

Client Services contact details

**Phone**: 1300 997 774 | **International**: +(61) 3 9616 8687

Send your form by email: australianunitywealth\_transactions@unitregistry.com.au Email enquiries: australianunitywealth@unitregistry.com.au

# **Application | Individual**

#### WHO SHOULD COMPLETE THIS FORM?

This application form is for individuals or sole traders, investing on their own behalf.

This financial product is only available to investors who have received current personal financial advice and/or are a Wholesale Client.

### HOW TO COMPLETE THIS FORM

Step 1 Before submitting this form,

Before submitting this form, please read the Product Disclosure Statement (PDS) available on our website <a href="www.australianunity.com.au/wealth">www.australianunity.com.au/wealth</a> or if you are unable to access the link or print the document, contact us on 1300 997 774. Units in a fund will only be issued following acceptance of an application form issued with the relevant PDS, with all required documents attached.

Online applications: Please complete online and then print to sign using a black pen.

Manual applications: Please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.

Note: Please ensure all fields are completed including those in sections A, B and C.

Step 2 Tell us your foreign tax status

Please complete the Global Tax Reporting (FATCA/CRS) information in section 10.

Step 3 Sign and send your documents to the below address.

Please ensure you sign **section 12** of the form in accordance with the instructions provided. You can return your forms by post to:

Australian Unity GPO Box 804 Melbourne VIC 3001

Scan and email to: australianunitywealth transactions@unitregistry.com.au

Step 4 Make your payment

Please refer to **section 4** of the application form and follow the instructions on how to pay the application amount. Your application cannot be processed until all relevant identification documents and cleared funds are received.

#### IMPORTANT INFORMATION

- Please ensure all relevant fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- If you have any questions as you complete this form, please refer to the FAQs of this form, or contact us on 1300 997 774.

# **SECTION A: Investor Assessment**

please complete this form as an individual.

The financial products offered are only available to investors who are a Wholesale Client and/or have received current personal financial advice. If you are a Wholesale Client, please complete an application using the Wholesale Application Form, found at www.australianunity.com.au/wealth/forms

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.

The below only needs to be answered where you are a direct (retail) investor (i.e. does not apply to indirect or intermediated investments such as those made by platforms, custodians, etc).

Have you received current personal financial advice in relation to such personal financial advice?	this application and is this application necessary to implement			
Yes - Please continue to Section B: Investor Details and complete the Financial Adviser Details section.				
<b>No</b> - You are not eligible to invest in this financial product. application. Should your financial circumstances change, w				
Section B: Investor details				
What is the full legal name of the individual or sole trader that will he	old title of the units?			
Full name of account designation				
	nents previously provided and that these remain current and valid. revious application provided and that it remains current and valid.			
Section C: Are you investing using funds borrowed under a marg	gin loan?			
No - go to section 1 Yes - please complete the c	details below			
Name of margin lender	Name of borrower			
orrower's TFN Loan number				
If the person who will hold legal title to the units will be the borrowe	er granting Power of Attorney to the margin lender or its nominee,			

