

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 Property Income Fund - Wholesale	\$5,000	Wholesale investors only	A wholesale certificate will be required if investing in the Fund via 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 www.australianunity.com.au/wealth or from your financial adviser. The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS, or IM. We will provide on request and without charge a paper or electronic copy of the current PDS or IM, and its incorporated documents.

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

Complete all relevant sections of this application form either:

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

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

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

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

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

Certify and collect the identification documents.

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

Tell us your tax status.

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

Send your documents to our administrator

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

Send by Post: Australian Unity

GPO Box 804 Melbourne VIC 3001

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

Make your payment.

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

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

1. INVESTOR ASSESSMENT

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

Mandatory questions are marked*

Questi	on 1: Investor Status*
Please	select one of the following options:
	I am/We are investing at least \$500,000
	Please continue to Section 2.
	I am/We are a Wholesale Client and will provide a copy of my/our Wholesale Certificate with my/our application. I/we confirm that the product we are applying for in for this application will not be used in connection with a business.
	Date of Certificate: DD / MM / YYYY
	Please attach an accountant's certified prepared Wholesale Certificate, prepared in accordance with Section 761G of the Corporation Act (the certificate must have been signed less than two years from the date of this application).
	Please continue to Section 2.
	I am/We are a 'professional investor' as defined by the Corporations Act.
	Please select the applicable option below:
	A person who controls at least \$10,000,000 (Please attach supporting documentation with your application); or
	A trustee of a superannuation fund (within the meaning of the Superannuation Industry (Supervision) Act 1993) and the fund has net asseets of at least \$10,000,000 (Please attach supporting documentation with your application); or
	An Australian Financial Services Licensee - AFSL Number:
	Note: If you are investing as a 'professional investor', we cannot process your application until we have verified the supporting documentation provided with your application.
	Please continue to Section 2.
	I am/We are not a Wholesale Client with a Wholesale Certificate.
	You are not eligible to invest in this financial product. Please do not continue as we are unable to accept your application. Should your financial circumstances change, we welcome you to re-apply.

More Information

What is a Wholesale Client?

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

- purchasing a financial product where the value of the product is above the prescribed threshold of \$500,000 in a single transaction; or
- with certified net assets of at least \$2,5000,000 or who had a gross income for each of the past two financial years of at least \$250,000 (as certified by a qualified accountant); or
- who qualifies as a 'professional investor'. This includes AFS licensees, listed entities, banks and friendly societies, and other entities that may be presumed to have expertise or access to professional advice to justify their being treated as wholesale.

Current AU Wholesale certificate template

2. ARE YOU AN EXISTING INVESTOR?	
No, complete section 3 onwards.	
X 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 Date of birth (DD/MM/YYYY)	This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material). ABN Are you a sole trader?
Residential Address	No Yes
A PO Box/RMB/Locked Bag is not acceptable.	If yes, what is your business name?
Property/Building name (if applicable) Unit Street number	Tax Details — Australian Residents If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for
Street name	exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.
Suburb State Postcode Country	* If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension)
Postal Address (if different to residential address)	Reason for exemption
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 Street name	Investor 2 – Personal Details Title Full given names
Suburb State	Surname
Postcode Country Contact Details	Date of birth (DD/MM/YYYY) DD / MM / YYYYY Residential Address
Home number (include country and area code)	A PO Box/RMB/Locked Bag is not acceptable.
Business number (include country and area code)	Property/Building name (if applicable)
	Unit Street number

