

**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 | Trusts & Companies**

## WHO SHOULD COMPLETE THIS FORM?

This application form is for domestic and foreign companies investing on their own behalf, and individuals, domestic and foreign companies investing in their capacity as trustee of a trust.

If you are a self-managed super fund (SMSF) please use the stand alone application form for SMSF.

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, please read the Product Disclosure Statement (PDS) available on our website

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.

#### For identification and verification purposes please complete the following sections in accordance with your investment type. If you are: Step 2

- a regulated trust, complete sections 1, 2 and 3 (where applicable)
- a regulated custodian, complete sections 1, 2 and 3
- an unregulated trust, complete sections 1, 2, 3 (where applicable) and 4
- a company acting on your own behalf, please complete section 3 and 4 (where applicable)
- if you are investing under a margin loan please complete section C, and proceed
- all investors must complete sections A to C and 13. Review the instructions in sections 1 to 4 to determine if you need to complete those sections.

#### Tell us your foreign tax status Step 3

Please complete the Global Tax Reporting (FATCA/CRS) information in section 13.

#### Sign and send your documents to our Administrator Step 4

Please ensure you sign section 15 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 5 Make your payment

Please refer to section 7 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 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 <b>Section B</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 docume	ents previously provided and that these remain current and valid.						
I/We confirm there are no changes to the information in our previous	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 <b>Section 1</b> Yes - please complete the de	tails 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 complete this form as an individual.	ing Power of Attorney to the margin lender or its nominee, please						
4 701157							
1. TRUST							
<ul> <li>Please complete this section if you are:</li> <li>An individual acting in your capacity as trustee of a trust, or</li> <li>A company acting in your capacity as a trustee of a trust.</li> </ul>							
For guidance about when you may be acting as a trustee and for whom, p	please refer to the EAOs at the back of this form						
roi guidance about when you may be acting as a trustee and for whom, p	nease refer to the PAQs at the back of this form.						
1.1 Trust details							
Full name of trust. If the trust for which you act as a trustee does not have a	name, please insert N/A						
Type of trust							
Business name (if any) of the trustee of the trust	Country in which the trust was established						
Nature of business							
1.2 Type of trust							
1.2.1 Custodian							
I.Z.I Custoulali							
No - go to <b>1.2.2</b> .							
Yes - please complete the questions below							

		No	Yes
a.	Do you provide a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the AML/CTF Act 2006 (Cth)? (i.e. to the underlying investor not your related body corporate)		
b.	Do you hold an AFSL or are you exempt from the requirement to hold such license? If <b>Yes</b> , AFSL Number or specify the grounds for exemption		
с.	Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in subsection 6(6) of the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act)?		
d.	Have you carried out all applicable customer identification procedures (ACIP) and ongoing customer due diligence (OCDD) requirements in accordance with chapter 15 of the AML/CTF Rules in relation to your underlying customers? (including where you have relied on a member of your designated business group or an Authorised representative to perform the ACIP and OCDD)		
If you	have answered <b>Yes</b> to all questions in <b>1.2.1</b> , go to <b>section 2</b> . If not, please complete <b>1.2.2</b> .		
Regu	alated trust		
1.2.2	Registered MIS - is the trust for which you are the trustee a registered managed investment scheme?		
	No - go to <b>1.2.3</b>		
	Yes - please tell us the ARSN		
Now g	o to section 2.		
	Unregistered MIS - unregistered managed investment scheme (where the scheme is not registered by ASIC; has only wholesa bes not make small scale offering to which section 1012E of the Corporations Act applies)	ale clients	
	No - go to <b>1.2.4</b>		
	Yes - please provide the ABN for the unregistered managed investment scheme.		
Trust A	ABN or registration/licence number		
Now g	o to <b>1.4</b> , then <b>section 2</b> .		
1.2.4 (legislat	<b>Government superannuation fund</b> - is the trust for which you are the trustee a government superannuation fund established tion?	d by	
	No - go to <b>1.2.5</b>		
	Yes - please tell us the name of the Act that establishes the fund		
Now g	o to <b>1.4</b> , then <b>section 2</b> .		
	Other regulated trust (a trust registered and subject to the regulatory oversight of a Commonwealth statutory regulator in relies as a trust)	elation to its	i
secto	e: This includes registered charities with the ACNC, superannuation funds, approved deposit funds, pooled superannuation transfer superannuation schemes (within the meaning of the Superannuation Industry (Supervision) Act 1993 (Cth)). If you are an Stand alone application form for SMSF.		
	No - go to <b>1.3</b>		
	Yes - please provide the details below, then go to <b>section 2</b> .		

