

Client Services contact details

Phone

Within Australia: 1300 997 774

International: +(61) 3 9616 8687

Send your form by email:

australianunitywealth_transactions@unitregistry.com.au

Email enquiries:

australianunitywealth@unitregistry.com.au

Wholesale & Wealth Solutions Application

Fund	What is the Minimum amount?	Who is able to invest in this fund?	Extra information you need to provide
Australian Unity Childcare Property Fund	\$50,000	Wholesale investors only	A wholesale certificate will be required if investing in the Funds via this Form
Australian Unity Healthcare Property Trust - Class A	N/A		
Australian Unity Healthcare Property Trust - Wholesale Units	\$5,000		
Australian Unity Specialist Disability Accommodation Fund	\$50,000		
Platypus Australian Equities Fund - Wholesale Units	\$5,000		
Pro-D Balanced Fund	\$5,000		
Pro-D Growth Fund	\$5,000		
Pro-D High Growth Fund	\$5,000		

WHO CAN USE THIS FORM?

Please use this form if you wish to make an investment in one of the above funds by making an initial investment.

Read and ensure you understand the Product Disclosure Statement (PDS), or Information Memorandum (IM), Additional Information Document (AID) where applicable, and the Form Information Guide.

The relevant PDS, IM, AID and Form Information Guide are available on our website www.australianunity.com.au/wealth or from your financial adviser. The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS, or IM. We will provide on request and without charge a paper or electronic copy of the current PDS or IM, and its incorporated documents.

Any reference to the Responsible Entity in this application form refers to the Responsible Entity as defined in the relevant Fund PDS or IM, and (where applicable) AID.

Complete all relevant sections of this application form either:

- **online** - then print and sign in the relevant fields using a black pen; or
- **manually** - please write in BLOCK letters, using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Individuals: complete section 2, section 3 and then section 6 onwards.

Companies: complete section 2, section 4 and then section 6 onwards.

Trusts/Superannuation (including Self Managed Super Funds (SMSFs)) funds:

- If you are an individual trustee or executor - complete section 2, section 3 and then section 5 onwards.
- If you are a trust with a company as a trustee – complete section 2 and then section 4 onwards.

Certify and collect the identification documents.

Please refer to section 10 'Identification and verification' and complete the relevant identification document attached to this Application Form.

Tell us your tax status.

Please complete the Tax information form attached to this Application Form.

Send your documents to our administrator

You can return your form by post or email according to the details below:

Send by Post: Australian Unity
GPO Box 804
Melbourne VIC 3001

Scan and email to: australianunitywealth_transactions@unitregistry.com.au

Make your payment.

Please refer to section 7 'Payment of application amount'.

Your application cannot be processed until all relevant identification documents and cleared funds are received.

1. INVESTOR ASSESSMENT

The following questions assist Australian Unity in meeting its regulatory obligations by enabling it to assess whether this financial product is being offered to the stated target market.

Mandatory questions are marked*

Question 1: Investor Status*

Please select one of the following options:

☐ I am/We are investing at least \$500,000

Please continue to Section 2.

☐ I am/We are a Wholesale Client and will provide a copy of my/our Wholesale Certificate with my/our application. I/we confirm that the product we are applying for in for this application will not be used in connection with a business.

Date of Certificate: / /

Please attach an accountant's certified prepared [Wholesale Certificate](#), prepared in accordance with Section 761G of the Corporations Act (the certificate must have been signed less than two years from the date of this application).

Please continue to Section 2.

☐ I am/We are a 'professional investor' as defined by the Corporations Act.

Please select the applicable option below:

- ☐ A person who controls at least \$10,000,000 (Please attach supporting documentation with your application); or
- ☐ A trustee of a superannuation fund (within the meaning of the Superannuation Industry (Supervision) Act 1993) and the fund has net assets of at least \$10,000,000 (Please attach supporting documentation with your application); or
- ☐ An Australian Financial Services Licensee - AFSL Number:

Note: If you are investing as a 'professional investor', we cannot process your application until we have verified the supporting documentation provided with your application.

Please continue to Section 2.

☐ I am/We are not a Wholesale Client with a Wholesale Certificate.

You are not eligible to invest in this financial product. Please do not continue as we are unable to accept your application. Should your financial circumstances change, we welcome you to re-apply.

More Information

What is a Wholesale Client?

A Wholesale Client is defined in the Corporations Act and includes an investor:

- purchasing a financial product where the value of the product is above the prescribed threshold of \$500,000 in a single transaction; or
- with certified net assets of at least \$2,500,000 or who had a gross income for each of the past two financial years of at least \$250,000 (as certified by a qualified accountant); or
- who qualifies as a 'professional investor'. This includes AFS licensees, listed entities, banks and friendly societies, and other entities that may be presumed to have expertise or access to professional advice to justify their being treated as wholesale.

[Current AU Wholesale certificate template](#)

2. ARE YOU AN EXISTING INVESTOR?

☐ **No**, complete section 3 onwards.

☐ **Yes**, the account number is Complete from section 6 onwards.

3. INDIVIDUAL/JOINT/SOLE TRADER/PARTNERSHIP – Individual/Executor - Individual

Complete if you are investing individually, jointly or you are an individual, joint trustee, partnership - individual or executor. individual.

Note: executor - individual must also complete section 5.

Investor 1 – Personal Details

Title Full given names

Surname

Date of birth (DD/MM/YYYY)

DD / MM / YYYY

Residential Address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Postal Address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Contact Details

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

ABN

Are you a sole trader?

☐ No ☐ Yes

If yes, what is your business name?

Tax Details — Australian Residents

If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

* If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension)

Reason for exemption

Tax Details — Non Australian Residents

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.

Investor 2 – Personal Details

Title Full given names

Surname

Date of birth (DD/MM/YYYY)

DD / MM / YYYY

Residential Address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Postal Address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact Details

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

All correspondence will be sent to the address provided for investor 1.

Tax Details — Australian Residents

If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

* If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension)

Reason for exemption

Tax Details — Non Australian Residents

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.

If there are more than two individual investors or trustees, please provide the full name, date of birth, and residential address of each on a separate sheet and attach to this form.

4. COMPANY/PARTNERSHIP – Corporate/Executor - Corporate

Complete if you are investing as a company or as a trust with a corporate trustee.

