Investor Additional Details Form Part A



Australian Unity Select Income Fund ARSN 091 886 789

Complete this form to provide additional information to help enable the transfer of an investment into your name.

Please:

- Refer to the 'Anti-Money Laundering Laws and Foreign Account Tax Compliance Act Information' document on our website australianunity.
 com.au before completing this Form. This document provides the definition of a 'Politically Exposed Person' and enables you to assess whether you need to complete a 'Beneficial Owner Information Form.'
- Use **BLOCK** letters and a black or blue pen to complete this Form.
- Indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'.

New investor: Are you a new investor with Australian Unity? Yes - Go to Step 2 and complete all details No - See below	Step 1 Account details		
Existing investor: Is the investment transfer to be in the same name as your existing account name? No - Go to Step 2 and complete all details	New investor: Are you a ne	ew investor with Australian Unity?	
Existing investor: Is the investment transfer to be in the same name as your existing account name? No - Go to Step 2 and complete all details	Yes - Go to Step 2 and	d complete all details	
No - Go to Step 2 and complete all details	X No - See below		
Yes - Please specify your existing account number and account name	Existing investor: Is the in	vestment transfer to be in the same name as your existing account name?	
Account name Investor TFN Or TFN exemption' If any of your details have changed please provide them below, otherwise go to Step 5. Step 2 Investor (transferee) details What type of investment account? (Please indicate using an 'X') Individual	No - Go to Step 2 and	l complete all details	
Account name Investor TFN Or TFN exemption' If any of your details have changed please provide them below, otherwise go to Step 5. Step 2 Investor (transferee) details What type of investment account? (Please indicate using an 'X.') Individual Joint Partnership Company Superannuation fund Trust Estate Investor 1 (individual/Joint/Partnership - Individual) Title Mr Mrs Ms Miss Date of birth D M / Y Y Y Surname Given name(s) Occupation Email Investor TFN Or TFN exemption' *If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension). Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Yes - Please specify y	our existing account number and account name	
Investor TFN Or TFN exemption' If any of your details have changed please provide them below, otherwise go to Step 5. Step 2 Investor (transferee) details What type of investment account? (Please indicate using an 'X') Individual	Account number		
Or TFN exemption' If any of your details have changed please provide them below, otherwise go to Step 5. Step 2 Investor (transferee) details What type of investment account? (Please indicate using an 'X'.) Individual	Account name		
If any of your details have changed please provide them below, otherwise go to Step 5. Step 2 Investor (transferee) details What type of investment account? (Please indicate using an 'X'.) Individual	Investor TFN		
Step 2 Investor (transferee) details What type of investment account? (Please indicate using an 'X') Individual Joint Partnership Company Superannuation fund Trust Estate Investor 1 (individual/Joint/Partnership - Individual)	Or TFN exemption*	*if exempt, please specify reason.	
What type of investment account? (Please indicate using an 'X') Individual	If any of your details have o	changed please provide them below, otherwise go to Step 5 .	
Individual	Step 2 Investor (transfer	ree) details	
Investor 1 (individual/Joint/Partnership - Individual) Title	What type of investment a	ccount? (Please indicate using an 'X'.)	
Title X Mr X Mrs X Ms X Miss Date of birth D D / M M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Surname Given name(s) Occupation Email Investor TFN Or TFN exemption* *If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension). Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Investor 1 (individual/Jo	oint/Partnership - Individual)	
Given name(s) Occupation Email Investor TFN Or TFN exemption* *If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension). Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Title	X Mr X Mrs X Ms X Miss Date of birth D D / M M / Y Y Y	
Occupation Email Investor TFN Or TFN exemption* *If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension). Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Surname		
Email Investor TFN Or TFN exemption* *If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension). Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Given name(s)		
Investor TFN Or TFN exemption* *If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension). Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Occupation		
Or TFN exemption* *If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension). Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Email		
*If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension). Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Investor TFN		
Country of residence for tax purposes (if outside of Australia) Are you a US Citizen	Or TFN exemption*		
If yes, please provide the child's Taxpayer Identification Number ('TIN')	for tax purposes (if outside of Australia) Are you a US Citizen or US tax resident?	X Yes X No	



