



Phone

Within Australia: 1300 997 774 International: +(61) 3 9616 8687 Send your form by email:

australianunitywealth\_transactions@unitregistry.com.au

**Email enquiries:** 

australianunitywealth@unitregistry.com.au

### Wholesale & Wealth Solutions Application

Fund	What is the Minimum amount?	Who is able to invest in this fund?	Extra information you need to provide
Australian Unity Childcare Property Fund	\$50,000	Wholesale investors only	A wholesale
Australian Unity Future of Healthcare Fund - Wholesale Units	\$50,000	Wholesale investors only	certificate will be required if investing in these Funds via
Australian Unity Specialist Disability Accommodation Fund	\$50,000	Wholesale investors only	this Form
Altius Green Bond Fund - Ordinary	\$100,000	All investors <sup>1</sup>	N/A
Altius Sustainable Short Term Income Fund – Ordinary	\$100,000	All investors <sup>1</sup>	N/A
Australian Unity Healthcare Property Trust - Class A	N/A	Indirect investors via platform or IDPS operators only	N/A

<sup>1.</sup> The Altius Funds are available for investment by all investors (subject to the minimum amounts), however will require the completion of the Target Market Determination Questionnaire in Section 1 of this Form.

#### Who can use this form?

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

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

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

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

#### Complete all relevant sections of this application form either:

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

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

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

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

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

#### Certify and collect the identification documents.

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

#### Tell us your tax status.

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

#### Send your documents to our administrator

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

Send by Post: Australian Unity

GPO Box 804 Melbourne VIC 3001

Scan and email to: australianunitywealth\_transactions@unitregistry.com.au

Make your payment.

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

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

Wholesale & Wealth Solutions Application form | March 2024 | Page 1 of 39

#### 1. DDO Obligations

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).

Was this investment made based on personal advice received from your financial adviser?	
Yes - please ensure that details of your financial adviser are completed in section 8	
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 line with your needs and objectives for the portion of your investment portfolio that you intend to invest in this fund. In other the questions below should be answered having regard to what you are seeking from this particular investment - not what you seeking more generally from your overall investment portfolio as a whole.	words,
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 who fund is appropriate for your needs by consulting the fund's PDS and <u>Target Market Determination</u> .	ether the
The following questions assist the issuer in meeting its regulatory obligations by enabling it to assess whether the selected fur offered to the stated target market. We reserve the right to refuse your application.	nd is being
A. What is your primary investment objective in relation to this investment? (select only one option)	
<b>Note:</b> To confirm if you are investing into a fund that is aligned with your investment objectives, please consult the " <b>Consumer's investment obj</b> section of the Fund's <u>Target Market Determination</u> .	ective"
You are seeking an investment which provides Capital Growth Capital Growth, also known as capital appreciation or capital gain, refers to an increase in the value of an asset over time. Capital Growth is not guaranteed, and the value of an investment can also decrease, resulting in capital losses. You should consider the amount of risk you are willing to accept to achieve a Capital Growth, (or loss) outcome. If you are primarily seeking capital growth with some income, please select Capital Growth for Question A, and Yes for Question B.	
You are seeking an investment which provides Capital Preservation  A Capital Preservation strategy is a strategy employed by certain types of investment funds with the primary objective of protecting the capital invested. Generally, funds designed to provide Capital Preservation have a lower risk profile and are less volatile than growth investments. You should consider if you are willing to accept lower returns (growth or income) as a result of choosing a fund with a lower risk profile.	
You are seeking an investment which provides Income Distribution Income Distribution refers to the income generated from the assets within a fund that is regularly paid out or distributed to investors periodically. The level of income generated will typically change each period and there is no guarantee of income being available each period.	

B. Are you seeking a source of supplemental income (which may not be regular or recurrent) in addition to the above investment objective? (selct only one option)	
Note: If your primary objective is Capital Growth or Capital Preservation, but you are also seeking the potential for income supplemental to those obselect 'Yes'. If Income Distribution is your primary investment objective, please select Income Distribution in Question A, and 'No' for Question B.	jectives,
Yes	
No	
C. What is your investment timeframe in relation to this investment? (select only one option)	
Note: To ensure you are investing into an appropriate fund that is aligned with your investment timeframe, please consult the "Consumer's investment timeframe" section of the Fund's Target Market Determination.	ent
Equal to 7 years or more (i.e. Long term)	
Equal to 5 years but less than 7 years (i.e. Medium to long term)	
More than 2 years but less than 5 years (i.e. Medium term)	
Up to and including 2 years (i.e. Short term)	
D. Under normal circumstances, within what period do you expect to be able to access your funds for this investment? (select only option)	one
<b>Note</b> : Not all funds will provide you with access to your capital in line with your expectations. To ensure you are investing into a fund with appropriat withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.	e
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withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.	e
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion	e
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion  Within ten years of the request	e
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion  Within ten years of the request  Within five years of the request	e
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion  Within ten years of the request  Within five years of the request  Within one year of the request	e
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion  Within ten years of the request  Within five years of the request  Within one year of the request  Within three months of the request	e
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion  Within ten years of the request  Within five years of the request  Within one year of the request  Within three months of the request  Within one month of the request	e
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion  Within ten years of the request  Within five years of the request  Within one year of the request  Within three months of the request  Within one month of the request	e
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion  Within ten years of the request  Within five years of the request  Within one year of the request  Within three months of the request  Within one month of the request  Within one week of the request	fund in line
withdrawal rights for your needs, please consult the "Consumer's need to access capital" section of the Fund's Target Market Determination.  At issuer's discretion  Within ten years of the request  Within five years of the request  Within one year of the request  Within one months of the request  Within one month of the request  Within one week of the request  Within one week of the request  Note: The fund you are investing into is only suitable for a set of consumers with a specific risk and return profile. To ensure you are investing into a	fund in line