Note: You are also required to complete the relevant Identification Form.

Company Details

Full name of company (as registered by ASIC)

ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one)

TFN

Country of residency (if a foreign company)

Respective share of each partner in the partnership

Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company, write the address of your Australian registered agent (if you have one) or else write your principal place of business.

Name of Australian registered agent (if applicable)

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Principal Place of Business – Postal Address (if different to above)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact person at company

Title Full given names

Surname

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

5. TRUSTS OR SUPERANNUATION FUNDS

Please complete if you are investing as a trust or superannuation fund. Individuals and non-corporate trustee(s) must also complete section 3. Corporate trustees must also complete section 4.

Note: You are also required to complete the Identification Form - Trusts and Trustees.

Trust or superannuation fund details

Name of trust or superannuation fund

ABN (applicable if you are a trust or a self-managed superannuation fund registered with the Australian Tax Office)

TFN

6. INVESTMENT & DISTRIBUTION INSTRUCTIONS

Specify your initial application amount.

Indicate your distribution choice below. If you do not make an election, distributions will be reinvested.

Fund name	APIR	Investment amount (Minimums apply)	Distribution option (indicate (X) one option per fund)	
			Pay to my bank a/c	Reinvest
Australian Unity Childcare Property Fund	AUS4284AU	AUD \$ <div></div> (Minimum AUD \$50,000)	<div></div>	N/A
Australian Unity Healthcare Property Trust - Class A	AUS0037AU	AUD \$ <div></div>		
Australian Unity Healthcare Property Trust - Wholesale Units	AUS0112AU	AUD \$ <div></div> (Minimum AUD \$5,000)	<div></div>	<div></div>
Australian Unity Specialist Disability Accommodation Fund	AUS9836AU	AUD \$ <div></div> (Minimum AUD \$50,000)	<div></div>	N/A
Platypus Australian Equities Fund - Wholesale Units	AUS0030AU	AUD \$ <div></div> (Minimum AUD \$5,000)	<div></div>	<div></div>
Pro-D Balanced Fund	AUS0066AU	AUD \$ <div></div> (Minimum AUD \$5,000)	<div></div>	<div></div>
Pro-D Growth Fund	AUS0068AU	AUD \$ <div></div> (Minimum AUD \$5,000)	<div></div>	<div></div>
Pro-D High Growth Fund	AUS0064AU	AUD \$ <div></div> (Minimum AUD \$5,000)	<div></div>	<div></div>

Please indicate the source and origin of funds being invested:

- ☐ Savings
- ☐ Investment
- ☐ Superannuation contributions
- ☐ Commission
- ☐ Donation/gift
- ☐ Inheritance
- ☐ Normal course of business
- ☐ Asset sale
- ☐ Other – write the source and origin of funds below

7. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

- ☐ EFT
- ☐ Direct debit

EFT

Account name: OneVue Fund Services Pty Ltd as agent for
Australian Unity Funds Management Ltd
Application
Trust Account

BSB: 083-001

Account number: 765189036

Your reference: [please use the name of the investor]

Direct debit authority – Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this Request and in your Direct Debit Request Service Agreement, a copy of which is available at https://cms2.onevue.com.au/index.php/download_file/4180/

Financial institution name

Branch name

BSB number

Account number

Account name

I/We request and authorise OneVue Fund Services Pty Ltd ABN 18 107 333 308 (User ID 411595) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by OneVue.

Signature of primary account holder

Please print full name

Date (DD/MM/YYYY)

 / /

Signature of joint account holder (if applicable)

Please print full name

Date (DD/MM/YYYY)

 / /

8. FINANCIAL INSTITUTION ACCOUNT DETAILS

Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts or foreign bank accounts.

Financial institution name

Branch name

BSB number

Account number

Account name

9. COMMUNICATION

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Annual Report

The Annual Report is available from our website australianunity.com.au/wealth/

If you would like to receive an email alert when the report is published on our website, or a copy by post, please indicate below. (This refers to Annual Reports only. This will not affect communication instructions regarding general correspondence for your fund).

☐ By email

☐ By post

Marketing material

☐ You may receive market commentary, event invitations etc from us, from time to time. Please tick this box if you do not wish to receive these communications.

10. IDENTIFICATION AND VERIFICATION

Please tick one box only:

- ☐ I have not previously invested in any of the funds listed from Australian Unity and will complete the relevant investor identification forms located at the end of this application form.
- ☐ I am an existing investor in a fund from Australian Unity, (either a fund listed on page 1 or another fund) and am not required to complete the investor identification forms located at the end of this application form.
- ☐ I am a financial adviser completing the application form on behalf of my client(s). I will complete the Financial Adviser Declaration in Section 12.

11. FINANCIAL ADVISER DETAILS

Section 11a: To be completed by the investor(s)

If you are using the service of a financial adviser, use this section to provide their details. If you change your financial adviser, it's important to let us know as soon as possible.

Your financial adviser will receive copies of your statements and account notifications via email (where an email address is provided).

Advice fee payment election

Complete this section if you want financial planning fees to be paid monthly from your investment. The Advice Fee payment reflects your arrangement with your financial adviser and is calculated and deducted (by way of withdrawal of units) on a monthly basis.

Have you agreed to have an advice fee deducted from your investment account?

☐ Yes, I/we request that the Responsible Entity deduct an ongoing advice fee of • % (on a monthly basis from my/our investment in the Fund.

☐ No

Investor must tick one box, if no options are selected it will be default to no adviser fee applicable.

Please note one-off payments and fixed dollar amounts are not possible.

If you close your investment in the fund before the end of the month, no payment will be paid for that month and your financial adviser may look for this to be paid directly by you. We will keep paying any ongoing fee until you advise us it has changed or should stop.

Contact Details

Business number (include country and area code)

Mobile number (include country code)

Email

Adviser Signature

We pay money to the dealer group that authorises your financial adviser – if your adviser changes their dealer group arrangements, they will need to contact us so we can redirect their payments.

Section 11b: To be completed by the financial adviser

By completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL) or are otherwise authorised to advise on and arrange this product.