Provide name of regulator (eg ASIC, APRA, ATO & ACNC)	Provide the Trust's ABN or registration/licensing details					
If you answered NO to any of the questions in <b>1.2,</b> then go to <b>1.3.</b>						
1.3 Unregulated trusts						
All other unregulated trusts must complete this section. This includes fa unregistered charitable trusts, nominee and sub-custodian entities that						
Trust ABN (if any)	Trust TFN (if any)					
Now go to <b>1.3.1.</b>						
1.3.1 Beneficiary details (class of beneficiaries)						
Do the terms of the trust describe the beneficiaries by reference to mem	bers of a class?					
No - please go t <b>o 1.3.2</b>						
Yes - please provide details of the class to which the beneficiaries by	pelong (e.g. family members, unit holders, un-named charities).					
Then go to Settlor details <b>1.3.3.</b>						
For a pageings or sub-sustadion						
For a nominee or sub-custodian  The <b>beneficiary</b> is the person or entity for whom the applicant holds its	s interests in the Fund.					
The seneral y is the person of entity for whom the applicant holds its	y interests in the Fana.					
1.3.2 Beneficiary details (specified beneficiaries)						
Please specify each beneficiary below (using the applicable section for infor below, please complete the details in a separate sheet and attach to the section of the section for below, please complete the details in a separate sheet and attach to the section for the sec	dividuals or companies). If there are more beneficiaries than there is space this application form.					
Individual beneficiary 1						
Title Given name(s)	Surname					
Individual beneficiary 2						
Title Given name(s)	Surname					
Individual beneficiary 3						
Title Given name(s)	Surname					
Individual beneficiary 4						
Title Given name(s)	Surname					
Civer name(s)						
Corporate Beneficiary 1 Company name	ACN					
Company name	, and the second					
Corporate Beneficiary 2	ACN					
Company name	ACN					

<b>Corporate Beneficiary 3</b>				
Company name		ACN		
Corporate Beneficiary 4				
Company name		ACN		
Now go to <b>1.3.3.</b>				
1.3.3 Settlor details				
	e person or entity that provided the applicant with it. If not, the settlor may be the person or entity t		the investment and may be specified in the trust or he applicant as nominee or sub-custodian.	
	e of the settlor of the trust (unless they are decead was less than \$10,000).	sed or the mate	erial asset contribution to the trust by the settlor at th	ie time
Title Give	n name(s)		Surname	
Related body corporate				
1.4 Trust verification	procedures es to all of the questions in 1.2.1 or any of the qu	uestions in 1.2.	2 - 1.2.5?	
No - please go to :	1.4.3			
Yes - please go to	1.4.2.			
1.4.2 Verification proce	dure for regulated trusts			
Please provide a copy of	the document(s) as set out below.			
_	tered managed investment scheme(s) which onlorporations Act applies (you answered yes 1.2.3)	y has wholesal	e clients and does not make small scale offerings to	
A letter confirming the	se details from an external lawyer or accountant			
The relevant offer docu	ument for the scheme in English			
For regulated Governm	nent superannuation funds (you answered yes 1.	2.4)		
An extract of the estab	lishing legislation, sourced from a government we	ebsite.		
Now go to <b>section 2.</b>				
1.4.3 Verification proce	dure for non-regulated trusts			
Trust deed				
A certified copy of the t	rust deed/will or if not reasonably available a cer clor(s) where applicable; or	tified extract *	of the trust deed that includes the name of the	
A letter from an accoun	ntant or solicitor verifying the name, existence of	the trust and th	e name of the settlor(s) where applicable	

Letter of compliance for nominees and sub-custodians
If you have relied on the ACIP and OCDD performed by a member of your designated Business Group in respect to the underlying investor, please attach a signed AML/CTF compliance letter from the entity that has appointed you
Margin loan
For Margin Lenders or Nominees of the Margin Lender, please provide a certified copy or certified extract of the Loan Agreement with the Borrower
*Please see the FAQs at the back of this form for the meaning of certified copy and certified extract.
Now go to section 2.
2. TRUSTEE DETAILS
For <b>Australian regulated trusts</b> , identification information is required for only <b>ONE</b> of the trustees, even if the trust has multiple trustees.
For unregulated trusts, please provide:
• Identification information for <b>ALL</b> trustees. If there are multiple Trustees, complete <b>section 2</b> on another application form and attach it to the main application form.
<ul> <li>If you are an individual trustee, in respect of ONE trustee complete section 4.b and 5</li> </ul>
<ul> <li>If you are a corporate trustee, in respect of ONE trustee complete section 3 and 4.</li> </ul>
2.1 Type of trustee
Z.1 Type of distance
The trustees are all individuals - go to <b>2.2.</b>
The trustees are all companies - go to <b>2.3.</b>
2.2 Individual trustee(s) details
Individual trustee 1
Title Given name(s) Surname
Date of birth (DD/MM/YYYY) / / / Occupation
Residential address - (A PO Box/RMB/Locked Bag is not acceptable)
Unit Street number Street name
Control Destroy Country
Suburb State Postcode Country
Contact details
Home number (including country and area code)  Mobile number (including country code)
Email (default address for all investor correspondence)