I am seeking a fund with a low risk and return profile: You are looking for an investment that is low risk in nature (e.g. you have the ability to tolerate up to one negative return over a 20-year period and you are comfortable with a low target return from this investment. Funds designed to provide low risk and return typically provide capital preservation and invest in cash or cash like investments).	
I am seeking a fund with a medium risk and return profile: You are looking for an investment that is moderate or medium risk in nature (e.g. you have the ability to tolerate up to four negative returns over a 20-year period and you are comfortable with a moderate target return from this investment. Funds designed to provide a medium risk and return are typically invested in defensive assets, such as fixed income products).	
I am seeking a fund with a high risk and return profile: You are looking for an investment that is higher risk in nature (e.g. you have the ability to tolerate up to six negative returns over a 20-year period in order to achieve a higher target return from this investment. Funds with a high risk and return are typically invested in growth assets which include shares and property investments).	
I am seeking a fund with a very high risk and return profile: You are looking for an investment that is very high risk in nature (e.g. you have the ability to tolerate six or more negative returns over a 20-year period as you are seeking to maximise returns and you can accept higher potential losses. Products with Very High risk and return are typically higher conviction portfolio such as concentrated share funds, hedge funds and other growth alternative assets).	
I am seeking a fund with an extremely high risk and return: You are looking for an investment that is extremely high risk in nature (e.g. you can accept significant volatility and losses as you are seeking to obtain accelerated returns (potentially in a short timeframe). Products with an extremely high risk and return proile are typically speculative investments in niche asset classes such as crypto assets).	
F. What percentage of your total investable assets are you directing into this fund (i.e. the total assets you have available for investment, excluding your residential home)? (select only one option)	
Note: The fund you are investing into is only suitable for a certain proportion of a consumer's total portfolio. To ensure the allocation in relation to your total investable assets is appropriate, please consult the "Consumer's intended product use" section of the Fund's Target Market Determination.  If you intend to direct a higher percentage of your investable assets in the fund than specified in the Target Market Determination, we recommend that you seek professional financial advice prior to applying to invest in the fund.	
Satellite allocation (up to 10%)	
Minor allocation (up to 25%)	
Core component (up tp 50%)	
Major allocation (up to 75%)	
Solution/Standalone (up to 100%)	
G. Where did you obtain your application form? (select only one option)	
Fund Manager Website	
Financial Adviser	
Referred by a friend/colleague	
Advertisement	
Other	

2. Are you an existing Investor?				
No, complete section 3 onwards.				
Yes, the account number is Complete from section 6 onwards.				
3. Individual/Joint/Sole Trader/Partnership – Individual/Executor -	Individual			
Complete if you are investing individually, jointly or you are an individual, joint trustee, partnership - individual or executor. individual.  Note: executor - individual must also complete section 5.	Mobile number (include country code)  Email address			
Investor 1 – Personal Details				
Title Full given names  Surname	This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).  ABN			
Date of birth (DD/MM/YYYY)	Are you a cole trader?			
DD / MM / YYYY	Are you a sole trader?  No Yes			
Residential Address	If yes, what is your business name?			
A PO Box/RMB/Locked Bag is not acceptable.	il yes, what is your business hame:			
Property/Building name (if applicable)	Tax Details — Australian Residents			
Unit Street number  Street name	If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.			
Suburb State	TFN			
Postcode Country	* If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension)  Reason for exemption			
Postal Address (if different to residential address)	The same of the sa			
A PO Box/RMB/Locked Bag is acceptable.  Property/Building name (if applicable)	Tax Details — Non Australian Residents  If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.			
Unit Street number	indicate your country of residence for tax purposes.			
	Investor 2 – Personal Details			
Street name	Title Full given names			
Suburb State	Surname			
Postcode Country				
	Date of birth (DD/MM/YYYY)			
Contact Details	Paridontial Address			
Home number (include country and area code)	Residential Address A PO Box/RMB/Locked Bag is not acceptable.			
Business number (include country and area code)	Property/Building name (if applicable)			
	Unit Street number			

Street name		Mobile number (include country code)	
Suburb	State	Email address	
Postcode	Country	All correspondence will be sent to the address provided for	
		investor 1.	
Postal Address (	(if different to residential address)	Tax Details — Australian Residents	
A PO Box/RMB/I	Locked Bag is acceptable.	If you are an Australian resident for tax purposes, please provide	
	ng name (if applicable)	your tax file number (TFN) or reason for exemption. If you are an	
Troperty/Bullan	ig name (ii applicable)	Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus	
Unit	Street number	the Medicare levy.	
Offic	Street number	TFN	
Street name			
Street Harrie		* If exempt, please specify reason. If due to pension or allowance,	
Suburb	Ctata	please state full name of benefit (e.g. Age Pension)	
Suburb	State	Reason for exemption	
		Nedson for exemption	
Postcode	Country	Top Details - Non-Approximate Decidency	
		Tax Details — Non Australian Residents	
Contact Details		If you are not an Australian resident for tax purposes, please	
Home number (	include country and area code)	indicate your country of residence for tax purposes.	
Business numbe	r (include country and area code)	If there are more than two individual investors or trustees, please provide the full name, date of birth, and residential address of	
		each on a separate sheet and attach to this form.	
		'	
4 Company/Pa	artnership – Corporate/Executor - Corporate		
4. Company/Fa	inthership - Corporate/Executor - Corporate		
Complete if you	are investing as a company or as a trust with a	Unit Street number	
corporate truste		Street number	
·	so required to complete the relevant	Street name	
Identification Fo	·	Street name	
Company Detail	ls	Suburb State	
	npany (as registered by ASIC)	State	
	1 , , ,	Postcode Country	
ACN or ABN (fo	r foreign companies, provide your Australian	Postcode Country	
Registered Body Number (ARBN) if you have one)			
		Principal Place of Business – Postal Address (if different to above)	
TFN			
		A PO Box/RMB/Locked Bag is acceptable.	
Country of residency (if a foreign company)		Property/Building name (if applicable)	
Respective share of each partner in the partnership		Unit Street number	
Registered Offic	te Address	Street name	
_	Locked Bag is not acceptable. If you are a foreign		
company, write	the address of your Australian registered agent (if	Suburb State	
you have one) o	or else write your principal place of business.		
Name of Austral	lian registered agent (if applicable)	Postcode Country	
Property/Buildin			