Financial Adviser Details

Dealer group name/licensee

Adviser full name

AFSL number Authorised representative number (if any)

Address

Property/Building name (if applicable)

Unit Street Number

Street name

Suburb

State

Postcode Country

Postal Address (if different to above)

Property/Building name (if applicable)

Unit Street Number

Street name

Suburb

State

Postcode Country

12. FINANCIAL ADVISER DECLARATION

I certify that in accordance with the FSC/FPA Industry Guidance Note 24 ('GN 24'), I have: (Mark the appropriate box with an 'X')

- ☐ **Option 1.** Collected, verified and retained the appropriate customer identification documentation to confirm the identity of all individuals/investors with this application to meet my obligations in respect of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF laws') and agree to provide access to these records as required. **OR**
- ☐ **Option 2.** Collected and verified the appropriate customer identification documentation to confirm the identity of all individuals/investors with this application to meet my obligations in respect of the AML/CTF laws and have attached the copy of source documents for reference only. **OR**
- ☐ **Option 3.** I have not completed the AML/CTF checks on this/these client/s. I have completed the identification form included in this application form and attached the certified copy of the source documents.

If no box is marked, I agree that Option 1 applies.

In addition, as the Investors' financial adviser, I warrant and represent to AU that I, as applicable:

- If I have signed this application form on behalf of my client(s), I have attached the certified copy of the Power of Attorney verifying my authority to do so;
- have followed and complied with GN 24 and any other applicable AML/CTF laws in identifying and verifying all individuals/investors with this application;
- will continue to comply with GN 24;
- will provide, upon request, original identification and verification records and details of the identification procedures adopted;
- have kept a record of the investor's identification and verification and will retain these for a period of seven years after the investor/adviser relationship has ended;
- will if requested update and re-verify the investor and provide any other additional information regarding the investor;
- will not knowingly do anything to cause AU to breach AML/CTF laws and will notify AU if I become aware of anything that would cause AU to breach AML/CTF laws;
- I have provided personal financial advice to my client in relation to the financial product sought to be acquired by this application;
- the issuance of the financial product sought to be acquired by this application is necessary to implement that personal financial advice; and
- confirm that the details provided in any identification and verification records are true and correct.

Adviser Signature

Date (DD/MM/YYYY)

 / /

If you have selected option 1 above, we strongly recommend you provide us a copy of the investor's Driver's License or Passport, so we can verify their signature in the future. If no investor identification is provided, we may need to request identification from the investor when they attempt to transact on their account - e.g. withdrawals, transfers and other requests. This may mean transactions are delayed.

13. DECLARATIONS AND ACKNOWLEDGEMENTS

I/We agree and acknowledge:

- to be bound by the terms and conditions of the relevant Product Disclosure Statement (PDS) or Information Memorandum (IM), (where applicable) the Additional Information Document (AID), the Application Form and the Form Information Guide as supplemented, replaced or re-issued from time to time and Fund Constitution (as amended from time to time);
- to be bound by the terms and conditions of the 'Direct Debit Request Service Agreement' in this Application Form, where I/ we have opted to use the Direct Debit Service;
- that none of the entities mentioned throughout the relevant PDS or IM, and the Application Form guarantee the performance of the Fund; payment of interest or any return of capital;
- that monies invested in the Fund do not represent investments in Australian Unity Funds Management Limited nor in any member of the Australian Unity Group of companies;
- that the investment is subject to investment risk including possible delays in repayment, loss of income or principal invested;
- having read and understood the relevant PDS or IM, AID (where applicable) and the Application Form, and where these documents have been obtained through electronic means, then I/we declare that I/we received a printout which comprised the whole PDS or IM, AID (where applicable) and Application Form before making an application for units in the Fund;
- that Australian Unity Limited and its related bodies corporate may offer goods and services appropriate for my needs and interests. I/We consent to my information being disclosed between those entities and to its use for direct marketing (subject to my/our right of opt-out by calling 1300 997 774), product management and development and for other related purposes;
- that Australian Unity Funds Management Limited may give information relating to my/our account and investment in that account to my/our adviser whose stamp appears on the Application Form;
- that if this application is signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received at the date of completing this application;
- for all account types other than individual and joint accounts, that the application is signed in accordance with the governing rules and/or constituent documents;
- if I am a foreign individual, I confirm I have a current visa;
- that all of the information provided in this Application Form is complete and accurate to the best of my/our ability/abilities;
- that I/we will provide any supporting or additional information which might be required in order to process this application, or subsequently, as a consequence of my holding units in the Fund;
- any rebate that I am/we are eligible for, if not reinvested, will be paid into my nominated Australian financial institution account in Section 8 of the Application Form;
- that I/we have no reason to suspect that the monies used to fund this application, or any subsequent contributions into the Fund; is or will be derived from or related to any money laundering, terrorism financing or other illegal activities;
- if I am/we are a resident of a country, other than Australia for tax purposes I/we will submit the completed Tax Information Form in order to comply with AEOI obligations. I/we understand that Units cannot be issued to me until I/we have provided a completed Tax Information Form, and that penalties may apply (under local and other laws) if I/we provide false or misleading information;
- that I/we agree that the advice fee nominated in Section 11 of the Application Form will be deducted from my/our investment through the application amount in my/our investment;
- if I/we are (or if this application is on behalf of) a 'non-individual' account type, other than a complying Australian Superannuation Fund, then if applicable I/we will submit the completed Tax Information Form in order to comply with AEOI obligations. I/we understand that if applicable Units cannot be issued to me/us until I/we have provided a completed Tax Information Form, and that penalties may apply (under local and other laws) if I/we provide false or misleading information;
- if I am/we are a Controlling Person(s) that is a tax resident of a country other than Australia, I/we will submit the completed Tax Information Form in order to comply with AEOI obligations. I/we understand that Units cannot be issued to me until I/we have provided a completed Tax Information Form, and that penalties may apply (under local and other laws) if I/we provide false or misleading information.
- that by providing my/our email address at Section 3 or Section 4, the Responsible Entity may use this address to provide me/us, where permitted by law or regulation, with information via email about my/our investment and the Fund, including to satisfy any continuous disclosure requirements;
- that my/our personal information will be collected, used and disclosed by Australian Unity in accordance with its Privacy Policy which can be accessed at www.australianunity.com.au/privacy-policy and in accordance with the law;
- if I am/we are a Wholesale Client, I/we must provide Australian Unity with valid supporting documentation; and
- I/we confirm the information provided in this application form is correct and I/we will inform you within 30 days if there are any changes in circumstances. I/we understand that penalties may apply for providing false information.

