



This Application Form accompanies the relevant Information Memorandum.

It is important that you read the relevant IM in full, and this Application Form (including the Declarations and/or Acknowledgments section).

Information in the relevant IM may change from time to time. You can access a copy of the latest version of the IM and the Application Form from our website www.partnervest.com.au or by contacting us.

Any person who gives another person access to this Application Form must, at the same time and by the same means, give the other person access to the IM.

Contact details

Toll free number

1800 876 171

Email

support@partnervesthub.com.au

Website

www.partnervest.com.au

Operating hours

(8am-6pm AET Monday-Friday)

Completing this Application Form

The following information is provided to assist you in completing and lodging this Application Form. Please read this section before completing this Application Form.

To make an investment, please complete all applicable sections of this Application Form, sign it and submit the necessary identification documents. Please refer to the 'What Investor Type Are you?' section on **page 4** for guidance on the sections of this Application Form to be completed.

Signing the Application

Please read the declarations and acknowledgements in **Section 11** carefully before signing this Application Form. Each investor on the investment account must sign this Application Form.

If signing under a power of attorney, you must attach a certified copy of the power of attorney document (unless already held by us) and a specimen signature of the attorney.

Quoting an Australian Tax File Number (TFN)

Please note if we do not receive your TFN, ABN, or appropriate exemption information, we will withhold tax at the highest marginal tax rate (plus the Medicare levy) from income distributions made to you. **The Anti-Money Laundering and Counter-Terrorism Financing Act 2006** The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ("AML/CTF Act") and any amendments thereafter, impose a number of obligations on responsible entities when they provide designated services to their investors. Among other things, we are required to identify and verify the identity of their investors before providing a designated service. The AML/CTF Act and other laws relating to money laundering and the financing of terrorism are referred to in this Application Form as the AML laws.

In order for us to comply with the requirements of the AML laws relating to the avoidance of money laundering, investors must provide us with identification information and/or documents as specified in the relevant IM as well as this Application Form and any other information or evidence we may request from time to time, for the purpose of AML compliance.

By completing this Application Form, investors agree that:

- they do not subscribe for Units under an assumed name;
- any money used by them to invest in Units is not derived from or related to any criminal activities, including money laundering;
- any proceeds of their investment will not be used in relation to any criminal activities, including the financing of terrorism; and
- if we ask, each investor will provide us with additional information or evidence that we reasonably require for the purposes of the AML laws (including, but not limited to, information or evidence about a Unit holder, any beneficial interest in the Units or the source of funds used to invest).

We may obtain information or evidence about each investor or any beneficial owner of a Unit from yourself or third parties if we believe this is necessary to comply with the AML laws, and in order to comply with the AML laws we may be required to take action, including:

- delaying or refusing the processing of any application or withdrawal; or
- disclosing information that we hold about a specific investor (or investors) or any beneficial owner of the Units to our related bodies corporate or service providers or the AML regulator - AUSTRAC, or as required under the Autonomous Sanctions Act 2011. We may also disclose your personal information to law enforcement agencies, or as required under any other laws (whether in or outside of Australia).

If investors have any questions about the AML/CTF Act or any other law, please refer to the AUSTRAC website: www.austrac.gov.au.

APPLICATION NOTES (continued)

Certification of identification documents

The identification documents submitted together with this Application Form must be certified as a true copy. Please refer to **Section 8** to see who can certify your documents.

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Privacy and Information

When you complete this Application Form you will be providing us with your personal information. We collect this personal information from you for the primary purpose of providing you with a range of financial products and services and to be able to perform the functions and activities associated with these products and services, including administering your account and communicating with you or others nominated by you. We may also use the personal information to make you aware of our products and services or promotions of these products and services from time to time. We also collect the information to ensure that we comply with relevant Australian and overseas legislation such as taxation laws, the Corporations Act and AML laws.

You are not obliged to provide any of the personal information we request. However, if you do not provide this personal information, we may not be able to process an application from you or administer your account.

We may need to disclose your personal information to another person or organisation. Examples of such information disclosure may include, but is not limited to:

- Administrators who provide fund accounting, unit registry, custodial and other services;
- Auditors, legal advisers, consultants or other professional advisers;
- Agents acting on your behalf, including financial and legal advisers;
- Printers and mailing houses for the purposes of preparation and distribution of mail; and
- Regulatory bodies, government agencies, law enforcement bodies and tax authorities in Australia and overseas.