Contact person at company		Mobile number (include country code)		
Title Full given names				
		Email address		
Surname				
Home number (include country and area code)		This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).		
Business number (include country and area code)				
5. Trusts or Superannuation Funds				
Please complete if you are investing as a trust or supfund. Individuals and non-corporate trustee(s) must a section 3. Corporate trustees must also complete sec	lso complete	Trust or superannuation fund of Name of trust or superannuatio		
Note: You are also required to complete the Identific	cation Form -			
Trusts and Trustees.		ABN (applicable if you are a trusuperannuation fund registered		
		TFN		
6. Investment Details and Distribution Instructions				
Specify your initial application amount.				
Indicate your distribution choice below. If you do not i	make an election	, distributions will be reinvested.		
				ON OPTION
FUND NAME	APIR CODE	INVESTMENT AMOUNT	(indicate preference)  Pay to my  bank a/c	rence with an X) Reinvest
Australian Unity Future of Healthcare - Wholesale Units	AUS9268AU	AUD \$ (Minimum AUD \$50,000)		
Altius Green Bond Fund - Ordinary	AUS0084AU	AUD \$ (Minimum AUD \$100,000)		
Altius Sustainable Short Term Income Fund - Ordinary	AUS0079AU	AUD \$ (Minimum AUD \$100,000)		
Australian Unity Childcare Property Fund	AUS4284AU	AUD \$ (Minimum AUD \$50,000)		Not Available
Australian Unity Specialist Disability Accommodation Fund	AUS9836AU	AUD \$ (Minimum AUD \$50,000)		Not Available
Australian Unity Healthcare Property Fund -Class A  AUS0037AU		AUD \$		
Please indicate the source and origin of funds being	invested:			
Savings				
Investment				
Superannuation contributions				
Commission				
Donation/gift				
Inheritance				
Normal course of business				
Asset sale				
Other – write the source and origin of funds belo	OW			

#### **Payment of Application Amount** Select your payment method and complete the relevant section if I/We request and authorise OneVue Fund Services Pty Ltd ABN 18 107 333 308 (User ID 411595) to arrange, through its own financial applicable. All payments must be made in AUD. institution, a debit to the nominated account as deemed by OneVue. payable Direct debit Signature of primary account holder **EFT** OneVue Fund Services Pty Ltd as agent for Account name: Please print full name Australian Unity Funds Management Ltd Application Trust Account Date (DD/MM/YYYY) BSB: 083-001 765189036 Account number: Your reference: [please use the name of the investor] Signature of joint account holder (if applicable) Direct debit authority - Australian bank accounts only You can allow us to deduct your application amount directly from Please print full name 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 Date (DD/MM/YYYY) the financial institution you have nominated below. By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this Request and in your Direct Debit Request Service Agreement, a copy of which is available at https://cms2.onevue.com.au/index.php/download\_file/4180/ Financial institution name Branch name

#### 8. Financial Institution Account Details

Account number

#### Australian bank account details

BSB number

Account name

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

Financial institution name			
Branch name			
BSB number	Account number		
Account name			

#### Communication Automatic online account access **Annual Report** The Annual Report is available from our website Online access enables you to view details of your investments australianunity.com.au/wealth/ (account balance, investment details and account statements). We If you would like to receive an email alert when the report is will send you the necessary registration details by post once your published on our website, or a copy by post, please indicate application is processed. below. (This refers to Annual Reports only. This will not affect communication instructions regarding general correspondence for your fund). By email By post Marketing material You may receive market commentary, event invitations etc from us, from time to time. Please tick this box if you do not wish to receive these communications. 10. Identification and Verification Please tick one box only: I have not previously invested in any of the funds listed from Australian Unity and will complete the relevant investor identification forms located at the end of this application form. I am an existing investor in a fund from Australian Unity, (either a fund listed on page 1 or another fund) and am not required to complete the investor identification forms located at the end of this application form. I am a financial adviser completing the application form on behalf of my client(s). I will complete the Financial Adviser Declaration in Section 12. 11. Financial Adviser Details Section 11a: To be completed by the investor(s) We pay money to the dealer group that authorises your

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

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

#### Advice fee payment election

# The ongoing Advice Fee is not available on Australian Unity Future of Healthcare Fund.

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

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

Yes,	I/we request that t	the Res	ponsible Entity deduct ar
ong	oing advice fee of		% (on a monthly
basi	is from my/our inve	estment	t in the Fund.

No

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

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

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

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

#### Section 11b: To be completed by the financial adviser

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

#### Financial Adviser Details

Dealer group na	ame/licensee
Adviser full nam	ne
AFSL number	Authorised representative number (if any)
Address Property/Buildii	ng name (if applicable)
Unit Street	Number
Street name	
Suburb	State

Postcode Country		Postcode Country
Postal Address (if different to al	pove)	Contact Details
Property/Building name (if applic	cable)	Business number (include country and area code)
Unit Street Number		Mobile number (include country code)
Street name		Email
Suburb	State	Adviser Signature
12. Financial Adviser Declaration		
I certify that in accordance with the	FSC/FPA Industry Guidance Note 24	I ('GN 24'), I have: (Mark the appropriate box with an 'X')
-	·	
		er identification documentation to confirm the identity of all in respect of the Anti-Money Laundering and Counter-
	, , ,	ide access to these records as required. OR
Ontion 2 Collected and verif	fied the appropriate customer identi-	fication documentation to confirm the identity of all
		fication documentation to confirm the identity of all in respect of the AML/CTF laws and have attached the copy of
source documents for referen	nce only. <b>OR</b>	
Ontion 3 I have not comple	ted the AMI /CTF checks on this/the	ese client/s. I have completed the identification form
	form and attached the certified cop	
If no box is marked, I agree that C	Option 1 applies.	
In addition, as the Investors' financ	ial adviser, I warrant and represent to	AU that I, as applicable:
	on form on behalf of my client(s), I h	ave attached the certified copy of the Power of Attorney verifying my
authority to do so;	with CN 24 and any other applicable	e AML/CTF laws in identifying and verifying all individuals/
investors with this applicatio		AMIL/CIF laws in identifying and verifying all individuals/
• will continue to comply with	GN 24;	
· · · ·	-	ecords and details of the identification procedures adopted;
<ul> <li>have kept a record of the inv investor/adviser relationship</li> </ul>		and will retain these for a period of seven years after the
		other additional information regarding the investor;
<ul> <li>will not knowingly do anythin cause AU to breach AML/CTI</li> </ul>		aws and will notify AU if I become aware of anything that would
	ded in any identification and verificat	ion records are true and correct.
Adviser Signature		Date (DD/MM/YYYY)
Advisor Signature		/ / /