14. SIGNING INSTRUCTIONS

Individual - where the investment is in one name, the sole investor must sign.

Joint Holding - where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.

Companies or corporate partnerships or corporate trustees - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

By signing as a single director investor confirms that the company is a single director company.

Partnerships - if the account is held for a partnership THEN all partners or those authorised to sign on behalf of the partnership.

Trust - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney - if signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certified copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of Investor 1, Director or Authorised Signatory

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

☐

Director

☐

Sole director and company secretary

☐

Authorised signatory

Signature of Investor 2, Director/Company Secretary or Authorised Signatory

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

☐

Director

☐

Company secretary

☐

Authorised signatory

If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.

☐

Yes

☐

No

Client Services contact details**Phone**

Within Australia: 1300 997 774

International: +(61) 3 9616 8687

Send your application form by emailaustralianunitywealth_transactions@unitregistry.com.au**Email enquiries:**australianunitywealth@unitregistry.com.au

Instructions: Identification Forms

Which form?	<p>There are three forms that follow: one each for individuals, companies and trustees.</p> <p>Choose the form that is applicable to you.</p> <p>If you are an association, a co-operative or a Government body, then contact us.</p>
Copies or originals?	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
Certifying copies	<p>You must have someone certify the copies you send to us. The following people can be the certifier: You must certify the copies you send to us by one of the following certifiers:</p> <ul style="list-style-type: none"> • a Justice of the Peace • a Notary public (for the purposes of the Statutory Declaration Regulations 1993) • an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • 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 • 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 • 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) • 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) • 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 • 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) • a Judge of a court • a magistrate • a chief executive officer of a Commonwealth court • a registrar or deputy registrar of a court • a Police officer • an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
What should the person certifying write?	<p>'I certify this to be a true copy of [name of document] the original of which, was seen by me at the time of signing'.</p> <p>The certified copy must also be dated, and have the signature, printed name, occupation, employer and address of the person certifying the document. Please note your identification document must be in date (or within two years of expiry for a passport).</p>
Not in English?	<p>Documents not in English must be accompanied by an English translation prepared by an accredited translator.</p> <p>Contact us if you need guidance on accredited translators.</p>
Send your documents to our Administrator.	<p>Your identification documents can be sent to us by the following means: By email:</p> <ul style="list-style-type: none"> • A scanned copy of a certified copy; and/or • A scanned copy of a certified extract. <p>By post:</p> <ul style="list-style-type: none"> • An original; and/or • A certified copy; and/or • A certified extract.

Client Services contact details

Phone

Within Australia: 1300 997 774

International: +(61) 3 9616 8687

Send your application form by email:

australianunitywealth_transactions@unitregistry.com.au

Email enquiries:

australianunitywealth@unitregistry.com.au

Identification form - Individuals/Joint Accounts/Partnership - Individual and Executor - Individual

Complete this form if you have not previously invested in a fund. A separate form is required for each investor in the case of joint holdings. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts and Trustees instead.

1. Please complete this identification form in BLOCK letters and using a black pen.
2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us. Please refer to the 'Instructions' page for information on how your identification documents can be sent to us.

1. Personal Details

Title Full given names

Surname

Date of birth (DD/MM/YYYY)

 / /

Usual occupation

Please indicate the source and origin of funds being invested:

- ☐ Savings
- ☐ Investment
- ☐ Superannuation contributions
- ☐ Commission
- ☐ Donation/gift
- ☐ Inheritance
- ☐ Normal course of business
- ☐ Asset sale
- ☐ Other – write the source and origin of funds below

2. Verification Procedure – Individual Investor/Joint Account/Partnership – Individual/Executor - Individual

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

Group 1

Provide a certified copy of one of these:

- ☐ **Australian driver's licence**
showing your photo, and please copy the front and back
- ☐ **Foreign driver's licence**
showing your date of birth, signature and photo
- ☐ **Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you
- ☐ **Foreign passport**
showing your signature and photo, and please copy the pages which identify you
- ☐ **Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo
- ☐ **Foreign Government issued ID card**
showing your date of birth, signature and photo

Applicable to foreign individual accounts only:

In addition to the identification documents outlined above, a foreign individual who wishes to establish a relationship must also provide evidence of a current visa.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- ☐ **Australian or foreign government issued birth certificate**
- ☐ **Australian or foreign government issued citizenship certificate**
- ☐ **Centrelink pension or health card**
please copy the front and back

PLUS, provide a certified copy of one of the following:

- ☐ **a Government issued notice**
one which shows your name and residential address, not more than 12 months' old
- ☐ **a rates or utilities notice**
one which shows your name and residential address, not more than three months' old
- ☐ **ATO notice**
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old

3. Signature

Signature

Please print full name

Date (DD/MM/YYYY)

 / /

Client Services contact details

Phone

Within Australia: 1300 997 774

International: +(61) 3 9616 8687

Send your application form by email:

australianunitywealth_transactions@unitregistry.com.au

Email enquiries:

australianunitywealth@unitregistry.com.au

Identification form – Australian and Foreign Companies/Partnership – Corporate/Executor - Corporate

Complete this form if you are a company investing for the first time in a fund. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts and Trustees instead.

1. Please complete this identification form in BLOCK letters and using a black pen.
2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us. Please refer to the 'Instructions' page for information on how your identification documents can be sent to us.

1. Company Details

1.1 General Information

Full name of company

Nature of business

1.2 Australian Companies

Principal place of business (if different to registered office address). A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Please provide us with certified copies of:

☐ an ASIC search

1.3 Foreign companies

Country of formation

Registered in Australia?

☐ No ☐ Yes – what is the ARBN

Registered in country of formation?

☐ No ☐ Yes – name of regulator/exchange

Identification number issued by foreign registration body

If you are a foreign company registered in Australia write your principal place of business in Australia or the full name and address of your Australian agent.

If you are a foreign company not registered in Australia write your registered business address in country of formation or principal place of business if there is not a registered address.

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country (Country (if not Australia)

Please provide us with certified copies of one of the following:

☐ an ASIC or foreign regulator search

☐ an ASIC or foreign regulator certificate of registration

2. Company Type

Please complete the section below for public companies (Section 2.1) or private companies (Section 2.2) as applicable.

2.1 Public Company

Are you a public company?

☐ No ☐ Yes

If yes, please proceed to Section 3.

