

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 | SMSF

WHO SHOULD COMPLETE THIS FORM?

This application form is for investments made by trustees of Self Managed Superannuation Funds (SMSF).

HOW TO COMPLETE THIS FORM

61 A	Before submitting this form, please read the Product Disclosure Statement (PDS) available on our website						
Step 1	www.australianunity.com.au/wealth 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						
-	Place refer to section 4 and 5 of the application form and follow the instructions on how to have the application amount. Your						

Please refer to **section 4 and 5** 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 in this form, or contact us on 1300 997 774.

SECTION A: Investor Assessment

The following questions may assist Australian Unity in meeting its regulatory obligations by determining 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 personal financial advice in relation to this application to the Australian Unity Healthcare Property Trust and is this application necessary to implement such personal financial advice?

Yes - please continue to Section B: Investor Details and complete the Financial Adviser Details section

No - please complete the questions below:

Please read and answer the following questions carefully: It is important for you to consider if the fund you are applying to invest in is in line with your needs and objectives for the portion of your investment portfolio that you intend to invest in this fund. In other words, the questions below should be answered having regard to what you are seeking from this particular investment - not what you may be seeking more generally from your overall investment portfolio as a whole.

All financial products provide different features, objectives, risks and return profiles.

You can understand more about the specific objectives and outcomes that the fund seeks to accomplish and to determine whether the fund is appropriate for your needs by consulting the fund's PDS.

The following questions assist the issuer in meeting its regulatory obligations by enabling it to assess whether the selected fund is being offered to the stated target market. We reserve the right to refuse your application.

Additional Information required

Thanks for your interest in the Australian Unity Healthcare Property Trust. Your responses to the following questions will help indicate to us whether you are within the specific target market for this product. If the responses provided indicate to us that you are outside of the target market for this product, we are required to reject the application. You will be provided notification if this is the outcome.

1. Please confirm that you have read and understood the product disclosure statement (PDS) in its entirety and answer the following questions (we cannot proceed with your application unless these are completed):

I have read and understood the PDS

PDS knowledge check:

A. What are the typical investments the Trust invests into?

Generally, highly liquid investments (such as cash, stocks or ETFs)

Generally, illiquid investments (such as direct real estate, private equity or venture capital)

Generally, moderately liquid investments (such as bonds or other investment trust vehicles)

B. How often are distributions paid from the Trust?

Monthly

Guaranteed quarterly

Generally quarterly, but not guaranteed to be available every quarter as income is first used to meet the interest expenses on borrowings,

management fees, property-related expenses and ongoing Trust expenses.

C. Which of the following best describes the withdrawal frequency from the Trust?

Withdrawal opportunity usually offered quarterly, but subject to a capped amount (meaning full withdrawals are not guaranteed and can be scaled back potentially taking up to 12 months or longer for withdrawal proceeds to be paid.)

Full withdrawals paid quarterly

Full withdrawals paid monthly

D. Which of the following best describes the value of property investments?

Property investments always increase in value

Property investments never decrease in value

The value of property investments can increase or decrease dependent on a diverse range of macro and microeconomic factors

and are only revalued intermittently.

E. The Trust utilizes a combination of equity provided by investors, and borrowings from lenders, to achieve the investment objective. The effect of borrowing can increase the magnitude of gains or losses on my investment.

True

False

2. What is your investment objective in applying to invest in the Trust? (tick all that apply)

Income distributions

Capital growth

Capital preservation

More Information

What is an income distribution?

An income distribution is the periodic payment of income generated from the Trust's assets, and paid to its investors.

What is capital growth?

Capital growth in an investment is the increase in value of an investment over time.

What is capital preservation?

Capital preservation in an investment is aimed at minimizing fluctuations in both the value and the potential for loss in your investment.

3. What percentage of your total investable assets, excluding your residential home, do you intend to allocate to the Healthcare Property Trust in total as part of your diversified portfolio of investable assets?

Please enter a percentage up to 100%: %

Please provide your intended investment amount: \$

More Information

What are investable assets?