What investor type are you?

To ensure that we are able to process your application quickly and efficiently, please refer to the table below to see which sections of this Application Form are applicable to you and need to be completed:

| Investor type <small>Please tick the box beside the investor type category that is applicable to you.</small> | Description | The following sections are applicable to you |
|--|---|---|
| † Individual and joint investors | A natural person or persons | <input checked="" type="checkbox"/> Sections 1 and 1 (A) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 10 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> Power of Attorney Holder or Acting Authority to complete additional section under Section 1 (A) |
| † Sole trader | A natural person operating a business under their own name with a registered business name | <input checked="" type="checkbox"/> Sections 1, 1 (A) and 1 (B) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 10 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> Power of Attorney Holder or Acting Authority to complete additional section under Section 1 (A) |
| † Company | A company registered as an Australian public company or an Australian proprietary company, or a foreign company | <input checked="" type="checkbox"/> Sections 1 and 1 (C) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 9 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> For proprietary or private companies, each beneficial owner controlling 25% or more of issued capital must complete Section 1 (A) |
| † Trust/ Superannuation Fund | Type of trusts include self-managed superannuation funds ("SMSF"), registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts) | For Trust/Superannuation Fund with Individuals as Trustee <input checked="" type="checkbox"/> Sections 1 and 1 (D) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 9 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> Each Individual Trustee must complete Section 1 (A) |
| | | For Trust/Superannuation Fund with Corporate Trustee <input checked="" type="checkbox"/> Sections 1 and 1 (D) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 9 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> Corporate Trustees must complete Section 1 (C) <input checked="" type="checkbox"/> Each beneficial owner of the Corporate Trustee controlling 25% or more of issued capital must also complete Section 1 (A) |
| † Custodian | A provider that under an arrangement between the provider and third party or between the provider and another person with whom the third party has an arrangement, a financial product, or a beneficial interest in a financial product, is held by the provider in trust for, or on behalf of, the third party or another person nominated by the third party. | <input checked="" type="checkbox"/> Sections 1 and 1 (E) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> Sections 7 and 9 are applicable only if you have a Financial Professional. |
| † Partnership | A partnership created under a partnership agreement | For Partnerships with Individuals as Partners <input checked="" type="checkbox"/> Sections 1 and 1 (F) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 9 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> Each Individual Partner must complete Section 1 (A) |
| | | For Partnerships with Corporate Partners <input checked="" type="checkbox"/> Sections 1 and 1 (F) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 9 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> Each Corporate Partner must complete Section 1 (C) |

| Investor type Please tick the box beside the investor type category that is applicable to you. | Description | The following sections are applicable to you |
|--|--|---|
| <input type="checkbox"/> Association | <p>Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.</p> <p>The member(s) of the association seeking to open the account will be deemed to be the legal owner of the account.</p> | <input checked="" type="checkbox"/> Sections 1 and 1 (G) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 9 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> Each public officer (if any, chairperson, secretary and treasurer (or equivalent officer) must complete Section 1 (A). |
| <input type="checkbox"/> Registered co-operatives | <p>An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.</p> | <input checked="" type="checkbox"/> Sections 1 and 1 (G) <input checked="" type="checkbox"/> Sections 2 through 13 <input checked="" type="checkbox"/> However, Sections 7 and 9 are applicable only if you have a Financial Professional. <input checked="" type="checkbox"/> Each public officer (if any), chairperson, secretary and treasurer (or equivalent officer) must complete Section 1 (A). |
| <input type="checkbox"/> Government body | <p>The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.</p> | <input checked="" type="checkbox"/> Sections 1 and 1 (G) <input checked="" type="checkbox"/> Sections 2 through 13 |

1A INVESTOR DETAILS

This section applies to:
Individuals and sole traders

The individual must provide their details (each individual for a joint account).

Beneficial Owners

If the Company is a proprietary or private company or foreign private company, each beneficial owner controlling 25% or more of a company's issued capital must provide their details (a more detailed description of the beneficial owner requirement is contained in Section 1 (C)).