2.2 Private Company

Are you a private company?

☐ No ☐ Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

Director Details

How many directors are there?

Provide the full name of each director.

Director 1

Title Full given names

Surname

Director 2

Title Full given names

Surname

Director 3

Title Full given names

Surname

Director 4

Title Full given names

Surname

If there are more directors, please provide their name on a separate sheet and attach to this form.

Verification of company under Section 2.2

Please provide us with a copy of the company extract from ASIC showing the beneficial owners, OR a copy of the latest company annual statement issued by ASIC with equivalent information.

3. Regulated/Listed Companies/Corporate - Partnership

Are you an Australian listed company?

☐ No ☐ Yes – please provide name of market/exchange

Market/exchange

Are you a majority-owned subsidiary of an Australian listed company?

☐ No ☐ Yes – please provide name of listed company and market/exchange

Name of Company

Market/Exchange

Are you a Regulated Company/Corporate- Partnership?

One that which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

☐ No ☐ Yes – please provide details of the regulator and licence number

Regulator/Name of professional association

Licence number/Relevant Membership details

If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is complete.

- ☐ an ASIC search
- ☐ a search of the licence or other records of the relevant regulator
- ☐ a public document issued by the company
- ☐ a search of the relevant market/exchange

4. Non-Regulated/Non-Listed Companies/Corporate - Partnerships

If you answered no to all the questions in Section 3, please fill in the Sections 4.1, 4.2 and 4.3 below.

Beneficial Owner Information to be completed by:

- Australian incorporated or created entities such as:
 - unlicensed proprietary limited companies, not subject to regulatory oversight (note: not applicable for complying Australian Superannuation Fund investors); or
 - unregistered trusts, including family trusts.
- Entities incorporated or created outside of Australia such as:
 - companies;
 - partnerships;
 - trusts; or
 - estates.

4.1 Beneficial Owner Details

Provide details of all beneficial owners who are individuals who, through one or more shareholdings, ultimately own 25% or more of the company or who control (whether directly or indirectly) the company and either the date of birth or full residential address of each beneficial owner.

HELP

'Control' includes control (directly or indirectly) as a result of, or by means of trusts (including in the capacity as beneficiary, trustee or settlor), an agreement, an understanding or practice, and further includes the ability to exercise control over decisions about financial and operating policies.

'Owns' means ownership (either directly or indirectly) of 25% or more by you.

Beneficial Owner 1

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Beneficial Owner 2

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Beneficial Owner 3

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode Country

Beneficial Owner 4

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode Country

Verification procedure - beneficial owners

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

Group 1

Provide a certified copy of one of these:

- ☐ **Australian driver's licence**
showing your photo, and please copy the front and back
- ☐ **Foreign driver's licence**
showing your date of birth, signature and photo
- ☐ **Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you
- ☐ **Foreign passport**
showing your signature and photo, and please copy the pages which identify you
- ☐ **Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo
- ☐ **Foreign Government issued ID card**
showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- ☐ **Australian or foreign government issued birth certificate**
- ☐ **Australian or foreign government issued citizenship certificate**
- ☐ **Centrelink pension or health card**
please copy the front and back.

PLUS, provide a certified copy of one of the following:

- ☐ **a Government issued notice**
one which shows your name and residential address, not more than 12 months' old
- ☐ **a rates or utilities notice**
one which shows your name and residential address, not more than 3 months' old
- ☐ **ATO notice**
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

For each corporate beneficial owner please provide:

- ☐ a completed Identification form – Australian and Foreign companies, plus any relevant identification.

4.2 Voting Rights

If there are any other individuals, who have not been listed above in Section 4.1, and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please provide their name, date of birth, and residential address on a separate sheet and attach to this form.

4.3 Senior Managing Official Details

If the company does not have any beneficial owners, please provide the details of the Senior Managing Official (or equivalent).

Title Full given names

Surname

Date of birth (DD/MM/YYYY)

Company title

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

HELP

Senior managing official: an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

5. Signing Instructions

Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Signature of Director 1

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

☐ Director

☐ Sole Director and Company Secretary

Signature of Director 2

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

☐ Director

☐ Company Secretary

Client Services contact details

Phone

Within Australia: 1300 997 774

International: +(61) 3 9616 8687

Send your application form by email:

australianunitywealth.transactions@unitregistry.com.au

Email enquiries:

australianunitywealth@unitregistry.com.au

Identification form – Trusts and Trustees

Complete this form if you have not previously invested in a fund. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Please complete this identification form in BLOCK letters and using a black pen.
2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us. Please refer to the 'Instructions' page for information on how your identification documents can be sent to us.

1. Trust Details

Full name of trust

Business name (if any)

Country where the trust was established

Please indicate the source and origin of funds being invested:

- ☐ Savings
- ☐ Investment
- ☐ Superannuation contributions
- ☐ Commission
- ☐ Donation/gift
- ☐ Inheritance
- ☐ Normal course of business
- ☐ Asset sale
- ☐ Other – write the source and origin of funds below

2. Type of Trust

2.1 Regulated Trusts

This includes complying superannuation funds and SMSFs or another type of trust registered and regulated by an Australian Commonwealth statutory regulator.

☐ No ☐ Yes

If yes, please tell us:

The trust's ABN

The regulator if not APRA or the ATO

Any license number

Registered managed investment scheme

☐ No ☐ Yes

If yes, please tell us the ARSN

Government superannuation fund

☐ No ☐ Yes

If yes, please tell us the name of the Act that regulates the trust

If you answered yes to any of these questions, then please provide a certified copy of one of the following:

- ☐ **Superannuation funds**
go to www.abn.business.gov.au, select the 'Super Fund Lookup' option and print out the results for your super fund
- ☐ **Registered managed investment schemes**
an ASIC search of the scheme
- ☐ **Government superannuation funds**
an extract of the establishing legislation.

2.2 Non-Regulated Trusts

Including family trusts, testamentary trusts and other unit trusts, deceased estates and charitable trusts (but not including self-managed superannuation funds)

☐ No ☐ Yes

If yes, please specify the type of trust

Please provide full name, address and date of birth of all beneficial owners who are individuals who own 25% or more of the trust income or assets or who control (whether directly or indirectly) the trust and either the date of birth or full residential address of each beneficial owner:

HELP

'Control' includes control (directly or indirectly) as a result of, or by means of trusts (including in the capacity as beneficiary, trustee or settlor), an agreement, an understanding or practice, and further includes the ability to exercise control over decisions about financial and operating policies.