Suburb State	Email address	
Postcode Country	All correspondence will be sent to the addr investor 1.	ess provided for
Postal Address (if different to residential address)	Tax Details — Australian Residents	
A PO Box/RMB/Locked Bag is acceptable. Property/Building name (if applicable)	If you are an Australian resident for tax pur your tax file number (TFN) or reason for ex Australian resident and do not provide you exemption, you will be taxed at the highest the Medicare levy.	emption. If you are an r TFN, or reason for
Unit Street number	·	
	TFN	
Street name	****	. "
Suburb State	* If exempt, please specify reason. If due to please state full name of benefit (e.g. Age I Reason for exemption	
Postcode Country	Tax Details — Non Australian Residents	
Contact Details	If you are not an Australian resident for tax	nurnoses nlease
	indicate your country of residence for tax p	
Home number (include country and area code)		
Business number (include country and area code)	If there are more than two individual invest provide the full name, date of birth, and re each on a separate sheet and attach to this	sidential address of
4. COMPANY/PARTNERSHIP – Corporate/Executor - Corporate Complete if you are investing as a company or as a trust with a corporate trustee.	Unit Street number	
Note: You are also required to complete the relevant		
Identification Form.	Street name	
Identification Form.		State
· · · · · · · · · · · · · · · · · · ·	Street name Suburb	State
Identification Form. Company Details	Suburb	State
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian	Suburb	State
Identification Form. Company Details Full name of company (as registered by ASIC)	Suburb Postcode Country Principal Place of Business – Postal Address	
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian	Suburb Postcode Country Principal Place of Business – Postal Addresabove)	
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one)	Suburb Postcode Country Principal Place of Business – Postal Addresabove) A PO Box/RMB/Locked Bag is acceptable.	
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one)	Suburb Postcode Country Principal Place of Business – Postal Addresabove)	
Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one) TFN Country of residency (if a foreign company)	Suburb Postcode Country Principal Place of Business – Postal Addresabove) A PO Box/RMB/Locked Bag is acceptable.	
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one) TFN	Suburb Postcode Country Principal Place of Business – Postal Addresabove) A PO Box/RMB/Locked Bag is acceptable. Property/Building name (if applicable)	
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one) TFN Country of residency (if a foreign company) Respective share of each partner in the partnership	Suburb Postcode Country Principal Place of Business – Postal Addresabove) A PO Box/RMB/Locked Bag is acceptable. Property/Building name (if applicable)	
Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one) TFN Country of residency (if a foreign company)	Suburb Postcode Country Principal Place of Business – Postal Addresabove) A PO Box/RMB/Locked Bag is acceptable. Property/Building name (if applicable) Unit Street number	
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one) TFN Country of residency (if a foreign company) Respective share of each partner in the partnership Registered Office Address A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company, write the address of your Australian registered agent (if	Suburb Postcode Country Principal Place of Business – Postal Addresabove) A PO Box/RMB/Locked Bag is acceptable. Property/Building name (if applicable) Unit Street number	
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one) TFN Country of residency (if a foreign company) Respective share of each partner in the partnership Registered Office Address A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company, write the address of your Australian registered agent (if you have one) or else write your principal place of business.	Suburb Postcode Country Principal Place of Business – Postal Addresabove) A PO Box/RMB/Locked Bag is acceptable. Property/Building name (if applicable) Unit Street number Street name	ss (if different to
Identification Form. Company Details Full name of company (as registered by ASIC) ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one) TFN Country of residency (if a foreign company) Respective share of each partner in the partnership Registered Office Address A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company, write the address of your Australian registered agent (if	Suburb Postcode Country Principal Place of Business – Postal Addresabove) A PO Box/RMB/Locked Bag is acceptable. Property/Building name (if applicable) Unit Street number Street name	ss (if different to

correspondence	e (such as transaction c		
Name of trust of ABN (applicable	er superannuation fund		Office)
ion, distributions w APIR	Investment amount (Minimum AUD \$5,000)	(indicate (X) one Pay to my	ion option option per fund) Reinvest
YOC0100AU		burne u/ c	
	Trust or supera Name of trust of ABN (applicable superannuation TFN	correspondence (such as transaction or reports and other material). Trust or superannuation fund details Name of trust or superannuation fund ABN (applicable if you are a trust or a superannuation fund registered with the TFN TFN ion, distributions will be reinvested. APIR Investment amount (Minimum AUD \$5,000)	Trust or superannuation fund details Name of trust or superannuation fund ABN (applicable if you are a trust or a self-managed superannuation fund registered with the Australian Tax TFN TFN Investment amount (Minimum AUD \$5,000) Distributi (indicate (X) one Pay to my bank a/c)