Investable assets are the financial resources you have available for investment purposes, excluding your primary residence and the money you need for daily living expenses; for example, bills, and mortgage payments. Depending on the type of investor you are, the total amount of investable assets may also be impacted by other considerations, such as your specific requirements around liquidity, tax, diversification, financial planning, risk management and regulatory requirements.

What is diversification?

Diversification is typically achieved by spreading your investable assets across different asset classes and sectors. The aim of diversification is typically to lower your overall portfolio's risk, in some cases by limiting exposure to the performance of any individual investment type, and achieving more stable returns. It is important to consider diversification when building an investment portfolio.

4. Which of the following best describes your tolerance for risk and return as it relates to your total investment in the Trust (having regard to your response to the question immediately above):

Low – For my investment in the Trust I do not want to risk losing any money. I want to keep my investment as safe as possible, even if it means earning a lower return.

Medium – For my investment in the Trust, I accept that I could lose some money and/or not receive income payments, but I prefer it to be minimal because I'm comfortable with a moderate return.

High – For my investment in the Trust, I accept that I could lose some or all my money and/or not receive income payments, but I'm aiming for higher returns and am willing to take on more risk to maximise my returns.

More information

What is risk and return?

Risk in relation to an investment refers to the possibility of losing some or all of the invested capital or not achieving the expected return on investment.

5. What is your intended timeframe for investing in the Trust?

Enter a number of years:

6. While the Trust is liquid, the Trust provides a capped quarterly withdrawal facility. When this cap is met, investors withdrawal requests are scaled back to the capped level. This could mean it might take several quarters (even years in certain situations) to receive the full value of your withdrawal, while each period is subject to the cap.

Are you comfortable investing in Trust knowing that the access to your money may be constrained in these scenarios.

Yes

No

7. Would you be able to meet your ongoing financial obligations and commitments if you are not able to make a withdrawal from your investment?

Yes

No

8. Would you be able to meet your ongoing financial obligations and commitments if you were not to receive income distributions at the usual frequency or the amounts received are paid at variable levels?

Yes

No

More Information

Withdrawal Limit: Total withdrawal up to 2.5% of the net value of the unit class each quarter. This may change at the Trust's discretion.

Pro-rata Payments: If requests exceed the limit, payments will be made on a pro-rata basis. You'll need to reapply for future withdrawals.

Request Deadlines: Submit withdrawal requests by 3:00 PM on the 28th of February, May, August, or November (or the next business day if the 28th is not a business day).

Payment Timing: Payments will usually be made within five days after the quarter ends. More information on withdrawals can be found here.

Section B: Investor details	
What is the full legal name of the entity that will hold title to the units?	
Full name of account designation	
If you are an existing investor, please provide your account number	
I/We confirm there are no changes to our identification docum	ents previously provided and that these remain current and valid.
I/We confirm there are no changes to the information in our previo	us application provided and that it remains current and valid.
Section C: Are you investing using funds borrowed under a margin loan	?
No - go to Section 1 Yes - please complete the de	etails below
Name of margin lender	Name of borrower
Borrower's TFN	Loan number
If the person who will hold legal title to the units will be the borrower grant please complete this form as an SMSF.	ting Power of Attorney to the margin lender or its nominee,
1. TRUST/FUND DETAILS	
Full name of trust/superannuation fund	
Full business name (if any) of the trustee in respect of the trust/superannus	ation fund
Country of establishment	
Tax file number or exemption code	Australian Business Number (if any)
2. TRUSTEE DETAILS	
Note: A Self-managed Super Fund (SMSF) must have a minimum of two (2) individual or corporate. Where the trustee is corporate, all members of the four (4) trustees, please complete section 2 of another application form a	ne SMSF are directors of the corporate trustee. If there are more than
How many trustees does the SMSF have?	
Type of trustee	
Individual trustee (complete section 2.1)	e trustee (complete section 2.2 & 2.3)