'Owns' means ownership (either directly or indirectly) of 25% or more by you.

Beneficial Owner 1

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Beneficial Owner 2

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Beneficial Owner 3

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Beneficial Owner 4

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Please provide the name of all beneficiaries that are not beneficial owners

If the trust deed describes the beneficiaries by reference to member of a class please provide details of, the class to which the beneficiaries belong e.g. family members, unit holders, un-named charities on a separate sheet and attach to this form.

Beneficiary 1

Title Full given names

Surname

Beneficiary 2

Title Full given names

Surname

Beneficiary 3

Title Full given names

Surname

Beneficiary 4

Title Full given names

Surname

Please provide the name of the **appointor** of the trust, if applicable

HELP

Appointor: the appointor has the power to appoint or remove the trustees of the trust. Not all trusts have an **appointor**.

Name of trust settlor

HELP

Settlor: this is the person that creates the trust. The settlor may be, for example, your accountant or solicitor.

Note: you do not need to provide the name of the trust settlor if they are deceased, or the material asset at the time the trust was established was less than \$10,000.

If you are a non-regulated trust, please provide us with certified copies of one of the following:

☐

Trust deed

or an extract of the trust deed showing the full name of the trust and any named trust settlor

☐

Other documentation

confirming the full name of the trust and the name of the trust settlor

3. Trustee Details

3.1 Verification procedure - individual trustee

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

Group 1

Provide a certified copy of one of these:

- ☐ **Australian driver's license**
showing your photo, and please copy the front and back
- ☐ **Foreign driver's license**
showing your date of birth, signature and photo
- ☐ **Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you
- ☐ **Foreign passport**
showing your signature and photo, and please copy the pages which identify you
- ☐ **Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo
- ☐ **Foreign Government issued ID card**
showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- ☐ **Australian or foreign government issued birth certificate**
- ☐ **Australian or foreign government issued citizenship certificate**
- ☐ **Centrelink pension or health card**
please copy the front and back.

PLUS, provide a certified copy of one of the following:

- ☐ **a Government issued notice**
one which shows your name and residential address, not more than 12 months' old
- ☐ **a rates or utilities notice**
one which shows your name and residential address, not more than 3 months' old
- ☐ **ATO notice**
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

For each corporate beneficial owner please provide:

a completed Identification form – Australian and Foreign companies, plus any relevant identification.

3.2 Verification procedure - company trustees

3.2.1. General information

Full name of company trustee

Nature of business

ACN

3.2.2. Australian Company Trustee

Place of business (if different to registered office address)
A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

3.2.3. Foreign Company Trustee

Country of formation

Registered in Australia?

☐ No ☐ Yes

If yes, please provide the ARBN

Registered in that country?

☐ No ☐ Yes

If yes, please provide the name of regulator/exchange

Identification number issued by foreign registration body

Registered business address in country of formation

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Please provide us with certified copies of one of the following:

- ☐ an ASIC or foreign regulator search
- ☐ an ASIC or foreign regulator certificate of registration.

3.2.4. Company Type

Please complete the section below for public companies (3.2.4 (a)) or private companies (Section 3.2.4 (b)) as applicable.

3.2.4. (a) Public Company

Are you a public company?

☐ No ☐ Yes

If yes, please proceed to Section 3.2.5

3.2.4. (b) Private Company

Are you a private company?

☐ No ☐ Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

Director Details

How many directors are there?

Provide the full name of each director:

Director 1

Title Full given names

Surname

Director 2

Title Full given names

Surname

Director 3

Title Full given names

Surname

Director 4

Title Full given names

Surname

If there are more directors, please provide their name on a separate sheet and attach to this form.

3.2.5. Regulated/Listed companies

Are you an Australian listed company?

☐ No ☐ Yes - please provide name of market/exchange

Market/Exchange

Are you a majority-owned subsidiary of an Australian listed company?

☐ No ☐ Yes - please provide name of listed company and market/exchange

Company

Market/Exchange

Are you a regulated company?

One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

One that which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

☐ No ☐ Yes – please provide details of the regulator and licence number

Regulator

Licence number

If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is complete.

- ☐ an ASIC search
- ☐ a search of the licence or other records of the relevant regulator
- ☐ a public document issued by the company
- ☐ a search of the relevant market/exchange

3.2.6. Non-regulated/non-listed companies

If you answered no to all the questions in Section 3.2.5, please fill in the Sections 3.2.6 (a), (b) and (c) below.

3.2.6. (a) Beneficial Owner Details

Provide details of all beneficial owners (i.e. company shareholders) who, through one of more shareholdings, own 25% or more of the company's issued capital.

Beneficial Owner 1

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Beneficial Owner 2

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Beneficial Owner 3

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Beneficial Owner 4

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/Nature of business

Residential Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

Verification procedure - Beneficial Owners

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

Group 1

Provide a certified copy of one of these:

☐**Australian driver's licence**

showing your photo, and please copy the front and back

☐**Foreign driver's licence**

showing your date of birth, signature and photo

☐**Australian passport**

a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you

☐**Foreign passport**

showing your signature and photo, and please copy the pages which identify you

☐**Australian State or Territory Government issued ID card**

showing your date of birth, signature and photo

☐**Foreign Government issued ID card**

showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- ☐ Australian or foreign government issued birth certificate
- ☐ Australian or foreign government issued citizenship certificate
- ☐ Centrelink pension or health card
please copy the front and back.

PLUS, provide a certified copy of one of the following:

- ☐ a **Government issued notice**
one which shows your name and residential address, not more than 12 months' old
- ☐ a **rates or utilities notice**
one which shows your name and residential address, not more than three months' old
- ☐ **ATO notice**
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

For each corporate beneficial owner please provide:

- ☐ a completed Identification form – Australian and Foreign companies, plus any relevant identification.

3.2.6. (b) Voting Rights

If there are any other individuals, who have not been listed above in Section 3.2.6 (a), and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.

3.2.6. (c) Senior Managing Official Details

If the company does not have any beneficial owners, please provide the details of the Senior Managing Official (or equivalent).