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

#### I/We agree and acknowledge:

- to be bound by the terms and conditions of the relevant Product Disclosure Statement (PDS) or Information Memorandum (IM), (where applicable) the Additional Information Document (AID), the Application Form and the Form Information Guide as supplemented, replaced or reissued from time to time and Fund Constitution (as amended from time to time);
- to be bound by the terms and conditions of the 'Direct Debit Request Service Agreement' in this Application Form, where I/ we have opted to use the Direct Debit Service;
- that none of the entities mentioned throughout the relevant PDS or IM, and the Application Form guarantee the performance of the Fund; payment of interest or any return of capital;
- that monies invested in the Fund do not represent investments in Australian Unity Funds Management Limited nor in any member of the Australian Unity Group of companies;
- that the investment is subject to investment risk including possible delays in repayment, loss of income or principal invested;
- having read and understood the relevant PDS or IM, AID (where applicable) and the Application Form, and where these documents have been obtained through electronic means, then I/we declare that I/we received a printout which comprised the whole PDS or IM, AID (where applicable) and Application Form before making an application for units in the Fund;
- that Australian Unity Limited and its related bodies corporate may offer goods and services appropriate for my needs and interests. I/We consent to my information being disclosed between those entities and to its use for direct marketing (subject to my/our right of opt-out by calling 1300 997 774), product management and development and for other related purposes;
- that Australian Unity Funds Management Limited may give information relating to my/our account and investment in that account to my/our adviser whose stamp appears on the Application Form;
- that if this application is signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received at the date of completing this application;
- for all account types other than individual and joint accounts, that the application is signed in accordance with the governing rules and/or constituent documents;
- if I am a foreign individual, I confirm I have a current visa;
- that all of the information provided in this Application Form is complete and accurate to the best of my/our ability/abilities;
- that I/we will provide any supporting or additional information which might be required in order to process this application, or subsequently, as a consequence of my holding units in the Fund:
- any rebate that I am/we are eligible for, if not reinvested, will be paid into my nominated Australian financial institution account in Section 8 of the Application Form;
- that I/we have no reason to suspect that the monies used to fund this application, or any subsequent contributions into the Fund; is or will be derived from or related to any money laundering, terrorism financing or other illegal activities;
- if I am/we are a resident of a country, other than Australia for tax purposes I/we will submit the completed Tax Information Form in order to comply with AEOI obligations. I/we

- understand that Units cannot be issued to me until I/we have provided a completed Tax Information Form, and that penalties may apply (under local and other laws) if I/we provide false or misleading information;
- that I/we agree that the advice fee nominated in Section 11 of the Application Form will be deducted from my/our investment through the application amount in my/our investment;
- if I/we are (or if this application is on behalf of) a 'non-individual' account type, other than a complying Australian Superannuation Fund, then if applicable I/wewill submit the completed Tax Information Form in order to comply with AEOI obligations. I/we understand that if applicable Units cannot be issued to me/us until I/we have provided a completed Tax Information Form, and that penalties may apply (under local and other laws) if I/we provide false or misleading information;
- if I am/we are a Controlling Person(s) that is a tax resident of a country other than Australia, I/we will submit the completed Tax Information Form in order to comply with AEOI obligations. I/we understand that Units cannot be issued to me until I/we have provided a completed Tax Information Form, and that penalties may apply (under local and other laws) if I/we provide false or misleading information.
- that by providing my/our email address at Section 3 or Section 4, the Responsible Entity may use this address to provide me/us, where permitted by law or regulation, with information via email about my/our investment and the Fund, including to satisfy any continuous disclosure requirements;
- that my/our personal information will be collected, used and disclosed by Australian Unity in accordance with its Privacy Policy which can be accessed at www.australianunity.com.au/privacy-policy and in accordance with the law; and
- I/we confirm the information provided in this application form is correct and I/we will inform you within 30 days if there are any changes in circumstances. I/we understand that penalties may apply for providing false information.

#### 14. Signing Instructions

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

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

Companies or corporate partnerships or corporate trustees

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

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

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

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

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

Signature of Investor 1, Director or Authorised Signatory
Please print full name
Date (DD/MM/YYYY)
/ / /
Company officer (please indicate company capacity)
Director
Sole director and company secretary
Authorised signatory
Please print full name
Date (DD/MM/YYYY)  //
Company officer (please indicate company capacity)
Director
Company secretary
Authorised signatory
If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.
Yes No

Phone

Within Australia: 1300 997 774 International: +(61) 3 9616 8687

Send your application form by email

 $\underline{australian unity wealth\ transactions@unitregistry.com.au}$ 

Email enquiries:

australianunitywealth@unitregistry.com.au

# **Instructions: Identification Forms**

Which form?	There are three forms that follow: one each for individuals, companies and trustees.
	Choose the form that is applicable to you.
	If you are an association, a co-operative or a Government body, then contact us.
Copies or originals?	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
Certifying copies	You must have someone certify the copies you send to us. The following people can be the certifier: You must certify the copies you send to us by one of the following certifiers:  • a Justice of the Peace
	a Notary public (for the purposes of the Statutory Declaration Regulations 1993)
	an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
	a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
	• an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
	• an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
	a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
	a member of the Institute of Chartered Accountants in Australia, CPA Australia or the     National Institute of Accountants with 2 or more years of continuous membership
	a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
	a Judge of a court
	a magistrate
	a chief executive officer of a Commonwealth court
	a registrar or deputy registrar of a court
	a Police officer
	<ul> <li>an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).</li> </ul>
What should the person certifying write?	'I certify this to be a true copy of [name of document] the original of which, was seen by me at the time of signing'.
	The certified copy must also be dated, and have the signature, printed name, occupation, employer and address of the person certifying the document. Please note your identification document must be in date (or within two years of expiry for a passport).
Not in English?	Documents not in English must be accompanied by an English translation prepared by an accredited translator.
	Contact us if you need guidance on accredited translators.
Send your documents to our Administrator.	Your identification documents can be sent to us by the following means: By email:  • A scanned copy of a certified copy; and/or
	A scanned copy of a certified extract.
	By post:
	An original; and/or
	A certified copy; and/or

Phone

Within Australia: 1300 997 774 International: +(61) 3 9616 8687

Send your application form by email:

australianunitywealth transactions@unitregistry.com.au

**Email enquiries:** 

australianunitywealth@unitregistry.com.au

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

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

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

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

1. Per	sonal Details		
Title	Full given names	Please invest	e indicate the source and origin of funds being ed:
	e birth (DD/MM/YYYY) / / ccupation	In   St	evings vestment uperannuation contributions ommission onation/gift heritance
		As	ormal course of business sset sale ther – write the source and origin of funds below
2. Ve	rification Procedure – Individual Investor/Joint Accoun	nt/Partnership	– Individual/Executor - Individual
1 or if Group 2 Group 1 Provide	provide a certified copy of one document from Group you can't, a certified copy of two documents from the for each individual applicant.  If a certified copy of one of these:  Australian driver's licence showing your photo, and please copy the front and back  Foreign driver's licence showing your date of birth, signature and photo  Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you  Foreign passport showing your signature and photo, and please copy the pages which identify you  Australian State or Territory Government issued ID card showing your date of birth, signature and photo  Foreign Government issued ID card showing your date of birth, signature and photo  ble to foreign individual accounts only: cion to the identification documents outlined above, a individual who wishes to establish a relationship must ovide evidence of a current visa.	certifi	can't provide anything from Group 1, then provide a ed copy of one of the following:  Australian or foreign government issued birth certificate  Australian or foreign government issued citizenship certificate  Centrelink pension or health card please copy the front and back  S, provide a certified copy of one of the following:  a Government issued notice one which shows your name and residential address, not more than 12 months' old  a rates or utilities notice one which shows your name and residential address, not more than three months' old  ATO notice one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old
3. Sig	ınature		
Signatu	re		
Please p	print full name	Date (	DD/MM/YYYY)

