A' for trustee; and Original or certified copies of: last Will and Testament of deceased; and death certificate; or Grant of Probate.

Section J Minor	Minimum Identification Required Identification as per Section 'A' for trustee; and Identification as per Section 'A' for minor.
	CATEGORY OF ACCEPTABLE REFEREES Certified Copy means a document that has been certified as a true copy of an original document by one of the following persons:
	 A person who, under a law in force in a State or Territory, is currently licensed or registered to practice in an occupation listed in Part 1 of Schedule 2 of the Statutory Declarations Regulations 2018;
	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. For the purposes of these Rules, where Part 2 uses the term '5 or more years of continuous service'; this should be read as '2 or more years of continuous service';
	4. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees;
	5. An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees; and
	6. A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents.
	The Statutory Declaration Regulations 2018 are accessible through the following website: www.legislation.gov.au.

Oaktree Strategic Credit Fund (AUD)

If you have any questions in relation to this form, please call **Channel Client Services** on:

1800 940 599

CLASS A UNITS

APIR: CHN2669AU

ADDITIONAL UNIT APPLICATION FORM

Channel Investment Management Limited ACN: 163 234 240 AFSL:439007

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS

 $If you require any information regarding your investments, please contact \textbf{Channel Client Services} on 1800\,940\,599.$

This additional unit application form is for existing Investors in the Oaktree Strategic Credit Fund (AUD) ('the Fund') who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund.

You should read the PDS to which this application relates issued by Channel Investment Management Limited ACN 163 234 240 AFSL 439007 before completing this additional unit application form.

Section 1. Investor Identification			
Investor Reference Number			
Full passed a) of Dagistayad I with alderda			
Full name(s) of Registered Unitholder(s)			
Registered Address			
Suburb	State State		Postcode
0			
Section 2. Investment Amount			
Additional Investment Amount:	\$		
SOURCE OF FUNDS - Please tick the mo	ost relevant option.		
Retirement Savings	Sale of Assets Financial Inves	stments Employment Income	Inheritance/gift
Business Activities	Other (provide detail)		
Section 3. Declaration And Autho	risation		
		declarations conditions and acknowledgem	ents contained under Part D 'Investor
	d agree that they are incorporated in thi em and declare that all the details given		
		the Additional Unit Application Form. I/We	
	wer of attorney the power of attorney ha		
Investor 1		Investor 2	
Name Date	//	Name Date	
Capacity (i.e. Individual/Trustee/Directo	r/Secretary/Partner/Authorised Signato	ry) Capacity(i.e. Individual/Trustee/Dire	ector/Secretary/Partner/Authorised Signatory
Section 4. Payment Details			
BSB	Account Number	Account Name	Reference
082 401	782 838 261	Oaktree Strategic Credit Fund (AUD)	Please include your Investor Name
		Applications Account	in the reference field of your EFT.
Return form			
<u>C.</u>	\searrow		@
Call:	Post to:		Email to:
If you have any questions in relation to the	his Apex Fund Service	es	registry@apexgroup.com

Attn: Unit Registry

GPO Box 4968, Sydney NSW, 2001