Australian Unity AUFM | March 2025 | 2

Title Given name(s)  Business name (if sole trader)  ABN (if any, for sole trader)  Date of birth (DD/MM/YYYY)  Date of birth (DD/MM/YYYY)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Postal address (if different to residential address) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code)  Mobile number (including country code)  Email (default address for all correspondence)  Tax details - Australian residents If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	1. INVESTOR D	ETAILS				
Title Given name(s)  Business name (if sole trader)  ABN (if any, for sole trader)  Date of birth (DD/MM/YYYY)  Date of birth (DD/MM/YYYY)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Postal address (if different to residential address) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code)  Mobile number (including country code)  Email (default address for all correspondence)  Tax details - Australian residents If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Complete all det	ails below in respect of th	e individual(s) or so	e trader(s) tha	at will hold legal title	to the units.
Business name (if sole trader)  ABN (if any, for sole trader)  Date of birth (DD/MM/YYYY)  Date of birth (DD/MM/YYYY)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Postal address (if different to residential address) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code)  Mobile number (including country code)  Email (default address for all correspondence)  Tax details - Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Investor 1					
ABN (if any, for sole trader)  Date of birth (DD/MM/YYY)  Date of birth (DD/MM/YYY)  Residential address (or, if you are a sole trader, principal place of business) - (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) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code)  Mobile number (including country code)  Tax details - Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption, If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Title	Given name(s)			Surname	
ABN (if any, for sole trader)  Date of birth (DD/MM/YYY)  Date of birth (DD/MM/YYY)  Residential address (or, if you are a sole trader, principal place of business) - (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) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code)  Mobile number (including country code)  Tax details - Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption, If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.						
Date of birth (DD/MM/YYY)  Residential address (or, if you are a sole trader, principal place of business) - (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) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code)  Mobile number (including country code)  Tax details – Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption, If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Business name (i	if sole trader)				
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Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Postal address (if different to residential address) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code) Mobile number (including country code)  Email (default address for all correspondence)  Tax details - Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Date of birth (DI	D/MM/YYYY /			Occupation	
Unit Street number Street name  Suburb State Postcode Country  Postal address (if different to residential address) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code) Mobile number (including country code)  Email (default address for all correspondence)  Tax details - Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Residential add	ress (or, if you are a sole to	rader, principal place	e of business)	- (A PO Box/RMB/Lo	cked Bag is not acceptable)
Suburb  State  Postcode  Country  Postal address (if different to residential address) - (RMB/Locked Bag is not acceptable)  Property/building name (if applicable)  Unit  Street number  Street name  Suburb  State  Postcode  Country  Contact details  Home number (including country and area code)  Mobile number (including country code)  Email (default address for all correspondence)  Tax details – Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Property/buildin	g name (if applicable)				
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Property/building name (if applicable)  Unit Street number Street name  Suburb State Postcode Country  Contact details  Home number (including country and area code) Mobile number (including country code)  Email (default address for all correspondence)  Tax details — Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.						
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Suburb  State  Postcode  Country  Contact details  Home number (including country and area code)  Email (default address for all correspondence)  Tax details – Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Property/buildin	g name (if applicable)				
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Contact details  Home number (including country and area code)  Email (default address for all correspondence)  Tax details – Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.						
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Home number (including country and area code)  Email (default address for all correspondence)  Tax details – Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.						
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Tax details – Australian residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.		Tierdaining country and area			Sile Harriser (including	ig country code;
reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.	Email (default ac	ddress for all corresponde	nce)			
reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.						
TFN Reason for exemption	reason for exer	mption. If you are an Austi	ralian resident and o			
	TFN			Rea	son for exemption	

Investor 2	
Title Given name(s)	Surname
Business name (if sole trader)	
ABN (if any, for sole trader)	
Date of birth (DD/MM/YYYY	Occupation
Residential address (or, if you are a sole trader, principal place	e of business) - (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) - (RMB/Lock	ked Bag is not acceptable)
Property/building name (if applicable)	
Unit Street number Street name	
Suburb	State Postcode Country
Contact details	
Home number (including country and area code)	Mobile number (including country code)
Email	
All correspondence will be sent to the email address provided	by Investor 1.
	sident for tax purposes, please provide your tax file number (TFN) or a do not provide your TFN, or a reason for exemption, you will be taxed at the
TFN	Reason for exemption
If there are more than two individuals, please complete a sepa it together with this form.	arate application form signed by each additional applicant and submit

If clarification is required please contact us on 1300 997 774.

2. VERIFICATION PROCEDURE	
If you cannot meet the requirements of <b>option A</b> , please follow the instructions in <b>option B</b> .  OPTION A	
Provide a certified copy* of one of the following:	
Current Australian Driver's Licence containing a photo of the person (scan the front and back)	
Current Australian Passport or an Australian Passport that has expired within the preceding 2 years	
Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature	
Current Foreign Government Identity Card showing the person's date of birth, photo and signature**	
Current Foreign Driver's Licence showing the person's date of birth, photo and signature**	
Current Foreign Passport showing the person's date of birth, photo and signature**	
OPTION B	
If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.	
GROUP 1	
Birth Certificate or Birth Extract issued by an Australian State or Territory	
Australian Government issued Citizenship Certificate	
Current Concession or Health Care Card issued by Centrelink (scan the front and back)	
GROUP 2	
Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits	
Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO	
Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services	
If the investor is below the age of 18, please contact us on 1300 997 774	

<sup>\*</sup>Please see the FAQs at the end of this form for the meaning of certified copy.