Individual trustee	2					
Title	Given name(s)				Surname	
Date of birth (DD/				Оссиј	pation	
	ess - (A PO Box/RMB/Loci		e)			
Unit	Street number	Street name				
Suburb			State		Postcode	Country
Contact details						
Home number (in	cluding country and area	code)	N	1obile nur	mber (including cou	intry code)
Email						
All correspondence	e will be sent to the ema	ail address provided by II	ndividual tru	stee		
2.3 Corporate tru	stee details					
Corporate trustee	21					
Company namo			^	ACN		
Company name				ACIV		
Nature of business	S					
Registered office	address - (A PO Box/RM	B/Locked Bag is not acce	ptable)			
Property/building	name (if applicable)					
Unit	Street number	Street name				
Suburb			State		Postcode	Country
Suburb			State		rostcode	Country
Corporate trustee	2					
Company name			A	CN		
Nature of busines	S					
Registered office	address - (A PO Box/RME	B/Locked Bag is not acce	ptable)			
Property/building	name (if applicable)					
Unit	Street number	Street name				
Suburb			State		Postcode	Country

Now go to section  ${\bf 3.}$ 

3. COMPANY DETAILS	
Please complete this section if you are:  • A company investing on your own behalf, or  • A corporate trustee.	
Full legal name of company as registered by ASIC	ACN
Nature of business	
Do you have an authorised signatories list (ASL)?	Yes - For the ASL to be valid, please provide all the requirements below
A certified copy of the ASL with the full name, position and signature of ea	ich authorised representative
A certified copy of the authorising document (e.g. Power of Attorney)	
Please tick to confirm the authorising document or Power of Attorney is st	cill valid and it has not been revoked
Do you have a verifying officer?  No  Yes - Please provide all Full name of verifying officer	ll of the following
Date of birth (DD/MM/YYYY)  Verifying officer residential address	
certified copy of your ID (see section 5)  letter of appointment in company's letterhead signed by an authoris  I confirm I have:  Identified the authorised representatives or signatories of the above Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rul	e customer in accordance with requirements of the Anti-Money
<ul> <li>each authorised representative or signatory (ASL).</li> <li>collected the following details from each authorised representative         <ul> <li>full name of authorised representative/signatory</li> <li>title of the position/role held by the authorised representative/signatory's signatory or evidence of the authorised representative/signatory's authorised representative/signatory's authorised representative/signatory's authorised</li> </ul> </li> </ul>	or signatory:  ntative/signatory with the customer ature; and uthorisation to act on behalf of the customer
made a record of the above details for each authorised representati  Signature of Verifying Officer	Date Signed (DD/MM/YYYY)

If you are an Australian company, go to **3.1.** 

If you are a foreign company, go to **3.2.** 

3.1 Australian c	ompany							
Registered office a	address - (A PO Box/RME	S/Locked Bag is not accep	table)					
Property/building	name (if applicable)							
Unit	Street number	Street name						
Suburb			State		Postcode	(	Country	
Principal place of	business address (if diffe	erent to registered office	address)	- (A PO Bo	ox/RMB/Locked E	Bag is	not acceptable)	
Property/building	name (if applicable)							
Unit	Street number	Street name						
Suburb			State		Postcode	(	Country	
Postal address (if	different to above) - (RN	1B/Locked Bag is not acce	eptable)					
Unit	Street number	Street name						
Suburb			State		Postcode	Г	Country	
ACN				ABN				
Contact details (fo	or company or contact pe	rson)		Email				
Business number (	include country and area	code)		Mobile number (include country code)				
	· · · · · · · · · · · · · · · · · · ·						· ·	
Now go to 3.3.								
3.2 Foreign com	pany							
Country of formati	ion							
Registered in Australia? No Yes - please provide below the ARBN								
Pagistared in accord	stry of formation?	No Voc Norre	of forci-	a rogistrat	ion hody and :	n+:f:-	ation number (if any)	
Registered in coun	itry of formation?	No Yes - Name	orreig	registrat	ion body and ide	EIILIFIC	ation number (if any)	

If you are a foreign company registered in Australia, please provide your principal place of business in Australia, or the full name and address of your Australian authorised representative.