Are you a Politically Exposed Person?	X Yes X No		
Please identify the	Gainful employment Inheritance/gift Financial investments		
source of your investable assets or wealth	X Business activity X Superannuation X Other - please specify:		
Or TFN exemption*	*if exempt, please specify reason.		
Investor 1 Residential add	Iress (not a P.O. Box)		
Unit	Street number Street number		
Street name			
Suburb	State		
Postcode	Country (if not Australia)		
Investor 2 (individual/Joi	int/Partnership - Individual)		
Title	$oxed{X}$ Mr $oxed{X}$ Mrs $oxed{X}$ Ms $oxed{X}$ Miss Date of birth $oxed{D}$ / $oxed{M}$ / $oxed{Y}$ $oxed{Y}$		
Surname			
Given name(s)			
Occupation			
Email			
Investor TFN			
Or TFN exemption*			
Country of residence	*If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. Age Pension).		
for tax purposes (if outside of Australia)			
Are you a US Citizen or US tax resident?	X Yes X No		
If yes, please provide the ch	nild's Taxpayer Identification Number ('TIN')		
Investor 2 Residential add	lress (not a P.O. Box)		
Unit	Street number Street number		
Street name			
Suburb	State		
Postcode	Country (if not Australia)		
Minor (Child under the ag	ge of 18 years)		
Surname			
Glven name(s)			
Are you a US Citizen or US tax resident?	X Yes X No		
If yes, please provide the ch	nild's Taxpayer Identification Number ('TIN')		
Is the child a Politically Exposed person?	X Yes X No		
Please identify the source of the child's investable	X Gainful employment X Inheritance/gift X Financial investments		
assets or wealth	X Business activity X Superannuation X Other - please specify:		



Superannuation fund Are you a complying superannuation fund, an exempt public sector superannuation scheme, an approved deposit fund or a pooled superannuation trust? Please refer to superfundlookup.gov.au to confirm the complying status of your superannuation fund. No – You will need to complete the FATCA section contained in Part B of this Form. Yes Name of entity A.R.B.N. or A.B.N. TFN Or TFN exemption* *If exempt, please specify reason. Name of custodian or trustee Country of residence for tax purposes (if outside of Australia) Country of incorporation or creation Contact person Email Please identify the Gainful employment Inheritance/gift Financial investments source your investable assets or wealth Other - please specify: Business activity Superannuation (Company/Trust/Estate/Partnership) - Corporate If you are applying as a Partnership - Corporate, please call us on 1300 412 356 before you complete this section. Name of entity A.R.B.N. or A.B.N. TFN Or TFN exemption* *If exempt, please specify reason Name of custodian or trustee Country of residence for tax purposes (if outside of Australia) Country of incorporation or creation Contact person Email Please identify the Gainful employment Inheritance/gift Financial investments source your investable assets or wealth Business activity Other - please specify: Superannuation Nature of business



Registered business addre	ss (not a P.O. Box)
Unit	Street number Street number
Street name	
Suburb	State
Postcode	Country (if not Australia)
Step 3 Mailing address	
Same as Investor 1 re	sidential address/business address OR Same as Investor 2 residential address
Otherwise complete maili	ng address details below:
Unit	Street number P.O. Box
Street name	
Suburb	State
Postcode	Country (if not Australia)
Step 4 Contact details	
Contact name	
Phone (after hours)	Phone (business hours)
Mobile	Facsimile
Email	
Step 5 Payments from y	pur investment
Distributions	
How would you like your di	stributions to be paid?
X Reinvested X	Credited to my nominated Australian financial institution account (details provied below).
If left blank or no banking of	letails are provided below, then your distributions will automatically be reinvested (where appropriate, if applicable).
Your Australian financial	institution account details (for distributions and withdrawals)
	Australian financial institution account for a payment to be made into that nominated account. Australian financial institution account details means that you authorise the use of this information for all future ests that you initiate.
Branch name	
Name of Account holder(s)	
Branch number (BSB)	
Account number	

If you do not have a financial adviser, please proceed to **Step 7**.



Advice fee payment elect	ion		
Have you agreed to have an advice fee deducted from your investment account? (Please refer to 'Payments to your financial adviser' in the relevant PDS for further details.) Yes, I request that the relevant Responsible Entity deduct an ongoing advice fee of % on a monthly basis from my investment in the fund.			
Step 6 Adviser arrangeme	ents (Adviser use only)		
If you are an existing advise Otherwise, please complete	r with us, please provide your name, Australian Unity adviser code and affix your adviser stamp below. all details below.		
Adviser's business name			
Adviser's title	Mrs Ms Miss		
Adviser's surname			
Adviser's given name(s)			
Telephone	Facsimile		
Mobile			
Email			
Dealer Group/Licensee			
AU Adviser Code	AFS Licence No		
Adviser mailing address			
Unit	Street number P.O. Box		
Street name			
Suburb	State		
Postcode	Country (if not Australia)		
Address stamp			