Individual Trustees

If the investor is a Trust or Superannuation Fund that has Individual Trustees, each Individual Trustee must provide their details. Please use a separate sheet if necessary.

Individual Partner

If the investor is a Partnership, each Individual Partner must provide their details. Please use a separate sheet if necessary.

Officeholders of an incorporated or unincorporated associations, and registered co-operatives

If the investor is an incorporated or unincorporated association, or registered co-operative, each public officer (if any), chairperson, secretary and treasurer (or equivalent officer) must provide their details. Please use a separate sheet if necessary

INVESTOR 1

Title: Mr. Mrs. Ms. Other, please specify _____

Given Names (in full)

Surname

Date of Birth (DD/MM/YYYY)

____|____|____|____|____|____|____|____|____|____|

Country of Residence

Country of Birth

Nationality

Tax regulations require us to collect information about an investor's tax residency.

Is Investor 1 a tax resident of Australia? Yes No

If yes, please fill out the details below:

Australian Tax File Number

____|____|____|____|____|____|____|____|____|____|

or

Exemption details (if applicable)

Drivers Licence No. or Passport No.

Place of Issue

Expiry Date

____|____|____|____|____|____|____|____|____|____|

E-mail

Residential Address – Residential address MUST be provided – an alternate postal address can be added in **Section 6**.

Residential address must match address provided on identification.

Unit No. Street Number Street Name

____|____|____|____|____|____|____|____|____|____|

Suburb

State

Post Code

Country

Work Phone Number

____|____|____|____|____|____|____|____|____|____|

Home Phone Number

____|____|____|____|____|____|____|____|____|____|

Fax Number

____|____|____|____|____|____|____|____|____|____|

Mobile Phone Number

____|____|____|____|____|____|____|____|____|____|

INVESTOR 2

Title: Mr. Mrs. Ms. Other, please specify _____

Given Names (in full)

Surname

Date of Birth (DD/MM/YYYY)

____|____|____|____|____|____|____|____|____|____|

Country of Residence

Country of Birth

Nationality

1B SOLE TRADER

Please complete this part also, if Individual is a sole trader.

Full Business Name (if any)

ABN

E-mail

Principal Place of Business – Please note that PO Box or C/- is not accepted.

Unit No. Street Number Street Name

Suburb State

Post Code

Country

Work Phone Number

Home Phone Number

Fax Number

Mobile Phone Number

1C COMPANIES, CORPORATE TRUSTEES AND CORPORATE PARTNERS

This section applies to all companies, including corporate trustees and corporate partners.

Companies The Company must provide their details.

Corporate Trustees If the investor is a Trust or a Superannuation Fund that has Corporate Trustees, each Corporate Trustee must provide their details. Please use a separate sheet if necessary.

Corporate Partners If the investor is a Partnership, each Corporate Partner must provide their details. Please use a separate sheet if necessary.

Full name of company as registered with ASIC or overseas regulator

Country of incorporation/Origin

ACN/ABN or ARBN

E-mail

Registered Office Address – Please note that PO Box or C/- is not accepted.

Registered Office Address and Principal Place of Business must match the address provided on ASIC extract.

Unit No. Street Number Street Name

Suburb State

Post Code

Country

Principal Place of Business (If this differs from Registered Office Address) – Please note that PO Box or C/- is not accepted.

Unit No. Street Number Street Name

Suburb State

Post Code

Country

Work Phone Number

Home Phone Number

Fax Number

Mobile Phone Number

Is the company Australian for tax purposes? Yes No

Australian Tax File Number

Country of tax residency

Exemption details (if applicable)

Related tax number

Type of company

| | No | Yes | If "Yes", please complete these details |
|---|--------------------------|--------------------------|---|
| Are you a foreign company registered in Australia? | <input type="checkbox"/> | <input type="checkbox"/> | ARBN _____ |
| Are you a foreign publicly listed company? | <input type="checkbox"/> | <input type="checkbox"/> | Name of market/exchange _____ Identification number (if any) and name of foreign regulator _____ |
| Are you a foreign private company? | <input type="checkbox"/> | <input type="checkbox"/> | Identification number (if any) and name of foreign regulator _____ |
| Are you a company licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company beyond that provided by ASIC as a company registration body (examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees)? (Regulated Company) | <input type="checkbox"/> | <input type="checkbox"/> | Regulator name _____ Licence details _____ e.g., AFSL, ACL, RSE |
| Are you an Australian public listed company? | <input type="checkbox"/> | <input type="checkbox"/> | Name of market/exchange _____ |
| Are you a majority-owned subsidiary of an Australian listed company? | <input type="checkbox"/> | <input type="checkbox"/> | Australian listed parent company name _____ Name of market/exchange of parent company _____ |

Directors' details

To be completed for proprietary or private companies and foreign private companies.