If you are not registered in Australia, please provide either the full address of the company as registered by the foreign registration body or the principal place of business in the country of formation.

A PO Box/RM	B/Locked Bag is not accepta	ble.					
Unit	Street number	Street name					
Suburb			State		Postcode		Country
Postal address	(if different to above) - (RM	1B/Locked Bag is not ac	cceptable)				
Unit	Street number	Street name					
Suburb			State		Postcode		Country
Contact detail	s (for company or contact pe	erson)		1			
Name	, , , , , , , , , , , , , , , , , , , ,	,	Email	I			
Business numl	per (include country and area	a code)	Mobi	ile nu	ımber (include	count	ry code)
3.3 Type of	company						
Are you a pub	ic company or a private/prop	orietary company?					
Private/	proprietary company – please	e go to <b>3.4</b>					
Public co	ompany – please go to <b>3.5.</b>						
	militarity produce go to cita						
3.4 Private/	Proprietary company						
Please comple companies.	te the director details below	if you are an Australia	n proprietary com	npany	or a foreign p	orivate	company. Do not complete for public
Directors deta	ils						
How many dir	ectors are there?						
attach to this	below the full name of all the application form.	ne directors. If there are	e more than four	direc	tors, please co	omplet	e the details on a separate sheet and
Director 1	Character (a)						
Title	Given name(s)			1	Surname		
Director 2 Title	Given name(s)				Surname		
Title	Given name(s)			]	Surname		
Director 3							
Title	Given name(s)				Surname		
	-(-)						
Director 4				_			
Title	Given name(s)			-	Surname		

Now go to 3.6.

3.5 Public company
Are you an Australian listed company?
No – please go to <b>3.6</b> Yes – please provide the name of the market/exchange on which the company is listed
Listed company name Market/exchange
Now go to 3.8.
3.6 Majority owned subsidiary of an Australian public listed company
Are you a majority-owned subsidiary of an Australian publicly listed company?
No – please go to 3.7
Yes – please provide name of the parent listed company and the market/exchange on which the company is listed.
Listed company Market/exchange
Now go to <b>3.8.</b>
3.7 Regulated company
This only includes companies that are licensed by an Australian Commonwealth, State or Territory statutory regulator and are subject to regulatory oversight for example, Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL) and Registrable Superannuation Entity (RSE) Licensees.
Are you a regulated company?
No – please go to <b>3.9</b> Yes – please provide details of the regulator and licence number below
Regulator Licence number
Now go to 3.8.
3.8 Verification procedures for regulated companies
If you have answered Yes to 3.6, please provide evidence of being a majority or wholly owned subsidiary of a listed company by providing a copy of one or more of the following:
ASIC company extract
company annual statement
certified company share structure
a public document issued by the relevant company
3.9 Verification process for all other company types
Please provide evidence of beneficial ownership by providing a copy of one or more of the following:
ASIC or Foreign Company Extract
company annual statement

certified company sha	re structure			
a public document issu	ued by the relevant company			
4. BENEFICIAL OWN	ER			
	f a company (including a company acting in the capacity of trus	eno)		
4A beneficial owner o	r a company (including a company acting in the capacity of trus	.ee)		
	nis section if you are an unregulated company and you have answ	vered no to:		
	are an Australian domestic listed company)			
	are a majority-owned subsidiary of an Australian listed company) are a company that is licensed and subject to the regulatory over		alth	
State	e or Territory statutory regulator).	signe of a commonwee	,	
	completing <b>section 4</b> if you are a regulated company or:			
	foreign listed company or a wholly owned subsidiary of a listed re requirements that ensure transparency of beneficial ownershi		market that is subject to	
Listed compar	ny name	Market/exchange		
	an individual who ultimately owns (directly or indirectly) 25% or pany (see FAQs). If you cannot identify any beneficial owners, pl			
Please provide details o	of your beneficial owner(s) below (see FAQs for guidance).			
4.1 Beneficial owner	(s) details			
Beneficial owner 1				
Title Giv	ven name(s)	Surname		
Residential address - (A	A PO Box/RMB/Locked Bag is not acceptable)			
Date of birth (DD/MM/	YYYY)			
Beneficial owner 2				
Title Giv	ven name(s)	Surname		
Residential address - (A	A PO Box/RMB/Locked Bag is not acceptable)			
Date of birth (DD/MM/	YYYY)			
Beneficial owner 3				
Title Giv	ven name(s)	Surname		
Residential address - (A	A PO Box/RMB/Locked Bag is not acceptable)			
Date of birth (DD/MM/	YYYY)			