Investor identity verification declaration

I certify in accordance with the FSC/FPA Industry Guidance Note 24 ('GN 24'), that I have: (Mark the appropriate box with an 'X'.)			
Collected, verified and retained the appropriate customer identification docur with this application to meet my obligations in respect of the Anti-Money Laur ('AML/CTF laws') and agree to provide access to these records as required.	, , , , , , , , , , , , , , , , , , , ,		
or			
2. Attached a copy of the industry 'Customer Identification Form' which confirm documentation required to identify an investor under AML/CTF laws.	ns that I have sighted and verified all of the		
or			
3. Attached a copy of the source documents from which I have identified the inv	vestor as required by the AML/CTF laws.		
If no box is marked, I agree that Option 1 applies.			
In addition, as the investor's financial adviser, I warrant and represent to Australian Unit	y that I, as applicable:		
 have followed and complied with GN 24 and any other applicable AML/CTF laws in id application; 	entifying and verifying the investor(s) with this		
• will continue to comply with GN 24;			
• will provide, upon request, original identification and verification records and details of	of the identification procedures adopted;		
 have kept a record of the investor's identification and verification and will retain these relationship has ended; 	e for a period of seven years after the investor/adviser		
• will if requested update and re-verify the investor and provide any other additional info	ormation regarding the investor;		
• will not knowingly do anything to cause Australian Unity to breach AML/CTF laws and will notify Australian Unity if I become aware of anything that would cause Australian Unity to breach AML/CTF laws; and			
• confirm that the details provided in any identification and verification records are true	e and correct.		
Please note, Australian Unity reserves the right to reject any applicable GN 24 form attaif it has been incorrectly completed). $ \frac{1}{2} \left(\frac{1}{2} + \frac{1}$	ched to this Form for whatever reason (for example,		
Adviser signature X	Date D D / M M / Y Y Y Y		
Step 7 Statements			
Your tax and distribution statements can be accessed from our website at australianunity.com.au			
If you wish to access your statements online and receive an email alert to notify you when your statements are available, please provide your email address at Section 2 and indicate using an 'X':			
Step 8 Annual report			
The Annual Report will be available from our website at australianunity.com.au			
If you wish to receive a printed copy of the Annual Report, please indicate using an 'X':			



Step 9 Declarations and investor signature(s)

I/We agree and acknowledge:

- to be bound by the terms and conditions of the fund's Product Disclosure Statement ('PDS') current at the time; and Constitution (as amended from time to time);
- none of the entities mentioned throughout the fund's PDS and the Investor Additional Details Form guarantee the performance of the fund, payment of interest or any return of capital;
- that monies invested in the fund do not represent investments in Australian Unity Funds Management Limited, Australian Unity Investments Limited or Australian Unity Mortgage Investments Limited, nor with a member of the Australian Unity Group;
- the investment is subject to investment risk including possible delays in repayment, loss of income or principal invested;
- · Australian Unity Limited and its related bodies corporate may offer products and services appropriate for my/our needs and interests.
- I/We consent to my/our information being disclosed between those entities and to its use for direct marketing (subject to my/our right of opt-out by calling 1300 412 356), product management and development and for other related purposes;
- Australian Unity Funds Management Limited, Australian Unity Investments Limited or Australian Unity Mortgage Investments Limited
 (as applicable) may give information relating to my/our account and investment in that account to my/our financial adviser whose stamp
 appears on the Investor Additional Details Form;
- 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 Investor Additional Details Form;
- for all account types other than individual and joint accounts, that the Investor Additional Details Form is signed in accordance with the governing rules and/or constituent documents;
- · all of the information provided in this Investor Additional Details Form is complete and accurate to the best of my/our ability/abilities;
- I/We will provide any supporting or additional information which might be required in order to process the request to transfer the investment, or subsequently, as a consequence of my/our holding the investment;
- I/We agree that any advice fee nominated in **Step 5** of the Investor Additional Details Form Part A will be deducted from my/our investment through the redemption of units in my/our investment;
- I/We have no reason to suspect that the monies used to fund this transfer, or any subsequent contributions into the investment, is or will be derived from or related to any money laundering, terrorism financing or other illegal activities;
- the information provided for meeting US Foreign Account Tax Compliance Act ('FATCA') requirements (where applicable) is true and correct and that I/we will provide all necessary co-operation and assistance in order for me/us to comply with obligations under Australian legislation designed to give effect to the FATCA agreement between Australia and the United States;
- by providing my/our email address at **Step 2**, the relevant Responsible Entity may use this address to provide me/us, where permitted by law or regulation, with information via email about my/our investment, including to satisfy any continuous disclosure requirements; and
- my/our personal information will be collected, used and disclosed by AUI in accordance with its Privacy Policy and in accordance with the law.