2.1 Individual trustee(s) details

Individual trustee 1

	; 1	
Title	Given name(s)	Surname
Date of birth (DD/	/MM/YYYY)	Occupation
Residential addre	ess - (A PO Box/RMB/Locked Bag is not acceptable)	
Unit	Street number Street name	
Suburb	State	Postcode Country
Contact details		
	cluding country and area code)	Mobile number (including country code)
Email (default add	dress for all correspondence)	
Individual trustee	2	
Title	Given name(s)	Surname
Date of birth (DD,	/MM/YYYY)	Occupation
Residential addre	ss - (A PO Box/RMB/Locked Bag is not acceptable)	
Unit	Street number Street name	
Suburb	State	Postcode Country
Contact details	i	
	cluding country and area code)	Mobile number (including country code)
Email		
All correspondence	e will be sent to the email address provided by Individua	l trustee 1.
Individual trustee	3	
Title	Given name(s)	Surname
Date of birth (DD)		Occupation

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name						
Suburb			State		Postcode		Country	
Contact details			L					
Home number (in	cluding country and area c	ode)		Mobile nu	mber (includin	g cou	ntry code)	
Email								
All correspondence	e will be sent to the email	address provided by	Individual tr	rustee 1.				
Individual trustee	A							
Title	Given name(s)				Surname			
Date of birth (DD/	/MM/YYYY)			Occup	bation			
Residential addre	ss - (A PO Box/RMB/Locke	d Bag is not acceptabl	le)					
Unit	Street number	Street name						
Suburb		L	State		Postcode Co	untry	/	
Contact details								
	cluding country and area c	ode)		Mobile nu	mber (includin	g cou	ntry code)	
Email								
All correspondence	e will be sent to the email	address provided by	Individual t	rustee 1.				
2.2 Corporate t	rustee details							
Full husiness nom	a as registered by ASIC							
	e as registered by ASIC			ACN				
Nature of busines	S							
Registered Office	Address - (PO Box is not a	cceptable)						
Unit	Street number	Street name						
Suburb			State		Postcode		Country	

Principal place of business (if any) (PO Box is not acceptable)

Unit	Street number	Street name				
Suburb		Sta	te	Postcode	Country	
Contact detai	ils (for company or contact p	erson)				
Name		,	Email			
Business num	ber (include country and are	ea code)	 Mobile n	number (include	country code)	
		· · · ·				
2.3 What t	ype of company is the corpo	prate trustee?				
Public (com	panies whose name does NO	T include the word Pty or prop	rietary; genera	ally listed compa	nies)	
Proprietary	(companies whose name end	ds with Proprietary Ltd or Pty L	td; also known	n as private comp	panies)	
Please compl	ete the director details below	ν if you are an Australian propr	rietary compar	ıy. Do not compl	ete for public companies.	
Directors det	ails					
How many di	rectors are there?					
	le below the full name of all t application form.	the directors. If there are more	than four dire	ectors, please cor	nplete the details on a sepa	rate sheet and
Director 1						
Title	Given name(s)			Surname		
Director 2						
Title	Given name(s)			Surname		
Director 3						
Title	Given name(s)			Surname		
Director 4						
Title	Given name(s)			Surname		

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.

Fund name	APIR	Investment	Distribution option (indicate (X) one option per fund)	
	Arin	amount AUD\$	Pay to my bank a/c	Reinvest
Australian Unity Healthcare Property Trust - Wholesale Units	AUS0112AU			

Please indicate the source & origin of funds being invested.

Savings	
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 payment 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 number]

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.

We use OneVue Fund Services Pty Ltd as our external service provider to process your application and payment. 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.

Financial institution name	Branch name
Account name	
BSB number	Account number

I/We request and authorise OneVue Fund Services Pty Ltd as agent for Australian Unity Funds Management Limited ABN 60 071 497 115 (User ID 623200) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by our administrator.