Phone

Within Australia: 1300 997 774 International: +(61) 3 9616 8687

Send your application form by email:

australianunitywealth transactions@unitregistry.com.au

**Email enquiries:** 

australianunitywealth@unitregistry.com.au

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

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

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

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

#### **General Information** 1.1 Full name of company Registered in country of formation? No Yes - name of regulator/exchange Nature of business Identification number issued by foreign registration body **Australian Companies** If you are a foreign company registered in Australia write Principal place of business (if different to registered office your principal place of business in Australia or the full name address). A PO Box/RMB/Locked Bag is not acceptable. and address of your Australian agent. Property/Building name (if applicable) If you are a foreign company not registered in Australia write your registered business address in country of formation or principal place of business if there is not a registered address. Unit Street number A PO Box/RMB/Locked Bag is not acceptable Property/Building name (if applicable) Street name Unit Street number Suburb State Street name Postcode Country Suburb State Please provide us with certified copies of: an ASIC search Postcode Country (Country (if not Australia) Foreign companies Country of formation Please provide us with certified copies of one of the following: an ASIC or foreign regulator search Registered in Australia? an ASIC or foreign regulator certificate of Yes - what is the ARBN registration

1. Company Details

2. Company Type		
Please complete the section below for public companies (Section 2.1) or private companies (Section 2.2) as applicable.	Director 2  Title Full given names	
2.1 Public Company	Surname	
Are you a public company?		
No Yes	Director 3	
If yes, please proceed to Section 3.	Title Full given names	
2.2 Private Company		
Are you a private company?	Surname	
No Yes		
If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.  Director Details	Director 4  Title Full given names  Surname	
How many directors are there?  Provide the full name of each director.		
Title Full given names  Surname  3. Regulated/Listed Companies/Corporate - Partnership	separate sheet and attach to this form.  Verification of company under Section 2.2  Please provide us with a copy of the company extract from ASIC showing the beneficial owners, OR a copy of the latest company annual statement issued by ASIC with equivalent information.	
Are you an Australian listed company?	Are you a Regulated Company/Corporate- Partnership?	
No Yes – please provide name of market/exchange  Market/exchange	One that which is licensed by an Australian Commonwealth, State or Territory statutory regulator.  No Yes – please provide details of the regulator and licence number	
Are you a majority-owned subsidiary of an Australian listed company?  No Yes – please provide name of listed	Regulator/Name of professional association  Licence number/Relevant Membership details	
company and market/exchange  Name of Company	If you answered yes to any of these questions, please provideus with a certified copy of one of the following and sign the form at the end. For you, this form is complete.	
Market/Exchange	an ASIC search a search of the licence or other records of the relevant regulator	
	a public document issued by the company	
	a coarch of the relevant market/eychange	

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

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

Beneficial Owner Information to be completed by:

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

#### 4.1 Beneficial Owner Details

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

#### HELP

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

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

#### **Beneficial Owner 1**

Title Full given names		
Title Tull giverriumes		
Surname/Company name		
Date of birth (DD/MM/YYYY)		
Usual occupation/Nature of business		
Residential Address/Registered Office Address		
A PO Box/RMB/Locked Bag is not acceptable		
Property/Building name (if applicable)		
Unit Street number		

Street name			
Suburb State			
Postcode Country			
Beneficial Owner 2			
Title Full given names			
Surname/Company name			
Date of birth (DD/MM/YYYY)			
Usual occupation/Nature of business			
Residential Address/Registered Office Address  A PO Box/RMB/Locked Bag is not acceptable  Property/Building name (if applicable)			
Unit Street number			
Street name			
Suburb State			
Postcode Country			
Beneficial Owner 3			
Title Full given names			
Surname/Company name			
Date of birth (DD/MM/YYYY)			
Usual occupation/Nature of business			

Residential Address/Registered Office Address	Group 1
A PO Box/RMB/Locked Bag is not acceptable	Provide a certified copy of one of these:
Property/Building name (if applicable)	Australian driver's licence showing your photo, and please copy the front and
Unit Street number	back
	Foreign driver's licence showing your date of birth, signature and photo
Street name	Australian passport
Suburb State	a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you
Postcode Country	Foreign passport showing your signature and photo, and please copy the pages which identify you
Beneficial Owner 4	Australian State or Territory Government issued ID card
Title Full given names  Surname/Company name	showing your date of birth, signature and photo  Foreign Government issued ID card showing your date of birth, signature and photo.
	Group 2
Date of birth (DD/MM/YYYY)	If you can't provide anything from Group 1, then provide a certified copy of one of the following:
Usual occupation/Nature of business	Australian or foreign government issued birth certificate
Residential Address/Registered Office Address	Australian or foreign government issued citizenship certificate
A PO Box/RMB/Locked Bag is not acceptable Property/Building name (if applicable)	Centrelink pension or health card please copy the front and back.
	PLUS, provide a certified copy of one of the following:
Unit Street number  Street name	a Government issued notice one which shows your name and residential address, not more than 12 months' old
Suburb State	a rates or utilities notice one which shows your name and residential address, not more than 3 months' old
Postcode Country	ATO notice one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.
Verification procedure - beneficial owners  Please provide a certified copy of one document from Group  1 or if you can't, a certified copy of two documents from	For each corporate beneficial owner please provide:  a completed Identification form – Australian and Foreign companies, plus any relevant identification.

Group 2 for each individual applicant.

#### 4.2 Voting Rights

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

#### 4.3 Senior Managing Official Details

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

Title Full given names
Surname
Date of birth (DD/MM/YYYY)
Company title

#### Residential Address/Registered Office Address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

HELP

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

significantly affect the company's financial standing.