How many Directors are there? _____

Please provide full names of each Director below.

| | Given Name(s) | Surname |
|----|---------------|---------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Note: If there are more than 4 directors, please tick the box below and attach additional sheets providing the name and surname of each additional director.

Additional director(s) detail sheet attached.

Beneficial owners' details

To be completed for all companies that are not Australian Public Listed companies, majority owned by an Australian Public Listed company or a Regulated Company.

Are there any individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings)? Yes No

Provide details of all individuals who are beneficial owners through one or more shareholdings of 25% or more of the company's issued capital. If this does not apply, provide details of any individual who is able (directly or indirectly) to exercise 25% or more of the voting rights. If neither of the above applies, provide details of any individual who holds the position of a senior managing official in the company.

Please complete **Section 1 (A)** for each beneficial owner.

| | Given Name(s) | Surname |
|----|---------------|---------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Note: If there are more than 2 beneficial owners, please tick the box below and attach additional sheets with the information requested.

Additional beneficial owner(s) detail sheet attached.

This section applies to all type of trusts including self-managed superannuation funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts). Please use a separate sheet if necessary.

Full Name of Trust

Business name of the Trustee (if applicable)

Country of Establishment

E-mail

Registered Address – Please note that PO Box or C/- is not accepted.

Unit No. Street Number Street Name

Suburb State Post Code

Country

Is the company Australian for tax purposes? Yes No

Australian Tax File Number

Country of tax residency

Exemption details (if applicable)

Related tax number

Trustees' details

If Individual Trustee(s), please provide the name of the individual trustee(s) and complete **Section 1 (A)**.

If Corporate Trustee, please provide the name of the corporate trustee and complete **Section 1 (C)**.

How many Trustees are there?

Please provide full names of each Trustee below.

| | Given Name(s) | Surname |
|----|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |

Note: If there are more than 2 trustees, please tick the box below and attach additional sheets with the information requested in **Section 1 (A)** or **Section 1 (C)**, as applicable, for each additional trustee.

Additional trustee(s) detail sheet attached.

Type of trust (select one of the following type of trusts):

| | |
|--|--|
| <input checked="" type="checkbox"/> Self-managed superannuation fund | Specify the SMSF's ABN <input type="text"/> |
| <input checked="" type="checkbox"/> Registered managed investment scheme | Specify ARSN <input type="text"/> |
| <input checked="" type="checkbox"/> Unregistered managed investment scheme that has only wholesale clients and does not make small scale offering to which section 1012E of the Corporations Act 2001 applies. | |
| <input checked="" type="checkbox"/> Government superannuation fund established by legislation | Specify the name of the legislation establishing the fund <input type="text"/> |
| <input checked="" type="checkbox"/> Other regulated trust (i.e. registered and subject to the regulatory oversight of a Commonwealth statutory regulator) | Specify the name of the regulator (e.g., ASIC, APRA, ATO) <input type="text"/> Specify the trust's ABN or registration/licensing details <input type="text"/> |
| <input checked="" type="checkbox"/> Other trust type | |
| <input type="checkbox"/> Unit Trust | <input type="checkbox"/> Discretionary Trust |
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> Family Trust |
| <input type="checkbox"/> Unregistered Managed Investment Scheme | <input type="checkbox"/> Testamentary Trust |
| | <input type="checkbox"/> Property Trust |
| | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| Provide the full name of the Settlor of the Trust (if the Trust is unregulated and not subject to the oversight of a Commonwealth statutory regulator). (Note: the settlor of a trust is the person who creates the trust and transfers initial assets into the trust). You need to provide this information unless the material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000, or the settlor is deceased. (Please contact our Investor Services Team if you require further assistance with this Section). | |
| Name of Settlor <input type="text"/> | |

Beneficiary's details – please complete this section if you have ticked “other trust type” in the table above.