Signature c	of	primary	1	account	holde	r
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Please print full name	Date Signed (DD/MM/YYYY)
Signature of joint account holder (if applicable)	
Please print full name	Date Signed (DD/MM/YYYY)

5. FINANCIAL INSTITUTION ACCOUNT DETAILS

Australian bank account details	
Please provide your bank account details if you have selected to take you redemptions. We will only pay cash proceeds to a bank account in the nabank accounts.	
Financial institution name	Branch name
Account name	
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 (Payme	nt of application amount).
7. COMMUNICATION	
Automatic online account access	
Online access enables you to view details of your investments (account be necessary registration details by post once your application is processed.	alance, investment details and account statements). We will send you the

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
	by post

Marketing material

	her electronic messaging service relating to market commentary, services or contact details you consent to being contacted by these methods for these prmation 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 your fin would like your financial adviser to receive copies of your statements by en Adviser email address	
Operating your account Do you want your financial adviser to be able to operate your account?	
No	
Yes - Please complete section 9 (Authorised representative of investo	n.
In general, an appointed financial adviser can do everything you can do with	
account. It is important to tell us promptly if you no longer wish your finance OneVue will keep accepting their instructions until you or your adviser infor	ial adviser to operate your account, or if your financial adviser changes –
We may suspend or terminate their appointment for any reason considered	
account. You indemnify us from any loss you or we suffer as a result of the actions of your appointed financial adviser, and agree to ratify their actions if we ask.	
Notice to 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.	
AFSL holder name	AFSL number
Adviser name	
Advisor code or Authorised representative number	ABN
Property/building name	
Unit Street number Street name	
Suburb State	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	
Notice to financial adviser: 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:	
(a) I have provided personal financial advice to my client in relation to the financial product sought to be acquired by this application; and	
(b) the issuance of the financial product sought to be acquired by this application is necessary to implement that personal financial advice.	
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	

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 represe	ntative's phone number	
Email		
Authorised represe	ntative's signature	
If you wish to appoint more than two authorised representatives, please complete the details on a separate sheet and attach to this application form.		
9.2 How authori	sed representatives may act in relation to the account?	

Tick applicable

Each authorised representative listed above may provide instructions in relation to the investment individually without the consent of the other

All authorised representatives must act jointly to provide instructions in relation to the investment

Other arrangement - please provide details

9.3 Verification procedure for authorised representatives who are individuals

For each authorised representative, please provide verification documents. In addition, please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) you have provided.

Verification documents - mandatory

A certified copy of an Australian Driver's Licence or Australian Passport

Authorised representative's authority - one of the following (not required for a Financial Adviser listed in Section 8)

Certified copy of the authorising document (e.g. POA); or

A certified copy of a guardianship order; or

Other arrangement - please provide details

I confirm that the document authorising each authorised representative is still valid and has not been revoked.

Note: If any verification documents provided are written in a language other than English, they must be accompanied by an English translation prepared by an accredited translator.

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 www.ato.gov.au.

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

10.1 Regulated Superannuation Funds

Are you a regulated superannuation fund?

I am the trustee of a regulated superannuation fund (this includes a self-managed superannuation fund)

HELP

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

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.
- if you are a Wholesale Client, you must provide Australian Unity with valid supporting documentation.

12. SIGNATURE(S)

For individual trustees, all trustees to sign. For Australian corporate trustee, the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1	Signature 2
Signature	Signature
Date Signed (DD/MM/YYYY)	Date Signed (DD/MM/YYYY)
Full name	Full name
Capacity	Capacity
Individual trustee 1	Individual trustee 2
Director	Director
Company Secretary	Company Secretary
Authorised Representative	Authorised Representative
Signature 3	Signature 4
Signature	Signature
Date Signed (DD/MM/YYYY)	Date Signed (DD/MM/YYYY)
Full name	Full name
Capacity	Capacity
Individual trustee 3	Individual trustee 4
Director	Director
Company Secretary	Company Secretary
Authorised Representative	Authorised Representative

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 (<u>https://www.naati.com.au/</u>)
	In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent aut hority. 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	I certify that this is a true and correct copy of the original document
certification	Signature of Certifier
	Name of Certifier
	Capacity of certifier – e.g. Justice of the Peace
	Date of certification (DD/MM/YYYY)
List of occupations	Architect
that can certify	Chiropractor
(from the Statutory	Dentist
Declaration	Financial adviser or financial planner
Regulations 2018)	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 Development
	 Physiotherapist Psychologist
	 Trade marks attorney
	 Veterinary surgeon.
List of persons	 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)
who can certify	 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
- 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.

Based on V2 DDO 2023