#### 5. Signing Instructions

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

Signature of Director 1	Signature of Director 2
Please print full name	Please print full name
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)
Company officer (please indicate company capacity)	Company officer (please indicate company capacity)
Director	Director
Sole Director and Company Secretary	Company Secretary

Phone

Within Australia: 1300 997 774 International: +(61) 3 9616 8687

Send your application form by email:

australianunitywealth transactions@unitregistry.com.au

**Email enquiries:** 

australianunitywealth@unitregistry.com.au

# **Identification form – Trusts and Trustees**

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

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

1. Trust Details	
Full name of trust	Please indicate the source and origin of funds being invested:
Business name (if any)	Savings
,	Investment
	Superannuation contributions
Country where the trust was established	Commission
	Donation/gift
	Inheritance
	Normal course of business
	Asset sale
	Other – write the source and origin of funds below
2. Type of Trust	
2.1 Regulated Trusts	If you answered yes to any of these questions, then please
This includes complying superannuation funds and SMSFs or	provide a certified copy of one of the following:
another type of trust registered and regulated by an Australian Commonwealth statutory regulator.	Superannuation funds
	go to <u>www.abn.business.gov.au</u> , select the 'Super Fund Lookup' option and print out the results for
No Yes	your super fund
If yes, please tell us:	Registered managed investment schemes
The trust's ABN	an ASIC search of the scheme
	Government superannuation funds
The regulator if not APRA or the ATO	an extract of the establishing legislation.
	2.2 Non-Regulated Trusts
Any license number	Including family trusts, testamentary trusts and other unit trusts, deceased estates and charitable trusts (but not
	including self- managed superannuation funds)
Descriptions of the contract o	No Yes
Registered managed investment scheme	If yes, please specify the type of trust
No Yes	
If yes, please tell us the ARSN	Places on the fill access address and data of high of all
	Please provide full name, address and date of birth of all beneficial owners who are individuals who own 25% or more
Government superannuation fund	of the trust income or assets or who control (whether directly
No Yes	or indirectly) the trust and either the date of birth or full residential address of each beneficial owner:
If yes, please tell us the name of the Act that regulates the	
trust	HELP
	'Control' includes control (directly or indirectly) as a result of, or by means of trusts (including in the capacity as beneficiary, trustee or settlor), an agreement, an understanding or practice, and further includes the ability
	to exercise control over decisions about financial and operating policies.

'Owns' means ownership (either directly or indirectly) of

25% or more by you.

Beneficial Owner 1	A PO Box/RMB/Locked Bag is not acceptable
Title Full given names	·
	Property/Building name (if applicable)
Surname/Company name	Unit Street number
Date of birth (DD/MM/YYYY)	Street name
Usual occupation/Nature of business	Suburb State
Sada occupation, Nature of Business	
	Postcode Country
Residential Address/Registered Office Address	
A PO Box/RMB/Locked Bag is not acceptable	Beneficial Owner 3
Property/Building name (if applicable)	Title Full given names
Unit Street number	Surname/Company name
Ctreat name	Date of birth (DD/MM/YYYY)
Street name	
Suburb State	Usual occupation/Nature of business
	Decidential Address (Decistered Office Address
Postcode Country	Residential Address/Registered Office Address A PO Box/RMB/Locked Bag is not acceptable
	Property/Building name (if applicable)
Beneficial Owner 2	( approxy
Title Full given names	Unit Street number
	Unit Street number
Surname/Company name	Street name
Date of birth (DD/MM/YYYY)	Suburb State
	Postcode Country
Usual occupation/Nature of business	

Beneficial Owner 4	Beneficiary 2
Title Full given names	Title Full given names
	Surname
Surname/Company name	
	Beneficiary 3
Date of birth (DD/MM/YYYY)	Title Full given names
Liqual accumpation (Nature of business	Surname
Usual occupation/Nature of business	
	Beneficiary 4
Residential Address/Registered Office Address	Title Full given names
A PO Box/RMB/Locked Bag is not acceptable	
Property/Building name (if applicable)	Surname
Unit Street number	Please provide the name of the <b>appointor</b> of the trust,
	if applicable
Street name	
Street Harne	HELP
	Appointor: the appointor has the power to appoint or
Suburb State	remove the trustees of the trust. Not all trusts have <b>an appointor</b> .
Postcode Country	Name of trust settlor
Postcode Country	
Please provide the name of all beneficiaries that are not beneficial owners	HELP
If the trust deed describes the beneficiaries by reference to	<b>Settlor:</b> this is the person that creates the trust. The settlor may be, for example, your accountant or solicitor.
member of a class please provide details of, the class to which the beneficiaries belong e.g. family members, unit	
holders, un-named charities on a separate sheet and attach	Note: you do not need to provide the name of the trust settlor if they are deceased, or the material asset at the time
to this form.	the trust was established was less than \$10,000.
Beneficiary 1  Title Full given names	If you are a non-regulated trust, please provide us with certified copies of one of the following:
	Trust deed
	or an extract of the trust deed showing the full name of the trust and any named trust settlor
Surname	
	Other documentation confirming the full name of the trust and the name

of the trust settlor

#### 3. Trustee Details PLUS, provide a certified copy of one of the following: 3.1 Verification procedure - individual trustee Title Full given names a Government issued notice one which shows your name and residential address, not more than 12 months' old Surname/Company name a rates or utilities notice one which shows your name and residential address, not more than 3 months' old Date of birth (DD/MM/YYYY) ATO notice one which shows any debt owing to the ATO, your name and residential address, not more than 12 Usual occupation months old. For each corporate beneficial owner please provide: Please provide a certified copy of one document from Group a completed Identification form - Australian and Foreign 1 or if you can't, a certified copy of two documents from companies, plus any relevant identification. Group 2 for each individual applicant. 3.2 Verification procedure - company trustees Group 1 3.2.1. General information Provide a certified copy of one of these: Full name of company trustee Australian driver's license showing your photo, and please copy the front and Nature of business Foreign driver's license showing your date of birth, signature and photo ACN Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages 3.2.2. Australian Company Trustee which identify you Place of business (if different to registered office address) Foreign passport A PO Box/RMB/Locked Bag is not acceptable. showing your signature and photo, and please copy the pages which identify you Property/Building name (if applicable) **Australian State or Territory Government issued** Unit Street number showing your date of birth, signature and photo Foreign Government issued ID card showing your date of birth, signature and photo. Street name Group 2 Suburb State If you can't provide anything from Group 1, then provide a certified copy of one of the following: Australian or foreign government issued birth Postcode Country

3.2.3. Foreign Company Trustee

Country of formation

certificate

citizenship certificate

Australian or foreign government issued

Centrelink pension or health card

please copy the front and back.