Do the terms of the trust identify the beneficiaries by reference to a membership of a class? Yes No

If you tick “Yes” to the question above, please describe the class or classes of beneficiaries (e.g., holders of different classes of units, family members or named person):

| |
|--|
| |
| |
| |
| |

If you tick “No” to the question above, please provide details of each beneficiary of the trust:

Beneficiary 1

Title
|

Given name(s)
|

Surname
|

Date of Birth (DD/MM/YYYY)
|

Address
|

|

Beneficiary 2

Title
|

Given name(s)
|

Surname
|

Date of Birth (DD/MM/YYYY)
|

Address
|

|

Beneficiary 3

Title
|

Given name(s)
|

Surname
|

Date of Birth (DD/MM/YYYY)
|

Address
|

|

Beneficiary 4

Title
|

Given name(s)
|

Surname
|

Date of Birth (DD/MM/YYYY)
|

Address
|

|

† If there are more than 4 beneficiaries, please tick this box and attach additional sheets with the information requested.

1E CUSTODIAN

- a) Do you provide a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the AML/CTF Act 2006 (Cth)?
- b) Do you hold an AFSL or are you exempt from the requirement to hold such license? If **Yes**, AFSL Number or specify the grounds for exemption:
- c) Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in subsection 6(6) of the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act)?
- d) Have you carried out all applicable customer identification procedures (ACIP) and ongoing customer due diligence (OCDD) requirements in accordance with chapter 15 of the AML/CTF Rules in relation to your underlying customers? (including where you have relied on a member of your designated business group or an Agent to perform the ACIP and OCDD).

| Yes | No |
|-----|----|
| + | + |
| + | + |
| + | + |
| + | + |

1F PARTNERSHIPS

This section applies to a partnership created under a partnership agreement.

Full Name of the Partnership

Full Business name of Partnership registered in any State or Territory (if applicable)

Country of Establishment

Country of Establishment

ABN

Is the partnership Australian for tax purposes? Yes No

Australian Tax File Number

Country of tax residency

Exemption details (if applicable)

Related tax number

E-mail

Registered Office Address – Please note that PO Box or C/- is not accepted.

Unit No. Street Number Street Name

Suburb State Post Code

Country

Partners' details

If Individual Partner(s), please provide the name(s) of the individual partner(s) and complete **Section 1 (A)**.

If Corporate Partner(s), please provide the name(s) of the corporate partner(s) and complete **Section 1 (C)**.

How many partners are there?

Please provide full names of each Partner below.

| | Full Name(s) | Address | Share (%) |
|----|--------------|---------|-----------|
| 1. | | | |
| 2. | | | |

Note: If there are more than 2 partners, please tick the box below and attach additional sheets with the information requested in **Section 1 (A)** or **Section 1 (C)**, as applicable, for each additional partner.

Additional partner(s) detail sheet attached

1G ASSOCIATIONS, REGISTERED CO-OPERATIVES AND GOVERNMENT BODIES

This section applies to incorporated and unincorporated associations, registered co-operatives and government bodies.

Entity Name

Country of incorporation/Origin

ABN

E-mail

Registered Office Address – Please note that PO Box or C/- is not accepted.

| | | | | |
|----------|---------------|-------------|-------|-----------|
| Unit No. | Street Number | Street Name | | |
| Suburb | | | State | Post Code |
| Country | | | | |

| | |
|-------------------|------------|
| Work Phone Number | Fax Number |
|-------------------|------------|

Is the company Australian for tax purposes? Yes No

| | |
|----------------------------|--------------------------|
| Australian Tax File Number | Country of tax residency |
|----------------------------|--------------------------|

| | |
|-----------------------------------|--------------------|
| Exemption details (if applicable) | Related tax number |
|-----------------------------------|--------------------|

Registration details

For registered co-operatives and incorporated associations:

| | |
|---------------------|---------------------------------|
| Registration number | State/territory of registration |
|---------------------|---------------------------------|

Officeholders' details (also commonly referred to as the Governing Members).

Each of the public officer (if any), chairperson, secretary and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives must provide their details in **Section 1 (A)** of this Form

How many public officers are there? _____

Please provide full name and position of each officeholder below.

| | Given Name(s) | Surname |
|----|---------------|---------|
| 1. | | |
| 2. | | |

Note: If there are more than 2 officeholders, please tick the box below and attach additional sheets with the information requested in **Section 1 (A)** for each additional officeholder.