<sup>\*\*</sup>If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

# 3. INVESTMENT & DISTRIBUTION INSTRUCTIONS

# Specify your initial application amount.

The minimum investment amount is \$5,000 per fund. Indicate your distribution choice below. If you do not make an election, distributions will be reinvested.

F. of con-	4010	Investment amount	<b>Distribution option</b> (indicate (X) one option per fund)	
Fund name	APIR	(Minimum AUD \$5,000)	Pay to my bank a/c	Reinvest
Platypus Australian Equities Fund – Wholesale Units	AUS0030AU			
Pro-D Balanced Fund	AUS0066AU			
Pro-D Growth Fund	AUS0068AU			
Pro-D High Growth Fund	AUS0064AU			
Savings				
Please indicate the source & origin of funds being invested.				
Superannuation contributions				
Income from employment - regular and/or bonus				
Normal course of business				
Investment				
Donation/gift				
Inheritance				
Sale of assets (e.g. shares, property)				
Other				

4. PAYMENT OF	APPLICATION AMOUNT	
Select your paymen	nt method and complete the relevant section if	applicable. All payments must be made in AUD.
EFT	Direct debit	
EFT	Electronic Funds Transfer	
Account name:	OFS ARF Australian Unity Funds Management	Ltd Application Trust Account
BSB:	083-001	
Account number:	765189036	
Your reference:	[please use the name of the investor and investor	or number]
Direct debit autho	rity – Australian bank accounts only	
debit authority bel-		your nominated financial institution account by completing the direct ectronic Clearing System (BECS) from your account held at the
section, you have		ovider to process your application and payment. By completing this litions governing the debit arrangements between you and OneVue Debit Request Service Agreement.
Financial institution	name	Branch name
Account name		
BSB number		Account number
		t for Australian Unity Funds Management Limited ABN 60 071 497 115 debit to the nominated account as deemed payable by our administrator
Signature of prima	y account holder	
Please print full nar	me	Date Signed (DD/MM/YYYY)
Signature of joint a	ccount holder (if applicable)	
Please print full nar	me	Date Signed (DD/MM/YYYY)

# 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. Financial institution name Branch name Name of account holder(s) BSB number Account number Foreign bank account details Financial institution name Financial institution address Account number Account name SWIFT/BIC ABA/FED (US) IBAN (Europe) 6. REGULAR SAVINGS PLAN I/We would like to establish a regular savings plan Monthly investment amount AUD\$ (minimum \$100 per month). Please complete the direct debit request in section 4 above (Payment of application amount). 7. 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. Note: You may receive marketing material (e.g. market commentary, event invitations) from us, from time to time. Please indicate if you do not wish to receive these communications. Annual & semi-annual report options The annual and any semi-annual financial statements of the fund are available free on our website. If you would like to receive a copy by post or email, please indicate below. (This refers to annual and semi-annual reports only. This will not affect communication instructions regarding general correspondence for your fund).

By email

By post

Marketing material	
services or information that may be of interest to you. By providing u	I or other electronic messaging service relating to market commentary, us with your contact details you consent to being contacted by these ceive marketing information from us or any companies within our group.
8. FINANCIAL ADVISER DETAILS	
Use this section to tell us about your financial adviser. If you change way. If you would like your financial adviser to receive copies of your	
Adviser email address	
Operating your account	
Do you want your financial adviser to be able to operate your accou	nt?
No	
Yes - Please complete section 9 (Authorised representative of	investor).
In general, an appointed financial adviser can do everything you can your account. It is important to tell us promptly if you no longer wisl adviser changes – OneVue will keep accepting their instructions untiterminated.	
We may suspend or terminate their appointment for any reason con operate your account.	sidered reasonable, and may change the terms on which they
You indemnify us from any loss you or we suffer as a result of the acactions if we ask.	tions of your appointed financial adviser, and agree to ratify their
<b>Notice to financial adviser</b> : by completing this section of the appli Australian Financial Services Licence (AFSL), or are otherwise author	
Details	
AFSL holder name	AFSL number
Adviser name	
Advisor code or Authorised representative number	ABN
Advisor code of Additionsed representative number	Adiv
Property/building name	
Unit Street number Street name	
Street name	
Suburb State	e Postcode Country
Phone	Mobile