Registered in Australia?  No Yes  If yes, please provide the ARBN	If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.  Director Details
Registered in that country?	How many directors are there?
No Yes	Provide the full name of each director:
If yes, please provide the name of regulator/exchange	Director 1
	Title Full given names
Identification number issued by foreign registration body	
Tuentineation number issued by foreign registration body	
	Surname
Registered business address in country of formation A PO Box/RMB/Locked Bag is not acceptable	Director 2
Property/Building name (if applicable)	Title Full given names
Unit Street number	Surname
Characteristics	Director 3
Street name	Title Full given names
	Title Tull given harnes
Suburb State	
State	Surname
Postcode Country	
	Director 4
	Title Full given names
Please provide us with certified copies of one of the following:	
an ASIC or foreign regulator search	
an ASIC or foreign regulator certificate of	Surname C
registration.	
3.2.4. Company Type	If there are more directors, please provide their name on a
Please complete the section below for public companies	separate sheet and attach to this form.
(3.2.4 (a)) or private companies (Section 3.2.4 (b)) as	3.2.5. Regulated/Listed companies
applicable. 3.2.4. (a) Public Company	Are you an Australian listed company?
Are you a public company?	No Yes - please provide name of
	market/exchange
No Yes	Market/Exchange
If yes, please proceed to Section 3.2.5	
3.2.4. (b) Private Company	
Are you a private company?	Are you a majority-owned subsidiary of an Australian listed company?
☐ No ☐ Yes	
	No Yes - please provide name of listed company and market/exchange

Company	Residential Address A PO Box/RMB/Locked Bag is not acceptable
	Property/Building name (if applicable)
Market/Exchange	
	Unit Street number
Are you a regulated company?	
One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.	Street name
One that which is licensed by an Australian Commonwealth, State or Territory statutory regulator.	Suburb State
No Yes – please provide details of the regulator and licence number	Postcode Country
Regulator	Country
Licence number	Beneficial Owner 2
	Title Full given names
If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is complete.	Surname/Company name
an ASIC search	
a search of the licence or other records of the relevant regulator	Date of birth (DD/MM/YYYY)
a public document issued by the company	
a search of the relevant market/exchange	Usual occupation/Nature of business
3.2.6. Non-regulated/non-listed companies	
If you answered no to all the questions in Section 3.2.5, please fill in the Sections 3.2.6 (a), (b) and (c) below.	Residential Address
3.2.6. (a) Beneficial Owner Details	A PO Box/RMB/Locked Bag is not acceptable  Property/Building name (if applicable)
Provide details of all beneficial owners (i.e. company shareholders) who, through one of more shareholdings, own 25% or more of the company's issued capital.	Troperty/ building name (ii applicable)
Beneficial Owner 1	Unit Street number
Title Full given names	
	Street name
Surname/Company name	
	Suburb State
Date of birth (DD/MM/YYYY)	
	Postcode Country
Usual occupation/Nature of business	

Beneficial Owner 3	Residential Address A PO Box/RMB/Locked Bag is not acc	rentable
Title Full given names	Property/Building name (if applicable	
Surname/Company name	Unit Street number	
Date of birth (DD/MM/YYYY)	Street name	
Usual occupation/Nature of business	Suburb	State
	Postcode Country	
Residential Address A PO Box/RMB/Locked Bag is not acceptable		
Property/Building name (if applicable)	Verification procedure - Beneficial C	Owners
Unit Street number	Please provide a certified copy of one 1 or if you can't, a certified copy of to Group 2 for each individual applicant	wo documents from
	Group 1  Provide a certified copy of one of the	se.
Suburb State	Australian driver's licence showing your photo, and ple	
	Foreign driver's licence showing your date of birth,	signature and photo
Postcode Country	Australian passport  a passport that has expired within the precedir two years is acceptable, and please copy the pa which identify you	
Beneficial Owner 4  Title Full given names	Foreign passport showing your signature and the pages which identify yo	
Surname/Company name	Australian State or Territory ID card showing your date of birth,	
Date of birth (DD/MM/YYYY)  /	Foreign Government issued showing your date of birth,	
Usual occupation/Nature of business		

#### Group 2 Company Title If you can't provide anything from Group 1, then provide a certified copy of one of the following: Australian or foreign government issued birth **Residential Address** certificate A PO Box/RMB/Locked Bag is not acceptable Property/Building name (if applicable) Australian or foreign government issued citizenship certificate Centrelink pension or health card Unit Street number please copy the front and back. PLUS, provide a certified copy of one of the following: Street name a Government issued notice one which shows your name and residential address, not more than 12 months' old Suburb State a rates or utilities notice one which shows your name and residential address, Postcode Country not more than three months' old ATO notice one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old. **HELP** Senior managing official: an individual who makes, or For each corporate beneficial owner please provide: participates in making, decisions that affect the whole, or a completed Identification form - Australian and a substantial part of the company, or that may Foreign companies, plus any relevant identification. significantly affect the company's financial standing. 3.2.6. (b) Voting Rights Verification procedure - senior managing official details If there are any other individuals, who have not been listed above in Section 3.2.6 (a), and who are entitled, either If you are unable to provide details of beneficial owners in directly or indirectly, to exercise 25% or more of the Section 3.2.6. (a) above, please provide documentation company's voting rights, please write down their full names showing the name of the senior managing official, as on a piece of paper and attach to this form. provided in this Section 3.2.6. (c). 3.2.6. (c) Senior Managing Official Details If the company does not have any beneficial owners, please provide the details of the Senior Managing Official (or equivalent). Title Full given names/Full company name Surname Date of birth (DD/MM/YYYY) Usual occupation/Nature of business

#### 4. Signing instructions

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

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

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

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

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

Signature of Trustee 1, Director or Authorised Signatory
Please print full name
Date (DD/MM/YYYY)
Company Officer (please indicate company capacity)
Director
Sole director and company secretary
Authorised signatory
Signature of Trustee 2, Director/Company Secretary or Authorised Signatory
Please print full name
Date (DD/MM/YYYY)
Company Officer (please indicate company capacity)
Director
Company secretary
Authorised signatory

Phone

Within Australia: 1300 997 774 International: +(61) 3 9616 8687

Send your application form by email

australianunitywealth transactions@unitregistry.com.au

**Email enquiries:** 

australianunitywealth@unitregistry.com.au

## Tax information form

#### Why you need to complete this form

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

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

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

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

#### Which sections of the form should you complete?

Superannuation funds, testamentary trusts, registered charities – Section 1 Individuals – Section 2