Beneficial owner 4					
Title	Given name(s)			Surname	
Residential address	s - (A PO Box/RMB/Locked Bag	is not acceptable)			
Date of birth (DD/N	1M/YYYY) / /	/			
4.2 Fallback prod	edure				
If you are a compar complete <b>4.2.1.</b>	ny (investing on your behalf) or	corporate trustee and car	nnot identify	any beneficial owne	er owning 25% or more, please
4.2.1 Senior mana	ging official				
Please provide the	details of the senior managing of	official (or equivalent) (ple	ease see FAO	(s for the meaning o	f 'senior managing official')
Title	Given name(s)		S	Surname	
Date of birth (DD/N	1M/YYYY) / / /				
Company Title					
Residential addres	ss - (A PO Box/RMB/Locked Bag	is not acceptable)			
Unit	Street number St	reet name			
Suburb		State		Postcode	Country
4B BENEFICIAL OW	/NER OF THE TRUST				
You must complete this section if you are an unregulated trust. The beneficial owner of a trust is an individual who controls (directly or indirectly) the operations of the trust and has power to appoint or remove the trustee(s) of the trust.  You are exempt from completing this section if:  You are a custodian and the beneficial owner is the underlying investor(s). If not, complete 4.2.2.					
4.2.2 Beneficial ov	vner of the trust (individual wit	th power to appoint or re	move truste	es)	
•	details of the individual who dined again below to confirm the t		s the Trust. I	f this is confirmed to	be the same individual as the trustee,
Title	Given name(s)			Surname	
Date of birth (DD/N	1M/YYYY)/				
Company title					
	/A BO B / / 2007 / 100 /				
	s - (A PO Box/RMB/Locked Bag				
Unit	Street number St	reet name			

Suburb	State	Postcode	Country	
Please follow the verification procedure in <b>section 5</b> , unless the in corporate trustee.	ndividual is already p	providing the ID as a	a trustee or beneficial owner of the	
5. VERIFICATION PROCEDURE FOR INDIVIDUAL TRUSTEE, BENEF	ICIAL OWNER(S), SE	ENIOR MANAGING	OFFICIAL AND APPOINTOR	
Please complete the below verification procedure in respect of each respect of an individual trustee if directed to do so under 2.2. If yo option B.				
OPTION A				
Provide a certified copy* of one of the following:				
Current Australian Driver's Licence containing a photo of the person	on (scan the front a	nd back)		
Current Australian Passport or an Australian Passport that has exp	pired within the prec	ceding 2 years		
Current Australian State or Territory Government Identity Card St	nowing the person's	date of birth, phot	o and signature	
Current Foreign Government Identity Card showing the person's o	date of birth, photo	and signature**		
Current Foreign Driver's Licence showing the person's date of birt	h, photo and signatu	ure**		
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 prodocument from group 2.	ovide a certified cop	oy* of one docume	nt from group 1 and one	
GROUP 1				
Birth Certificate or Birth Extract issued by an Australian State or Te	erritory			
Australian Government issued Citizenship Certificate				
Current Concession or Health Care Card issued by Centrelink (scar	the front and back	)		
GROUP 2				
Commonwealth, State or Territory Government Notice within the benefits	preceding 12 mont	hs and recording th	e provision of financial	
<b>Australian Taxation Office Notice</b> within the preceding 12 months (respectively) the ATO	and recording the d	lebt payable to or b	y the individual by or to	
Local Government or Utilities Provider Statement within the prec	eding 3 months and	recording the prov	rision 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.

## 6. INVESTMENT DETAILS & 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	<b>Distribution option</b> (indicate (X) one option per fund)	
Tunu name	Arin	amount AUD\$	Pay to my bank a/c	Reinvest
Australian Unity Healthcare Property Trust - Wholesale Units	AUS0112AU			