Who signs below		
If the account is held for one or more individuals	THEN	those individuals sign.
If the account is held for a partnership	THEN	all partners or those authorised to sign on behalf of the partnership.
If the account is held for a company or corporate partnership or corporate trustee	THEN	two directors; or a director and a company secretary; or if there is a single director, by that director. By signing as a single director investor confirms that the company is a single director company.
If the account is held for a superannuation fund or trust	THEN	the trustee(s), 'as trustee(s) for'



Investor 1	Investor 2
X	X
Common Seal (if applicable)	Common Seal (if applicable)
Surname	Surname
Given name(s)	Given name(s)
Capacity X Individual X Joint X Director X Partner X Trustee X Other:	Capacity
Date DD/MM/YYYY	Date DD/MM/YYYY

- Submitting your Investor Additional Details Form
- 1. Corporate partnership, company, superannuation fund, trust, unincorporated body or estate applications please also complete **Part B** on page 9.
- 2. Certain types of entities may also be required to provide information and identification documents in relation to their Beneficial Owners. Refer to the document 'Anti-Money Laundering Laws and Foreign Account Tax Compliance Act Information' on our website australianunity.com.au/wealth to assess whether you will be required to complete the 'Beneficial Owner Information' Form.
- 3. Sign the Investor Additional Details Form.
- 4. Where identity verification as required by Anti-Money Laundering laws has not been undertaken by a financial adviser, please enclose the additional documentation outlined in the document 'Anti-Money Laundering Laws and Foreign Account Tax Compliance Act Information' on our website australianunity.com.au/wealth
- 5. Mail the completed Form and original certified copies of identification documents (where required) to (no stamp required):

Australian Unity Select Income Fund Reply Paid 91914 Melbourne VIC 3000

Investor Additional Details Form Part B



Australian Unity Select Income Fund ARSN 091 886 789

Complete this form to provide additional information to help enable the transfer of an investment into your name.

Please

- Complete all relevant sections below as incomplete applications may not be accepted. Ensure that you also complete all relevant sections in Part A
- Use **BLOCK** letters and a black or blue pen to complete this Form.
- Indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'.
- Refer to the 'Anti-Money Laundering Laws and Foreign Account Tax Compliance Act Information' document on our website australianunity. com.au before completing this Form. This document provides the definition of a 'Politically Exposed Person' and enables you to assess whether you need to complete a 'Beneficial Owner Information Form.'

	omprete a Berreneta e mier in			
Step 1 Account details	3			
What type of investment	account? (Please indicate usin	ıg an 'X').		
·	e sections below that are releva			
Note that all fields that a	apply to your account type are	e mandatory.		
X Company	X Superannuation fund	X	X Estate	X Partnership - Corporate
Please note: If you wish additional information we	to invest for an Association, C e e may require from you.	o-operative or Governm	ent Body, please call us on 13	300 412 356 for details of the
Company/Corporate tr	ustee/Executor (if applicable)/	Partnership-Corporate		
or a foreign company ple	Application Form must confirm case provide the names and PE for a proprietary company or a	P status of all directors. I	f you are applying as a Corpo	orate Partnership or more
Director 1's full name*				
Are you a Politically Exposed Person?	X Yes X No	Are you a US Citizen or US tax resident?	X Yes X No	
If yes, please provide the	child's Taxpayer Identification	Number ('TIN')		
Director 2's full name*				
Are you a Politically Exposed Person?	X Yes X No	Are you a US Citizen or US tax resident?	X Yes X No	
If yes, please provide the	child's Taxpayer Identification	Number ('TIN')		
Director 3's full name*				
Are you a Politically Exposed Person?	X Yes X No	Are you a US Citizen or US tax resident?	X Yes X No	
If yes, please provide the	child's Taxpayer Identification	Number ('TIN')		
Director 4's full name*				
Are you a Politically Exposed Person?	X Yes X No	Are you a US Citizen or US tax resident?	X Yes X No	
If ves. please provide the	child's Taxpaver Identification	Number ('TIN')		