7. PAYMENT OF APPLICATION AMOUNT I/We request and authorise OneVue Fund Services Pty Ltd ABN 18 Select your payment method and complete the relevant section if 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 **EFT** deemed payable by OneVue. Direct debit Signature of primary account holder **EFT** SS&C GIDS TRANSFER AGENCY (AUSTRALIA) Account name: Please print full name PTY LTD AS AGENT FOR AUSTRALIAN UNITY INVESTMENTS LIMITED Date (DD/MM/YYYY) 083-001 BSB: 898586895 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 your nominated financial institution account by completing the Please print full name 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

8. FINANCIAL INSTITUTION ACCOUNT DETAILS

Account number

Australian bank account details

Branch name

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 institut	ion name	
Branch name		
BSB number	Account number	
Account name		

9. COMMUNICATION

Automatic online account access

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

Annual Report

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

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

	our fund).	egarding general correspondence
	By email	By post
Mar	keting material	
	,	t commentary, event invitations etc me. Please tick this box if you do not ommunications.

10. IDENTIFICATION AND VERIFICATION

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

11. FINANCIAL ADVISER DETAILS

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

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

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

Advice fee payment election

Complete this section if you want financial planning fees to

be paid monthly from your investment. The Advice Fee payment reflects your arrangement with your financial adviser and is calculated and deducted (by way of withdrawal of units) on a monthly basis. Have you agreed to have an advice fee deducted from your
investment account?
Yes, I/we request that the Responsible Entity deduct an ongoing advice fee of
No
Investor must tick one box, if no options are selected it will be default to no adviser fee applicable.
Please note one-off payments and fixed dollar amounts are not possible.
If you close your investment in the fund before the end of the month, no payment will be paid for that month and your financial adviser may look for this to be paid directly by you. We will keep paying any ongoing fee until you advise us it has changed or should stop.
Contact Details
Business number (include country and area code)
Mobile number (include country code)
Email
Adviser Signature

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

Section 11b: To be completed by the financial adviser

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

dviser ful	l nam	e	
AFSL numb	er	Authorised representative number (if any)
Address			
roperty/B	uildin	ng name (if applicable)	
Unit S	treet	Number	
Street nam	ne		
Suburb			State
Postcode		untry	
rosicode		unity	
Postal Ad	dress	s (if different to above)	
Property/	'Build	ling name (if applicable)	
		<u> </u>	
	Stre	eet Number	
Unit			
Unit			
	ne		
	ne		
Street nan	ne		State
Unit Street nan Suburb	ne		State

12. FINANCIAL ADVISER DECLARATION I certify that in accordance with the FSC/FPA Industry Guidance Note 24 ('GN 24'), I have: (Mark the appropriate box with an 'X') Option 1. Collected, verified and retained the appropriate customer identification documentation to confirm the identity of all individuals/investors with this application to meet my obligations in respect of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF laws') and agree to provide access to these records as required. OR Option 2. Collected and verified the appropriate customer identification documentation to confirm the identity of all individuals/investors with this application to meet my obligations in respect of the AML/CTF laws and have attached the copy of source documents for reference only. OR Option 3. I have not completed the AML/CTF checks on this/these client/s. I have completed the identification form included in this application form and attached the certified copy of the source documents. If no box is marked, I agree that Option 1 applies. In addition, as the Investors' financial adviser, I warrant and represent to AU that I, as applicable: • If I have signed this application form on behalf of my client(s), I have attached the certified copy of the Power of Attorney verifying my have followed and complied with GN 24 and any other applicable AML/CTF laws in identifying and verifying all individuals/investors with this application; will continue to comply with GN 24; will provide, upon request, original identification and verification records and details of the identification procedures adopted; have kept a record of the investor's identification and verification and will retain these for a period of seven years after the investor/ adviser relationship has ended; will if requested update and re-verify the investor and provide any other additional information regarding the investor; will not knowingly do anything to cause AU to breach AML/CTF laws and will notify AU if I become aware of anything that would cause AU to breach AML/CTF laws; I have provided personal financial advice to my client in relation to the financial product sought to be acquired by this application; the issuance of the financial product sought to be acquired by this application is necessary to implement that personal financial confirm that the details provided in any identification and verification records are true and correct.

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.