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			

7. PAYMENT OF	APPLICATION AMOUNT				
Select your paymen	t method and complete the relevant section if app	plicable. 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	083-001			
Account number:	765189036				
Your reference:	[please use the name of the investor and investor number]				
Direct debit author	ity – Australian bank accounts only				
	is debit will be made through the Bulk Electronic C	or nominated financial institution account by completing the direct debit Clearing System (BECS) from your account held at the financial institution you			
have understood ar		r to process your application and payment. By completing this section, you he debit arrangements between you and OneVue Fund Services Pty Ltd, as set nt.			
Financial institution	name	Branch name			
Account name					
BSB number		Account number			
I/We request and a (User ID 623200) to	uthorise OneVue Fund Services Pty Ltd as agent for arrange, through its own financial institution, a d	or Australian Unity Funds Management Limited ABN 60 071 497 115 lebit to the nominated account as deemed payable by our administrator.			
Signature of primar	ry account holder				
Please print full nan	Please print full name  Date Signed (DD/MM/YYYY)				
Signature of joint ac	count holder (if applicable)				
-					
Please print full nan	ne	Date Signed (DD/MM/YYYY)			
ricuse print run nan					

# 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. Financial institution name Branch name Name of account holder(s) BSB number Account number Foreign bank account details Financial institution address Financial institution name Account number Account name SWIFT/BIC ABA/FED (US) IBAN (Europe) 9. 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). 10. 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

You may receive information from us via mail, telephone, email or other electronic messaging service relating to market commentary, services or information that may be of interest to you. By providing us with your contact details you consent to being contacted by these methods for these purposes. Please indicate if you do not wish to receive marketing information from us or any companies within

Marketing Material

our group.

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11. FINANCIAL ADVISER DETAILS					
Use this section to tell us about your financial adviser. If you change your fir would like your financial adviser to receive copies of your statements by em					
Adviser email address					
Operating your account					
Do you want your financial adviser to be able to operate your account?					
No					
Yes - Please complete <b>section 12</b> (Authorised representative of investor).					
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 financ 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 ask.	your appointed financial adviser, and agree to ratify their actions if we				
<b>Notice to financial adviser:</b> by completing this section of the application for Services Licence (AFSL), or are otherwise authorised to advise on and arra					
Details					
AFSL holder name	AFSL number				
Adviser name					
Advisor and as Authorized sourcementative number	ADNI				
Advisor code or Authorised representative number	ABN				
Postal address (if different to above) - (RMB/Locked Bag is not acceptable					
Property/building name					
Unit Street number Street name					
Suburb State	Postcode Country				
Phone	Mobile				
Contact details Business number (include country					
and area code)	Mobile number (include country code)				
Adviser signature					

Performance of invest	tor identification & verification procedures			
Please indicate below	whether client identification and verification proced	lures have been perf	formed.	
No - I have not p	performed the applicable customer identification pro	ocedure on this inve	stor.	
Yes - I have com	pleted the applicable customer identification proced	dure on this investor		
Financial adviser decla	aration			
Notice to financial a below is met.	dviser: please note that reliance on the KYC perform	ned by the financial a	advisor is only acceptable if all the criteria	
I hold an AFSL in	n my own name or have been appointed as an autho	rised representative	by the licensee.	
I am a reporting	entity for AML/CTF purposes.			
The issuer has re	easonable grounds to believe that it is appropriate t	o rely on the KYC pro	ocedure I have undertaken.	
I have attached	the KYC documents to this form.			
AFSL full legal entity na	ame	AFSL number		
By submitting this appl	lication on behalf of my client I attest that:			
(a) I have provided pers	sonal financial advice to my client in relation to the f	inancial product sou	ight to be acquired by this application; and	
(b) the issuance of the f	financial product sought to be acquired by this appli	cation is necessary to	o implement that personal financial advice.	
Please print full name				
Signature				
12. AUTHORISED RE	EPRESENTATIVE OF INVESTOR			
	ection if you wish to appoint an individual or individ tity as your authorised representative, please contac		behalf in relation to your investment in the fund. If you 4 to obtain the relevant KYC form.	
12.1 Authorised rep	presentative details			
Authorised representa	ative 1			
Title Gi	iven name(s)	Surna	ame	
Authorised representative's phone number				
Email				
Authorised representa	ative's signature			

Authorised repre	esentative 2	
Title	Given name(s) Surname	
Authorised repres	sentative's phone number	
Email		
Authorised repres	sentative's signature	
If you wish to appapplication form.	point more than two authorised representatives, please complete the details on a separate sheet and attach to this	
12.2 How auth	orised representatives may act in relation to the account?	
Please tick as ap	pplicable	
Each authorised consent of the o	representative listed above may provide instructions in relation to the investment individually without the other	
All authorised re	epresentatives must act jointly to provide instructions in relation to the investment	
Other arrangem	ent – please provide details	
12.3 Verificatio	on procedure for authorised representatives who are individuals	
	ised representative, please provide verification documents in accordance with the verification procedure in <b>section 2</b> . In provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) led.	
Verification doc	cuments - mandatory	
A certified copy	of ID as per section 2	
Authorised repr	resentative's authority - one of the following (not required for a Financial Adviser listed in Section 8)	
Certified copy of	f the authorising document (e.g. POA); or	
A certified copy	of a guardianship order; or	
Other arrangem	ent – please provide details	
I confirm tha	at the document authorising each authorised representative is still valid and has not been revoked.	