Individual trustee/individ	lual executor (if applicable)	
* If more than four individual trustees exist for the trust, please call us on 1300 412 356 before you complete Part B .		
Trustee 1's full name*		
Are you a Politically Exposed Person?	Yes No Are you a US Citizen or US tax resident? Yes No	
If yes, please provide the c	hild's Taxpayer Identification Number ('TIN')	
Trustee 2's full name*		
Are you a Politically Exposed Person?	Yes No Are you a US Citizen or US tax resident? Yes No	
If yes, please provide the c	hild's Taxpayer Identification Number ('TIN')	
Trustee 3's full name*		
Are you a Politically Exposed Person?	Yes X No Are you a US Citizen or US tax resident? Yes X No	
•	hild's Taxpayer Identification Number ('TIN')	
T . 4 6 11		
Trustee 4's full name* Are you a Politically	X Yes X No Are you a US Citizen X Yes X No	
Exposed Person?	hild's Taxpayer Identification Number ('TIN')	
ii yes, piease provide trie c	mus raxpayer identification Number (Tilv)	
Trust beneficiary details		
* If Please specify the bene complete Part B .	eficiaries of the trust. If more than four beneficiaries exist for the trust, please call us on 1300 412 356 before you	
Beneficiary 1's full name*		
Are you a Politically Exposed Person?	Yes No Are you a US Citizen or US tax resident? Yes No	
If yes, please provide the c	hild's Taxpayer Identification Number ('TIN')	
Beneficiary 2's full name*		
Are you a Politically Exposed Person?	Yes X No Are you a US Citizen or US tax resident? Yes X No	
·	hild's Taxpayer Identification Number ('TIN')	
Beneficiary 3's full name* Are you a Politically	Are you a US Citizen	
Exposed Person?	Yes No or US tax resident? No	
ii yes, piease provide the c	hild's Taxpayer Identification Number ('TIN')	
Beneficiary 4's full name*		
Are you a Politically Exposed Person?	Yes X No Are you a US Citizen or US tax resident? Yes X No	
If you places provide the o	hild's Taxpayer Identification Number ('TIN')	



US Foreign Account Tax Compliance Act ('FATCA') Questionnaire

To be completed by all 'non-individual' account types other than complying superannuation funds*

*Complying superannuation funds, exempt public sector superannuation schemes, approved deposit funds or pooled superannuation trusts do not need to complete this section.

1. Are you a US Company ⁺ , US Trust [*] , or US Partnership [*] ?
*US Company - A company organised in or under the laws of the United States. *US Trust - A trust under the authority of United States courts and the substantial decisions are controlled by a US citizen or resident. *US Partnership - A partnership organised in or under the laws of the United States.
Yes (Please go to question 1.1) No (Please go to question 2)
1.1 Are you an exempt payee for US tax purposes?
Yes No If No, please provide your Taxpayer Identification Number (TIN)
If you have completed question 1.1, Part B is complete. Please remember to include it with Part A of the Application Form.
2. Are you an Australian Financial Institution ('AFI') or Other Partner Jurisdiction Financial Institution ('FI')?
In answering this question, it is anticipated that AFIs and FIs will have an awareness of the FATCA regime and should be able to complete this question. All other entities should answer 'No'.
Yes (Please go to question 2.1) No (Please go to question 3)
2.1 Please provide your Global Intermediary Identification Number ('GIIN'), if applicable
If you do not have a GIIN, please provide your FATCA status:
Non-reporting IGA FFI Exempt Beneficial Owner Non-participating FFI
X Deemed Compliant FFI X Excepted FFI X GIIN applied for but not yet issued
If you have completed question 2.1, Part B is complete. Please remember to include it with Part A of the Application Form.
3. Do any of the following apply to you? (tick all that apply)
Less than 50% of our income in the previous financial year is passive income#
*Passive Income – includes rental income and income not generated from active participation, such as interest, dividends, trust distributions or royalties.
Less than 50% of our assets held in the previous financial year produce passive income#
Our stock is regularly traded on an established securities market or more than 50% of our stock is controlled by a non financial entity regularly traded on an established securities market
Our entity is a government body, agency or instrumentality
Our entity is exempt from tax in our jurisdiction of residence - if ticked, why?
Please note: If you have not selected any of the check boxes in question 3 above, you will need to complete the 'Beneficial Owner Information

Form', which is available on our website australianunity.com.au or by calling our Investor Services team on 1300 412 356.





Return by post

Send completed form together with relevant identification documents.

Within Australia

Australian Unity Select Income Fund Replied Paid 91914 MELBOURNE VIC 3000 (No stamp required if mailed within Australia)

Outside Australia

Australian Unity Select Income Fund 271 Spring Street MELBOURNE VIC 3000



Email

investments@australian unity.com.au

Contact us

Investor Services 1300 412 356 australianunity.com.au/wealth/sif