Performance of investor identification & verification procedures
Please indicate below whether client identification and verification procedures have been performed.
No - I have not performed the applicable customer identification procedure on this investor.
Yes - I have completed the applicable customer identification procedure on this investor.
Financial adviser declaration
<b>Notice to financial adviser:</b> please note that reliance on the KYC performed by the financial advisor is only acceptable if all the criteria below is met.
I hold an AFSL in my own name or have been appointed as an authorised representative by the licensee.
I am a reporting entity for AML/CTF purposes.
The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken.
I have attached the KYC documents to this form.
AFSL full legal entity name AFSL number
By submitting this application on behalf of my client I attest that:
<ul> <li>I have provided personal financial advice to my client in relation to the financial product sought to be acquired by this application; and</li> <li>the issuance of the financial product sought to be acquired by this application is necessary to implement that personal financial advices</li> </ul>
Please print full name
Signature
9. AUTHORISED REPRESENTATIVE OF INVESTOR
Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the fund. If you have appointed an entity as your authorised representative, please contact us on 1300 997 774 to obtain the relevant KYC form  9.1 Authorised representative details
5.1 Authorised representative details
Authorised representative 1
Title Given name(s) Surname
Authorised representative's phone number
Email
Authorised representative's signature

Authorised	representative 2		
Title	Given name(s)	Surname	
Authorised	representative's phone number		
Email			
Authorised	representative's signature		
If you wish this applica		please complete the details on a separate sheet and attach to	
9.2 How	authorised representatives may act in relation to the a	account?	
Tick applic	able		
	orised representative listed above may provide instruction of the other	tions in relation to the investment individually without	
All authori	sed representatives must act jointly to provide instruction	tions in relation to the investment	
Other arra	ngement – please provide details		
9.3 Verifi	cation procedure for authorised representatives who a	are individuals	
In addition		ocuments in accordance with the verification procedure in <b>section 2</b> . Itative's authority to act on behalf of the investor. Please tick the	
Verificatio	n documents - mandatory		
A certified	copy of ID as per section 2		
Authorise	d representative's authority - one of the following (not	ot required for a Financial Adviser listed in Section 8)	
Certified c	opy of the authorising document (e.g. POA); or		
A certified	copy of a guardianship order; or		
Other arra	ngement – please provide details		
I confir	m that the document authorising each authorised repre	resentative is still valid and has not been revoked.	

# 10. GLOBAL TAX REPORTING REQUIREMENTS (FATCA/CRS)

# Why you need to complete this section?

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 that is material. We may decide not to open an account without first receiving the required information. For more information, visit <a href="https://www.ato.gov.au">www.ato.gov.au</a>.

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

#### 10.1 Tax Residence - Individual/Sole Trader

#### **HELP**

#### Tell me about tax residence

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 based on the amount of time you spend in a country and the location of your residence and/or place of work. If you pay tax or have a tax liability somewhere, you are probably a tax resident there. Dual citizenship often brings dual tax residency. It depends on the country. For the US, tax residency can be as a result of citizenship or residency for tax purposes.

If you're unsure, ask someone who knows, usually your accountant.

10.1.1 Individual - Investor 1				
Are you a US resident for tax purposes?				
No				
Yes - please tell us your 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.

Are y	you a resident or any other country for tax purposes:
Othe	er than the US or Australia
	No
	Yes - please tell us which ones, using the following table.