## 13. TAX INFORMATION - GLOBAL TAX REPORTING REQUIREMENTS (CRS/FATCA)

## 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 in a material particular. 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.

## **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 are unsure, ask someone who knows, usually your accountant.

13.1	13.1 Companies and non-superannuation trusts					
	Are you a specified US person for tax purpos	ses?				
	No					
	Yes - please tell us your TIN					
13.1.2	Are you a resident of any other country for t	ax purposes? Other than the US or Au	istralia.			
	No					
	res - please tell us which ones, using the follow	wing table				
HELI						
	IN? Reasons we accept are:					
	on A: The country of tax residency does not is					
	son B: The entity/individual has not been issue					
Reas	son C: The country of tax residency does not r	equire 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						

13.1.3 Are you a financial institution?	
Be careful - financial Institution is broadly defined - see <b>HELP</b> box	
No No	
Yes - please tell us your <b>GIIN*</b> - see <b>HELP</b> box.	
HELP	
What is a Financial Institution?  For further details about a Financial Institution, please refer to the ATO's AEOI Guidance - <a href="https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-informationcrs-and-fatca/?page=2#2_Financial_institutions.">https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-informationcrs-and-fatca/?page=2#2_Financial_institutions.</a>	
HELP What is a GIIN?	
This stands for Global Intermediary Identification Number. GIINs are 19 digits long, issued by US tax authorities (the IRS) to non US financial institutions and sponsoring entities for purposes of identifying their registration with the IRS under US tax laws (called FATCA).	
For further details about the GIIN please refer to the IRS GIIN Composition Information - Please refer to <a href="https://www.irs.gov/businesses/corporations/fatca-registration-and-ffi-list-giin-composition-information">https://www.irs.gov/businesses/corporations/fatca-registration-and-ffi-list-giin-composition-information</a> .	
Where to now?	
I ticked <b>yes</b> and completed my <b>GIIN</b> - go to <b>13.1.4.</b>	
I ticked yes and I am a Managed Investment Entity in a non-CRS participating jurisdiction - If no, proceed to question 13.1.4.	
I ticked <b>yes</b> but did not write a GIIN – please tick below why you did not write a <b>GIIN</b> - then go to <b>13.1.4.</b>	
Exempted financial institution	
Deemed compliant financial institution	
Exempt beneficial owner	
Non-participating financial institution	
Non-reporting IGA financial institution	
Sponsored financial institution - their GIIN is	
Other	
13.1.4 Are you a public company listed on a stock exchange or a related entity of a publicly listed company or a governmental entity?	
No	
Yes - then go to section 14 and 15.	

13.1.5 Are you active or passive?				
I am an 'active' non financial entity. Please tell us what type of active NFE you are below - then go t section 14 and 15.  I am a 'passive' non financial entity.				
HELP What is active and passive? A non-financial entity (NFE) is any entity that is not a financial institution as defined above. 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.  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.				
13.1.6 Do you have any controlling persons who are resident of another country or jurisdiction of tax residency for tax purposes?				
I am passive, and yes I do have controlling persons who are resident of a country or jurisdiction other than Australia for tax purposes  Complete the controlling persons details in the table below - then go to section 14 and 15. 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 a country or jurisdiction other than Australia for tax purposes.  Please read the HELP box. If you are sure - go to section 14 and 15.				
Controlling persons  Controlling persons are natural persons who exercise control over an entity.  For trusts, the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, must always be treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the trust for FATCA/CRS purposes.  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 1  Title Given name(s) Surname  Date of birth (DD/MM/YYYY) City and country of birth				

Resid	ential address				
Unit	Street number	Street name			
Subur	b		State	F	Postcode Country
	Country or jurisdiction of tax residency		TIN		No TIN? Which reason? If Reason B has been selected please provide an explanation. See 13.1.2 HELP box.
1					
2					
3					
4					
Contr	olling person 2				
Title	Given name(s)			9	Surname
Date o	of birth (DD/MM/YYYY)	City and country	of birth		
Resido	ential address				
Unit	Street number	Street name			
Subur	b		State	F	Postcode Country
	Country or jurisdiction of tax residency		TIN		No TIN? Which reason? If Reason B has been selected please provide an explanation. See 13.1.2 HELP box.
1					
2					
3					
4					
Contr	olling person 3				
Title	Given name(s)			5	Surname
Date o	of birth (DD/MM/YYYY)	City and country	of birth		