Title Full given names/Full company name

Surname

Date of birth (DD/MM/YYYY)

 / /

Usual occupation/Nature of business

Company Title

Residential Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb

State

Postcode

Country

HELP

Senior managing official: an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Verification procedure - senior managing official details

If you are unable to provide details of beneficial owners in Section 3.2.6. (a) above, please provide documentation showing the name of the senior managing official, as provided in this Section 3.2.6. (c).

4. Signing instructions

Individual Trustee: where the investment has one individual trustee, the trustee must sign.

Multiple trustees: where the investment has more than one individual trustee, all trustees must sign.

Corporate trustee: where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust: the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney: if signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certified copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of Trustee 1, Director or Authorised Signatory

Please print full name

Date (DD/MM/YYYY)

 / /

Company Officer (please indicate company capacity)

- ☐ Director
☐ Sole director and company secretary
☐ Authorised signatory

Signature of Trustee 2, Director/Company Secretary or Authorised Signatory

Please print full name

Date (DD/MM/YYYY)

 / /

Company Officer (please indicate company capacity)

- ☐ Director
☐ Company secretary
☐ Authorised signatory

Client Services contact details

Phone

Within Australia: 1300 997 774

International: +(61) 3 9616 8687

Send your application form by email

australianunitywealth_transactions@unitregistry.com.au

Email enquiries:

australianunitywealth@unitregistry.com.au

Tax information form

Why you need to complete this form

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading in a material particular. We may decide not to open an account without first receiving the required information. For more information, visit ato.gov.au.

If you have any questions on how to define your tax residency status, please visit the OECD website (oecd.org) or speak to a professional tax adviser as we are not allowed to give tax advice.

Please note: You may be treated as being a non-Australian taxpayer if the requested information is not provided. If

you are unsure of any of the answers, please contact a legal or accounting professional.

Which sections of the form should you complete?

Superannuation funds, testamentary trusts, registered charities – Section 1

Individuals – Section 2

Companies and other trusts – Section 3

- Corporate trustee – Section 3
- Individual trustee – Section 2

What if more than one person is applying?

Each individual investor will need to complete a copy of this form.

HELP

Tell me about tax residence

Tax residency rules differ by country. You can be a resident of more than one country for tax purposes. Whether you are tax resident of a particular country for tax purposes is often (but not always) based on the amount of time you spend in a country and the location of your residence and/or place of work. For the US, tax residency can be as a result of citizenship or residency.

Section 1. Superannuation Funds and Other Special Trusts

1. Are you a superannuation or other special type of trust?

- ☐ I am the trustee of a regulated superannuation fund, this includes a self-managed superannuation fund
- ☐ I am a trustee of a **testamentary trust**, or
- ☐ am a trustee of a **registered charity**

Where to now?

I ticked a box ► go to Section 4 Signatures

I did not tick a box ► go to Section 2 if you are an individual, or Section 3 if you are a company or another type of trust

HELP

Regulated superannuation fund: means self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or semi-government superannuation funds and pooled superannuation trusts.

Testamentary trust: this is a trustee of a trust set up in a deceased's will.

Section 2. Individuals

Do not complete Section 2 if you are a non-superannuation trustee or you are a company ► complete Section 3 instead.

2. Are you a US resident for tax purposes?

- ☐ No ► go to question 3
- ☐ Yes – please tell us your TIN ► go to question 3

TIN

HELP

What is a TIN?

This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name.

3. Are you a resident of any other country for tax purposes? Other than the US or Australia.

- ☐ No ► go to Section 4 Signatures
- ☐ Yes – please tell us which ones, using the table below. ► then go to Section 4 Signatures

HELP

No TIN? Reasons we accept are:

1. This country does not issue TINs
2. I have asked for a TIN, but have not yet been given one – **you must tell us when received**
3. The laws of this country do not require me to disclose my TIN
4. I have an exemption under the laws of this country from holding a TIN – **write a code or give us details**

Country	TIN	No TIN? Which reason? See HELP box above
1		
2		
3		
4		

Section 3. Companies and Non-Superannuation Trusts

4. Is the company or trust a US resident for tax purposes?

☐ No ► go to question 5

☐ Yes – please tell us your TIN ► then go to question 5

TIN

5. Is the company or trust a resident of any country other than Australia or the US for tax purposes?

☐ No ► go to question 6

☐ Yes – please tell us which ones, using the following table ► then go to question 6

Country	TIN	No TIN? Which reason? See HELP box above
1		
2		
3		
4		

6. Is the company or trust a 'financial institution'?

Be careful – financial Institution is broadly defined – see HELP box

- ☐ Not relevant - I wrote my TIN in question 4 ► go to question 7
- ☐ No ► go to question 7
- ☐ Yes – please tell us your GIIN – see HELP box

GIIN

Where to now?

I ticked **YES** and completed my GIIN ► go to question 7

I ticked **YES** but did not write a GIIN

– tell us below why you did not write a GIIN ► then go to question 7

- ☐ Excepted Financial Institution
- ☐ Deemed Compliant Financial Institution
- ☐ Exempt Beneficial Owner
- ☐ Non-participating Financial Institution
- ☐ Non-reporting IGA Financial Institution
- ☐ The trust is a trustee-documented trust - their GIIN is
- ☐ Sponsored financial institution – their GIIN is

GIIN

7. Are you a public company listed on a stock exchange?

- ☐ No ► go to question 8
- ☐ Yes ► go to Section 4 Signatures

HELP

What is a financial institution?

This includes:

1. **an investment entity** - any entity that conducts certain activities or operations for or on behalf of a customer, including:
 - 'trading in money market instruments' and other relevant instruments
 - 'individual and collective portfolio management'
 - 'investing, administering, or managing funds or money on behalf of other persons'.

However, any trading, investing, administering or managing of financial assets on behalf of other persons must be done as a business. Note that financial assets do not include direct interests in real property.

An entity is also an investment entity if it is managed by another investment entity, depository institution, custodial institution or other prescribed entity and its gross income is primarily attributable to investing reinvesting or trading in financial assets.

So, as general rules:

- managed investment schemes are investment entities
- trusts with professional corporate trustees (and often professional corporate investment managers) often are investment entities, such as unregistered (wholesale) managed investment schemes
- discretionary family trusts are not usually investment entities, even if they have someone managing the trust's assets for them.

The ATO gives some help on this, seek advice if you are unsure.