..... a wasidant of any athor country for toy my

Rea Rea	No TIN? Reasons we accept are:  Reason A: The country of tax residency does not issue TINs to its tax residents  Reason B: The entity/individual has not been issued with a TIN  Reason C: The country of tax residency does not require the TIN to be disclosed				
	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See above HELP box.		
1					
2					
3					
4					
10.1.2	Individual - Investor 2				
	ou a US resident for tax purposes?  No Yes - please tell us your	ΓIN.			
This the	at is a TIN? s is short for Taxpayer Identification Numb	for example be a US Social Security	or used by tax authorities. In Australia, the equivalent is Number, a US Individual Taxpayer Identification a different name.		
Other	Are you a resident of any other country for tax purposes?  Other than the US or Australia  No  Yes - please tell us which ones, using the following				
HELP No TIN? Reasons we accept are: Reason A: The country of tax residency does not issue TINs to its tax residents Reason B: The entity/individual has not been issued with a TIN Reason C: The country of tax residency does not require the TIN to be disclosed					
	Country or jurisdiction of tax residency	TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See above HELP box.		
1					
2					
3					

HELP

### 11. DECLARATIONS & ACKNOWLEDGMENTS

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form. When you apply to invest, you (the applicant) are telling us:

- to the best of your knowledge, all details in this application (including all related documents provided) are true, correct and complete
- you have received, read and understood the current PDS. You agree to be bound by the constitution of the fund, the PDS
  as supplemented, replaced or re-issued from time to time
- you are not bankrupt or a minor, and are authorised to sign this form
- you have received and accepted this offer in Australia
- you have read and understood the information relating to privacy in the PDS
- I consent to the issuer disclosing my personal information to any issuer's service providers, in relation to any identification and verification that the issuer is required to undertake on me, as required under the AML/CTF Act. This shall include any information:
  - o required by any third party document verification service provider, and/or
  - o provided to any third party document verification service provider.

### By applying to invest you also acknowledge that:

- monies deposited are not associated with crime, money laundering and/or financing terrorism. We may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of units. If we are concerned that the request or transaction may breach any obligation of, or cause us to commit or participate in an offence under any AML/CTF and Sanctions Law and FATCA/CRS obligations, we will incur no liability to you if we do so
- we may take other action we reasonably believe is necessary to comply with AML/CTF and Sanctions Law and FATCA/CRS
  obligations, including disclosing any information held about you to any of our related bodies corporate or service providers
  whether in Australia or outside Australia, or to any relevant Australian or foreign regulator, and
- we collect additional information about you from time to time, from you or from third parties, for the purposes of satisfying AML/ CTF and Sanctions Law and FATCA/CRS obligations, and that any such information may be used and disclosed as described in Australian Unity's privacy policy available online at www.australianunity.com.au/privacy-policy or by contacting us.

#### Important information

- nothing in this form is advice and 'help' is general guidance only. Seek professional advise to be sure of your answers
- it is a condition of investing that you keep your details (including tax detail) 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 and emailing, faxing or posting it to our Administrator.

# By completing and signing this form:

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, you undertake to inform us within 30 days of receiving it
- you undertake that if information in this form changes, you will tell us within 30 days
- you declare that to the best of your knowledge and belief the information provided in the Global Tax Reporting section is true and correct
- you agree to notify Australian Unity of any changes to your tax residency or that of any beneficial owners or controlling person; and
- if you are a Wholesale Client, you must provide Australian Unity with valid supporting documentation.

12. SIGNATURE(S)	
All applicants must sign.	
Signature 1	Signature 2
Signature	Signature
Date Signed (DD/MM/YY)	Date Signed (DD/MM/YY)
Full name	Full name
Capacity	Capacity
Investor 1	Investor 2
Authorised Representative	Authorised Representative
Signature 3	Signature 4
Signature	Signature
Date Signed (DD/MM/YY)	Date Signed (DD/MM/YY)
Full name	Full name
Capacity	Capacity
Investor 3	Investor 4
Authorised Representative	Authorised Representative

#### **FAQs**

# Translating documents by an accredited translator

In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level.

NAATI (<a href="https://www.naati.com.au/">https://www.naati.com.au/</a>)

In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML Compliance Officer for assistance.

# Getting your copies certified

Any document(s) requiring to be certified for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.

# Example of certification

I certify that this is a true and correct copy of the original document

Signature of Certifier Name of Certifier

Capacity of certifier - e.g. Justice of the Peace

Date of certification (DD/MM/YYYY)

### List of occupations that can certify (from the Statutory Declaration Regulations 2018)

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958
- Nurse
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon.

# List of persons who can certify

- 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 Justice of the Peace
- a notary public (for the purposes of the Statutory Declaration Regulations 2018)
- a police officer
- an authorised representative 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 Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018)
- a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018)
- 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
- 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.