Date (DD/MM/YYYY)

Adviser Signature

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 Investments 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 Investments 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;
- if I am/we are a Wholesale Client, I/we must provide Australian Unity with valid supporting documentation; and
- I/we confirm the information provided in this application form is correct and I/we will inform you within 30 days if there are any changes in circumstances. I/we understand that penalties may apply for providing false information.

14. SIGNING INSTRUCTIONS Individual - where the investment is in one name, the sole investor must sign. Joint Holding - where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date. Companies or corporate partnerships or corporate trustees where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed. By signing as a single director investor confirms that the company is a single director company.

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

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

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

Please print full name
Date (DD/MM/YYYY)
Company officer (please indicate company capacity)
Director
Sole director and company secretary
Authorised signatory
Signature of Investor 2, Director/Company Secretary or Authorised Signatory
Please print full name
Date (DD/MM/YYYY)
Company officer (please indicate company capacity)
Director
Company secretary
Authorised signatory
If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.
Yes No

Signature of Investor 1 Director or Authorised Signature

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

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.
This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
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 service to the public a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993) a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993) a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described) a Judge of a court a magistrate a chief executive officer of a Commonwealth court a registrar or deputy registrar of a court a Police officer an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
'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).
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.
 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.

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. Pei	rsonal Details		
Title	Full given names		se indicate the source and origin of funds being sted:
	birth (DD/MM/YYYY) / / occupation		Savings Investment Superannuation contributions Commission Donation/gift Inheritance
			Normal course of business Asset sale Other – write the source and origin of funds below
2. Ve	rification Procedure – Individual Investor/Joint Accoun	nt/Partnersh	ip – Individual/Executor - Individual
1 or if Group 7 Group 7 Provide	provide a certified copy of one document from Group you can't, a certified copy of two documents from 2 for each individual applicant. 1 e 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 able to foreign individual accounts only: tion to the identification documents outlined above, a individual who wishes to establish a relationship must ovide evidence of a current visa.	If yo	pu can't provide anything from Group 1, then provide a diffed 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 US, 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	gnature		
Signatu Please I	print full name	Date	e (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 No 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 How many directors are there?	Director 4 Title Full given names Surname	
Provide the full name of each director.		
Director 1 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	Regulator/Name of professional association	
listed company? No Yes – please provide name of listed company and market/exchange	Licence number/Relevant Membership details	
Name of Company	If you answered yes to any of these questions, please provideu with a certified copy of one of the following and sign the form 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 search of the relevant market/exchange	

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

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

Beneficial Owner Information to be completed by:

- Australian incorporated or created entities such as:
 - unlicensed proprietary limited companies, not subject to regulatory oversight (note: not applicable for complying Australian Superannuation Fund investors); or
 - 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

Deficiencial Office 1
Title Full given names
Surname/Company name
Date of birth (DD/MM/YYYY)
Usual occupation/Nature of business
Residential Address/Registered Office Address
A PO Box/RMB/Locked Bag is not acceptable
Property/Building name (if applicable)
Unit Street number

Street name			
Suburb State			
Postcode Country			
Beneficial Owner 2			
Title Full given names			
The raingiven 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			
Surnamo/Company namo			
Surname/Company name			
Surfiame/Company flame			
Date of birth (DD/MM/YYYY)			

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
Street name	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	showing your date of birth, signature and photo
Surname/Company name	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	a Government issued notice one which shows your name and residential address, not more than 12 months' old
Street name	
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
business name (ii any)	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 provide a certified copy of one of the following:
This includes complying superannuation funds and SMSFs or	
another type of trust registered and regulated by an Australian Commonwealth statutory regulator.	Superannuation funds go to www.abn.business.gov.au , select the 'Super
☐ No ☐ Yes	Fund Lookup' option and print out the results for 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)
Registered managed investment scheme	No Yes
No Yes	If yes, please specify the type of trust
If yes, please tell us the ARSN	
	Please provide full name, address and date of birth of all
Government superannuation fund	beneficial owners who are individuals who own 25% or more of the trust income or assets or who control (whether directly
	or indirectly) the trust and either the date of birth or full
No Yes	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.

25% or more by you.

