

Client Services contact details

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

Send your form by email: australianunitywealth_transactions@unitregistry.com.au

Email enquiries: australianunitywealth@unitregistry.com.au

Additional Application Form - Wholesale Property Funds

Use this form if you are an existing investor and wish to make an additional investment.

Please complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid, cross out your mistake and initial your changes.

HOW TO COMPLETE THIS FORM

Step 1 Read and ensure you understand the applicable Information Memorandum (IM) for the Fund you are making an additional investment in.
The IM is available on our website www.australianunity.com.au/wealth. If you are unable to access the link or print the document, contact us on 1300 997 774.

Step 2 Please ensure you have completed the following:

- written your account number and account name as it appears on the latest statement
- written the amount in Australian dollars
- selected the payment method you would like to use
- signed the form as per the 'Signing instructions' in section 5

Step 3 **Send your documents to us.**
You can return your forms 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

Step 4 **Transfer your application money to us.**
Please refer to section 4 'Payment of application amount'.

SECTION A: 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*

Question 1. Investor Status*

Please select one of the following options:

☐ I am/We are investing at least \$500,000 (or have invested \$500,000 or more in a single transaction).

Please continue to Section B: Financial Adviser Details if you have an adviser.

☐ 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 this application will not be used in connection with a business.

Date of certificate: / /

Please attach an accountant's certified prepared [Wholesale Certificate](#), prepared in accordance with Section 761G of the Corporations Act (the certificate must have been signed less than two years from the date of this application).

Please continue to Section B: Financial Adviser Details if you have an adviser.

☐ 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 assets 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 B: Financial Adviser Details if you have an adviser.

☐ I am we/are not a Wholesale Client with a Wholesale Certificate. **Please note: Investment is only available to investors who are 'Wholesale Clients' within the meaning of section 761A of the Corporations Act.**

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 \$2,500,000 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](#)

Question 2. Financial Advice*

Have you received current personal financial advice in relation to this application and is this application necessary to implement such personal financial advice?

☐ **Yes** - Please continue to **Section B: Investor Details** and complete the Financial Adviser Details section.

☐ **No** - Please continue to Question 1: Investor Details

SECTION B: FINANCIAL ADVISER DETAILS

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

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

Details

AFSL holder name

AFSL number

Adviser name

Advisor code or Authorised representative number

ABN

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone

Mobile

Performance of investor identification & verification procedures

Please indicate below whether client identification and verification procedures have been performed.

☐

No - I have not performed the applicable customer identification procedure on this investor.

☐

Yes - I have completed the applicable customer identification procedure on this investor.

Financial adviser declaration

Notice to financial adviser: please note that reliance on the KYC performed by the financial adviser is only acceptable if all the criteria below is met.

☐

I hold an AFSL in my own name or have been appointed as an authorised representative by the licensee.

☐

I am a reporting entity for AML/CTF purposes.

☐

The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken.

☐

I have attached the KYC documents to this form.

AFSL full legal entity name

AFSL number

By submitting this application on behalf of my client I attest that:

- I have provided personal financial advice to my client in relation to the financial product sought to be acquired by this application; and
- the issuance of the financial product sought to be acquired by this application is necessary to implement that personal financial advice.

Please print full name

Signature

1. INVESTOR DETAILS

Account number

Investor name

2. INVESTMENT DETAILS AND DISTRIBUTION INSTRUCTIONS

Please specify the amount(s) you wish to invest.

If you qualify as a Wholesale Client and provided supporting documentation then you may invest in any fund in the list.

However, if you do not qualify as a Wholesale Client then you are unable to add to your existing funds.

If you are an existing unit holder in the fund for which you are applying, the distribution choice below will override any pre-existing election. If you have not previously provided your bank account information, please complete a Change of Details form.

Please note: Distribution reinvest is not currently available for any fund in the list below.

Fund name	APIR	Investment amount (Minimum AUD \$50,000)	Distribution option (indicate (X) one option per fund)	
			Pay to my bank a/c	Reinvest
Australian Unity Childcare Property Fund	AUS4284AU	<input type="text"/>	<input type="checkbox"/>	N/A
Australian Unity Specialist Disability Accommodation Fund	AUS9836AU	<input type="text"/>	<input type="checkbox"/>	N/A

3. OTHER INSTRUCTIONS

If you wish to change your other instructions (such as your reporting preferences, Financial Adviser information, or contact details), please complete the relevant form, available from our website www.australianunity.com.au/wealth/forms.

4. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

☐ EFT ☐ Direct Debit

EFT	Electronic Funds Transfer
Account name:	OFS ARF Australian Unity Funds Management Ltd Application Trust Account
BSB:	083-001
Account number:	765189036
Your reference:	[please use the name of the investor and investor number]

Direct debit authority – Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

We use OneVue Fund Services Pty Ltd as our external service provider to process your application and payment. By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this request and in your Direct Debit Request Service Agreement.

Financial institution name	Branch name
<input type="text"/>	<input type="text"/>
Account name	
<input type="text"/>	
BSB number	Account number
<input type="text"/>	<input type="text"/>

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

Signature of primary account holder	
<input type="text"/>	
Please print full name	Date Signed (DD/MM/YYYY)
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of joint account holder (if applicable)	
<input type="text"/>	
Please print full name	Date Signed (DD/MM/YYYY)
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. SIGNING INSTRUCTIONS

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current IM
- monies deposited are not associated with crime, money laundering or terrorism financing, nor will monies received from your account have any such association
- you are not bankrupt or a minor
- you agree to be bound by the constitution of the Fund and the IM as a supplemented, replaced or re-issued from time to time; and
- if you are a Wholesale Client, you have/will provide Australian Unity with valid supporting documentation.

Individual - where the investment is in one name, the account holder must sign.

Joint Holding - where the investment is in more than one name, all of the account holders must sign.

Companies - 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 acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. 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

Signature

Please print full name

Date Signed (DD/MM/YY) //

Signature of investor 2, director/company secretary or authorised signatory

Signature

Please print full name

Date Signed (DD/MM/YY) //

Company officer (please indicate company capacity)

Director ☐

Sole Director and Company Secretary ☐

Authorised Representative ☐

Company officer (please indicate company capacity)

Director ☐

Company Secretary ☐

Authorised Representative ☐