Companies and other trusts - Section 3

- Corporate trustee Section 3
- Individual trustee Section 2

#### What if more than one person is applying?

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

#### HELP

#### Tell me about tax residence

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

#### Section 1. Superannuation Funds and Other Special Trusts 1. Are you a superannuation or other special type of trust? **HELP** I am the trustee of a regulated superannuation fund, Regulated superannuation fund: means self-managed this includes a self-managed superannuation fund superannuation funds, APRA regulated superannuation funds, Australian Government or semi-government I am a trustee of a testamentary trust, orl superannuation funds and pooled superannuation trusts. am a trustee of a registered charity **Testamentary trust:** this is a trustee of a trust set up in a deceased's will. Where to now? I ticked a box ▶ go to Section 4 Signatures I did not tick a box ▶ go to Section 2 if you are an individual, or Section 3 if you are a company or another type of trust Section 2. Individuals Do not complete Section 2 if you are a non-superannuation trustee or you are a company ▶ complete Section 3 instead. 2. Are you a US resident for tax purposes? **HELP** No ▶ go to guestion 3 What is a TIN? Yes – please tell us your TIN ▶ go to question 3 This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In TIN Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US 3. Are you a resident of any other country for tax purposes? Employer Identification Number. In other countries, it may Other than the US or Australia. have a different name. No ▶ go to Section 4 Signatures Yes – please tell us which ones, using the table below. ▶ then go to Section 4 Signatures **HELP** No TIN? Reasons we accept are: 1. This country does not issue TINs 2. I have asked for a TIN, but have not yet been given one - you must tell us when received

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

4. I have an exemption under the laws of this country from holding a TIN – write a code or give us details

3. The laws of this country do not require me to disclose my TIN

4. Is the company or true	st a US resident for tax purposes?	
No ▶ go to question	5	
Yes – please tell us ye	our TIN ▶ then go to question 5	
TIN		
5. Is the company or trust a resident of any country other than Australia or the US for tax purposes?		
No ▶ go to question 6		
Yes – please tell us which ones, using the following table ▶ then go to question 6		
Country	TIN	No TIN? Which reason? See HELP box above
1		
2		
3		

Section 3. Companies and Non-Superannuation Trusts

6. Is the company or trust a 'financial institution'?	
Be careful – financial Institution is broadly defined – see HELP box	
Not relevant - I wrote my TIN in question 4 ▶ go to question 7	
No ▶ go to question 7	
Yes – please tell us your GIIN – see HELP box	
GIIN	
Where to now?  I ticked YES and completed my GIIN ▶ go to question 7	
I ticked YES but did not write a GIIN  − tell us below why you did not write a GIIN ► then go to question 7	
Excepted Financial Institution	
Deemed Compliant Financial Institution	
Exempt Beneficial Owner	
Non-participating Financial Institution	
Non-reporting IGA Financial Institution	
The trust is a trustee-documented trust - their GIIN is	
Sponsored financial institution – their GIIN is	
GIIN	
7. Are you a public company listed on a stock exchange?	

No ▶ go to question 8

Yes ▶ go to Section 4 Signatures

#### HELP

#### What is a financial institution?

This includes:

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

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

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

So, as general rules:

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

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

#### 2. a depository institution

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

#### 3. a custodial institution

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

#### 4. certain prescribed entities

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

# 8. Are you 'active' or 'passive'? The company or trust is an 'active' non-financial entity ▶ go to Section 4 Signatures The company or trust is a 'passive' non-financial entity po to guestion 9 **HELP** What is 'active' and 'passive'? A non-financial entity (NFE) is any entity that is not a financial institution as defined above. NFE/NFFE includes the following entity types: Private or proprietary company that is NOT a financial institution Public unlisted company that is NOT a financial institution Partnership, Trust, Co-operative, Association or club, that is NOT a financial Institution Registered or non-registered charitable organisations, that is NOT a financial Institution You will be a passive NFE if you are not an active NFE. Generally, you will be an active NFE if: your stock (or a related entity's stock) is regularly traded on established securities market less than 50% of your gross income for the previous reporting period was passive income and less than 50% of your assets during that period produce or were held to produce passive income you are a Governmental entity, an international organisation, a central bank or an entity wholly owned by one of the above you are exempt from income tax in your residential jurisdiction and were established and operated exclusively for religious, charitable, scientific, artistic, athletic or educational purposes and meet certain other specific criteria, or you have not been a financial institution in the past five years and are in the process of liquidating your assets or reorganising with the intent to recommence operations other than as a financial institution. If you are unsure whether you are an Active or Passive NFE, please get advice. 9. Do you have any 'controlling persons' who are resident of another country for tax purposes? I am passive, and YES I do have controlling persons who are resident of another country for tax purposes. Complete the controlling persons details in the table below ▶ then go to Section 4 Signatures. Please note: if the Financial Institution is an investment entity located in a non-participating CRS Jurisdiction and managed by another Financial Institution you will also need to complete the controlling persons details. If there is not enough room in the table, please copy the page and attach it to your completed form. I am passive, but NO I do not have controlling persons who are resident of another country for tax purposes. Please read the HELP box before making your selection. If you have made this selection ▶ go to Section 4 Signatures. **HELP**

#### **Controlling persons**

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

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

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

Controlling Person	Controlling Person
Title Given name	Title Given name
Surname	Surname
Date of birth (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)
City and country of birth	City and country of birth
Residential Address	Residential Address
Number Street name	Number Street name
Suburb State	Suburb State
Postcode/Zip Country	Postcode/Zip Country
Country of tax TIN See HELP at questions 3 or 5	Country of tax TIN See HELP at questions 3 or 5
1	1
2	2
3	3
4	4

Controlling Person	Controlling Person
Title Given name	Title Given name
Surname	Surname
Date of birth (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)
City and country of birth	City and country of birth
Residential Address	Residential Address
Number Street name	Number Street name
Suburb State	Suburb State
Postcode/Zip Country	Postcode/Zip Country
Country of tax TIN See HELP at questions 3 or 5	Country of tax TIN See HELP at questions 3 or 5
1	1
2	2
3	3

#### Section 4. Declarations and Signatures

#### Important information

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

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

#### By completing and signing this declaration I certify that:

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

#### **Controlling Person Declaration and Undertaking**

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

#### How to sign

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

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

Signature	Signature
Please print full name	Please print full name
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)