2. a depository institution

you accept deposits in the ordinary course of a banking or similar business e.g. a bank

3. a custodial institution

a substantial portion of your business (20% or more of gross income) has been held in financial assets for the account of others for the previous three years or since the establishment of the entity e.g. a custodian

4. certain prescribed entities

e.g. types of insurance companies that have cash value products or annuities.

8. Are you 'active' or 'passive'?

- ☐ The company or trust is an 'active' non-financial entity ► go to Section 4 Signatures
- ☐ The company or trust is a 'passive' non-financial entity ► go to question 9

HELP

What is 'active' and 'passive'?

A non-financial entity (NFE) is any entity that is not a financial institution as defined above. NFE/NFFE includes the following entity types:

- Private or proprietary company that is NOT a financial institution
- Public unlisted company that is NOT a financial institution
- Partnership, Trust, Co-operative, Association or club, that is NOT a financial Institution
- Registered or non-registered charitable organisations, that is NOT a financial Institution

You will be a passive NFE if you are not an active NFE. Generally, you will be an active NFE if:

- your stock (or a related entity's stock) is regularly traded on established securities market
- less than 50% of your gross income for the previous reporting period was passive income and less than 50% of your assets during that period produce or were held to produce passive income
- you are a Governmental entity, an international organisation, a central bank or an entity wholly owned by one of the above
- you are exempt from income tax in your residential jurisdiction and were established and operated exclusively for religious, charitable, scientific, artistic, athletic or educational purposes and meet certain other specific criteria, or
- you have not been a financial institution in the past five years and are in the process of liquidating your assets or reorganising with the intent to recommence operations other than as a financial institution.

If you are unsure whether you are an Active or Passive NFE, please get advice.

9. Do you have any 'controlling persons' who are resident of another country for tax purposes?

- ☐ I am passive, and YES I do have controlling persons who are resident of another country for tax purposes.

Complete the **controlling persons details** in the table below ► then go to Section 4 Signatures. Please note: if the Financial Institution is an investment entity located in a non-participating CRS Jurisdiction and managed by another Financial Institution you will also need to complete the **controlling persons details**.

If there is not enough room in the table, please copy the page and attach it to your completed form.

- ☐ I am passive, but NO I do not have controlling persons who are resident of another country for tax purposes. Please read the HELP box before making your selection. If you have made this selection ► go to Section 4 Signatures.

HELP

Controlling persons

Controlling persons are natural persons who directly or indirectly exercise control over an entity.

For trusts, controlling persons includes any trustees, settlors, beneficiaries, classes of beneficiaries or any other person who has the power to effectively control the trust.

For companies, controlling persons generally include any person who holds (directly or indirectly) more than 25% of the shares in the company and any person who has the power to influence decisions about the company's financial and operating policies, such as senior managing officials or directors.

Controlling Person

Title

Given name

Surname

Date of birth (DD/MM/YYYY)

/

/

City and country of birth

Residential Address

Number

Street name

Suburb

State

Postcode/Zip

Country

Country of tax residence	TIN	No TIN? Which reason? See HELP at questions 3 or 5
1		
2		
3		
4		

Controlling Person

Title

Given name

Surname

Date of birth (DD/MM/YYYY)

/

/

City and country of birth

Residential Address

Number

Street name

Suburb

State

Postcode/Zip

Country

Country of tax residence	TIN	No TIN? Which reason? See HELP at questions 3 or 5
1		
2		
3		
4		

Controlling Person

Title

Given name

Surname

Date of birth (DD/MM/YYYY)

/

/

City and country of birth

Residential Address

Number

Street name

Suburb

State

Postcode/Zip

Country

Country of tax residence	TIN	No TIN? Which reason? See HELP at questions 3 or 5
1		
2		
3		
4		

Controlling Person

Title

Given name

Surname

Date of birth (DD/MM/YYYY)

/

/

City and country of birth

Residential Address

Number

Street name

Suburb

State

Postcode/Zip

Country

Country of tax residence	TIN	No TIN? Which reason? See HELP at questions 3 or 5
1		
2		
3		
4		

Important information

Nothing in this form is advice (and any 'help' is general guidance only). Seek professional advice to be sure of your answers.

It is a condition of investing that you keep your details (including tax details) with us, up to date. We recommend that you review this tax information form at the end of the financial year and update your details if required. You must contact us when you learn new things about the matters in this form. Failing to update us can have tax and other consequences. You can update us by requesting and completing this form again and emailing, faxing or posting it to our Administrator.

By completing and signing this declaration I certify that:

- The information that I have provided is true and correct.
- I have provided the Entity's country tax residency status, including all countries which it is a tax resident and the respective TIN.
- I will inform you within 30 days of any change in circumstances which affect the Entity's country tax residency status.
- I consent to the collection, use, storage and disclosure of our personal information in this Form. Any personal information collected for the purposes of the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) will be:
 - Used for the purpose of meeting obligations under CRS and the Intergovernmental Agreement (IGA) between Australia and United States implementing the United States legislation known as FATCA; and
 - Used for other purposes relating to verification of our identity and to review and correct discrepancies in the information provided and recorded.
- that my/our personal information will be collected, used and disclosed by Australian Unity in accordance with its Privacy Policy which can be accessed at australianunity.com.au/privacy-policy and in accordance with the law.
- that if this application is signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received at the date of completing this application.

Controlling Person Declaration and Undertaking

- I acknowledge that the information contained in this Form and information regarding the Controlling Person and any Reportable Account(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I/the Controlling Person may be a tax resident pursuant to international agreements to exchange financial account information.
- I certify that I am the Controlling Person, or I am authorised to sign on behalf the Entity, of all the account(s) held by the Entity Account Holder to which this Form relates.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I represent having read and understood this form.
- I represent this form is complete and accurate.
- If I have applied for but not received the TIN or GIIN, I undertake to provide this information within 30 days of receiving it.
- I undertake that if information in this form changes, I will update this within 30 days.

How to sign

Individual: sign in the left box and have someone witness in the right box. If you are investing jointly, you need a separate form for each individual.

Company: two directors, or a director and a secretary sign, or if you are a sole director company, that sole director signs in the left box and a witness in the right box.

Signature

Please print full name

Date (DD/MM/YYYY)

 / /

Signature

Please print full name

Date (DD/MM/YYYY)

 / /