Resid	ential address		
Unit	Street number	Street name	
Subur	rb	State	Postcode Country
	Country or jurisdiction of tax residence	, TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See 13.1.2 HELP box.
1			
2			
3			
4			
Title  Date	of birth (DD/MM/YYYY)  ential address  Street number	City and country of birth  Street name	Surname
Suburb		State	Postcode Country
1 2 3	Country or jurisdiction of tax residence	, TIN	No TIN? Which reason? If Reason B has been selected please provide an explanation. See 13.1.2 HELP box.
3			

## 14. 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 <a href="https://www.australianunity.com.au/privacy-policy">www.australianunity.com.au/privacy-policy</a> 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.

## 15. SIGNATURE(S)

For individual trustees, all trustees to sign. For companies or 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	

## What should a trust deed extract include?

An extract of the trust deed should include the following information:

- the full name (if any) of the trust;
- the full name of the trustee(s), and
- the full name of the settlor of the trust.

# Who is a senior managing official'?

A senior managing official is 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.

# Who is a 'beneficial owner'?

A beneficial owner is an individual who ultimately owns (directly or indirectly) 25% or more of the customer, or controls (directly or indirectly) the Customer. Control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Information that may assist you in determining your beneficial owner includes (as relevant):

- a certificate of incorporation of a company with ASIC/and or an annual statement including the amendments submitted to ASIC
- a trust deed
- a partnership agreement
- the constitution and/or certificate of information for an incorporated association, or
- the constitution of a registered co-operative.

## Determining the beneficial owner of a trust

A beneficial owner of a trust may include:

- any individual shareholder who holds the legal title to 25% or more of the issued shares in the trustee;
- directors of the trustee (if they own or control the trustee)
- company secretary of the trustee (if they own or control the trustee), and/or
- any other individual who has the power to appoint or remove the trustee as the trustee of the trust.

For a nominee that has been appointed by a related body corporate to hold interests in the fund on trust, the nominee agreement may specify the beneficial owner. This may be (but is not necessarily) the person that appointed the nominee.

For a foreign company making an investment as a custodian under a single trust with multiple beneficiaries, the trust document under which the custodian is appointed may specify the beneficial owner/s.

For a foreign company making an investment acting as a custodian for multiple trusts with multiple underlying investors, each trust document with each underlying investor may specify the beneficial owner/s.

## Guidance on types of trusts

You will be the trustee of a trust if you are an individual or a company that will hold interests in the fund on trust for another person or persons (known as the beneficiary). It is important to carefully consider who is the beneficiary of the trust for which you are the trustee, keeping in mind that the beneficiary may hold its interest on trust for someone else (i.e. there may be layers of trust relationships down to the underlying investor).

Trustees may include:

- Trustees of a managed investment scheme: Managed investment schemes are a type of trust. The trustee of a managed investment scheme is generally a company. If the managed investment scheme is registered with ASIC, the trustee is known as the responsible entity.
- Custodians or nominees: These are companies that provide custodial or depository services. In the context of managed investment schemes, custodians or nominees may hold interests on trust for the responsible entity of the scheme. The responsible entity for the scheme then holds interests on trust for the investors in that scheme. In the context of margin lending, a nominee may hold interests on trust for the borrower who has borrowed money from the margin lender.
- Trustees of self managed super funds: SMSFs are a type of trust. The trustee of an SMSF may be a company or two to six
  individuals. If the trustee is a company, there can be one to six members (or beneficiaries) of the SMSF and each member of the
  SMSF must be a director of the company trustee. If the trustees are individuals, there can be two to six members (or beneficiaries) of
  the SMSF and each of those members must be a trustee.
- Trustees of retail super funds: Retail super funds are a type of trust. The trustee of a retail super fund is a company.
- Trustees of family trusts: The trustee of a family trust may be one ore more individuals or a company or other type of entity. The trustee holds money or property for the beneficiaries of the family trust.
- Trustees of charitable trusts: Some charities are structured as trusts. Trustees of charitable trusts are commonly individuals (for example, a board of trustees) or a company. Other charities may be structured as companies or associations.
- Trustees of deceased estates and testamentary trusts: Testamentary trusts are discretionary trusts established in wills, that allow the trustees of each trust to decide, from time to time, which of the nominated beneficiaries (if any) may receive the benefit of the distributions from that trust for any given period.

# 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 (https://www.naati.com.au/)

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
- 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.