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

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

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
Usual occupation/Nature of business	Surname
	Beneficiary 4
Residential Address/Registered Office Address A PO Box/RMB/Locked Bag is not acceptable	Title Full given names
Property/Building name (if applicable)	
	Surname
Unit Street number	Please provide the name of the appointor of the trust,
	if applicable
Street name	
	HELP
Suburb State	Appointor: the appointor has the power to appoint or remove the trustees of the trust. Not all trusts have an
	appointor.
	Name of trust settlor
Postcode Country	Nume of trust section
Please provide the name of all beneficiaries that are not beneficial owners	HELP
If the trust deed describes the beneficiaries by reference to	Settlor: 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:
Tan given names	Trust deed
	or an extract of the trust deed showing the full
Surname	name of the trust and any named trust settlor
	Other documentation confirming the full name of the trust and the name

of the trust settlor

3. Trustee Details 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 certificate

3.2.3. Foreign Company Trustee

Country of formation

Australian or foreign government issued

Centrelink pension or health card

please copy the front and back.

citizenship certificate

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
	How many directors are there?
Registered in that country?	,
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	
	Surname
Registered business address in country of formation A PO Box/RMB/Locked Bag is not acceptable Property/Building name (if applicable)	Director 2 Title Full given names
Unit Street number	Surname
	Director 3
Street name	
	Title Full given names
Suburb State	
	Surname
Postcode Country	Director 4
	Director 4
Diagrams with contified conice of one of the	Title Full given names
Please provide us with certified copies of one of the following:	
an ASIC or foreign regulator search	Surname
an ASIC or foreign regulator certificate of 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 (3.2.4 (a)) or private companies (Section 3.2.4 (b)) as applicable.	separate sheet and attach to this form. 3.2.5. Regulated/Listed companies
3.2.4. (a) Public Company	Are you an Australian listed company?
Are you a public company?	No Yes - please provide name of
□ No □ Yes	market/exchange
If yes, please proceed to Section 3.2.5	Market/Exchange
3.2.4. (b) Private Company	Are you a majority-owned subsidiary of an Australian
Are you a private company?	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	
	Beneficial Owner 2
Licence number	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/bunding name (ii applicable)
Beneficial Owner 1	Unit Street number
Title Full given names	
	Street name
Surname/Company name	
	Suburb State
Data of high (DD AMARONO)	
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 accepta	ahla
Title Full given names	Property/Building name (if applicable)	ible
	repersy, a many mane (a approximate)	
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 Owne	ers
	Please provide a certified copy of one do	cument from Group
Unit Street number	1 or if you can't, a certified copy of two d Group 2 for each individual applicant.	ocuments from
	Group 1	
Street name	Provide a certified copy of one of these:	
	Australian driver's licence showing your photo, and please copy the front and back	
Suburb State		
	Foreign driver's licence showing your date of birth, signal	ature and photo
Postcode Country	Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the page	
	which identify you	ise copy the pages
Beneficial Owner 4	Foreign passport	
Title Full given names	showing your signature and photo, and please cop the pages which identify you	
Surname/Company name	Australian State or Territory Gov	vernment issued
	ID card showing your date of birth, signa	ature and photo
Date of birth (DD/MM/YYYY)	Foreign Government issued ID of showing your date of birth, signal	
Have a constant (Nature of Charles)		
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 question 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 3. The laws of this country do not require me to disclose my TIN

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

4. Is the company or trust a US residen	nt for tax purposes?	
No ▶ go to question 5		
Yes – please tell us your TIN ▶ the	n go to question 5	
TIN		
5. Is the company or trust a resident o	f any country other than Australia or the US f	or tax purposes?
No ▶ go to question 6		
Yes – please tell us which ones, usin	ng the following table $ ightharpoonup$ then go to question 6	
Country	TIN	No TIN? Which reason?
		See HELP box above
1		
2		
3		
4		

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:

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

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

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

So, as general rules:

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

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

2. a depository institution

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

3. a custodial institution

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

4. certain prescribed entities

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

8. Are you 'active' or 'passive'? The company or trust is an 'active' non-financial entity ▶ go to Section 4 Signatures The company or trust is a 'passive' non-financial entity 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 residence 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
A	4

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)