Additional partner(s) detail sheet attached

For government bodies

Is the government body established under Commonwealth or State/Territory legislation? (please select one)

Yes – please specify the legislation: _____

No – please specify other legislation or method of establishment: _____

(If you are a foreign government body, we may also ask you additional information about the ownership/control of your body).

Specify the state/territory (of Commonwealth) of establishment: _____

2 OPERATING AUTHORITY (THIS SECTION MUST BE COMPLETED)

When giving instruction to us about your investment, please indicate who has authority to operate your account;

Individual/Joint Accounts (if no box is ticked we will assume both to sign)

Either to sign Both to sign Power of Attorney acting on behalf of the investor

I Company, Trust, Superannuation Fund Accounts, Partnerships

(if no box is ticked all instructions must be signed by two Directors/Trustees /Partners/Director and Secretary, or Sole trader)

One to sign Both to sign Other (please specify) _____

Notes:

1. Company, trust, superannuation fund and partnership signing by duly authorised signatory(ies) must provide appropriate documentation showing the proper appointment of the signatory(ies).
2. Applications by associations, registered co-operatives and government bodies must be signed by the authorised office bearers and a copy of the Constitution/ Rules provided.

Please tick the box beside the Fund(s) you wish to invest in.

| Tick Box | Fund Name | APIR Code | Investment Amount | Distribution Options | |
|--------------------------|---|---------------|-------------------|---|--|
| | | | | Reinvest as Additional Units – tick box | Deposit in Nominated Bank Account – tick box |
| <input type="checkbox"/> | Franklin Multi-Asset Balanced Fund - Class M | SSB4958AU | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Franklin Multi-Asset Conservative Fund - Class M | SSB3556AU | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Franklin Multi-Asset Defensive Fund - Class M | SSB9427AU | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Franklin Multi-Asset Growth Fund - Class M | SSB2699AU | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Franklin Multi-Asset High Growth Fund - Class M | SSB9105AU | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Martin Currie Sustainable Equity Fund - Class A | SSB0125AU | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Martin Currie Sustainable Income Fund - Class A | SSB4946AU | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Franklin Australian Absolute Return Bond Fund - Class A | FRT0027AU | \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | TOTAL: | \$ | | |

Redemption Payment Instructions

Please provide the details of the bank account where you wish to receive your redemption payments, if different from the account noted above for distribution payments.

Name of Australian Bank, Building Society or Credit Union

Branch

Branch Number (BSB)

Account Number

Account Name as registered with your Bank

Please note: If your account number does not have 9 digits please do not add zeros at the beginning or end of your account number unnecessarily as it may result in an incorrect payment.

4

APPLICATION PAYMENT METHOD

Please select the payment method for your application.

† Electronic Funds Transfer (“EFT”)

Payable to

Beneficiary Account Name: OpenInvest Applications Account

BSB: 083-004

Beneficiary Account Number: 190083950

Reference: Include account name. Please also include your account number if you hold an existing account

5

KEEPING YOU INFORMED

Secure Website Access

Access to Partnervest’s secure website enables you and/or your adviser to view your account details online, including your current valuation and transaction history as well as giving you access to your statements. Please note you will need to provide your email address in the contact details in **Section 1** in order to register for access. Joint investors/trustees are required to register separately. Once your application has been processed and your account is set up, you will receive the necessary login details.

Please complete the following if you wish to provide alternate contact details for receipt of correspondences. If you leave this section blank, we will use the contact details provided in **Section 1**.

Joint investors – please note that unless you indicate otherwise in this section, we will use the contact details provided in **Section 1 (A)** for Investor 1 for all correspondence.

Please note: We will not accept your Financial Professional's address.

E-mail

or

Account Designation (optional)

Postal Address

Care of (c/-) Property name/Building Name (if applicable)

Unit No. Street Number Street Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Suburb

State

Post Code

Country

You may appoint Partnervest as your Nominated Representative authorised by you to access and operate your Account on your behalf. If you do so, Partnervest may exercise all of the rights you have in relation to the investments available in the Service, including executing transactions in your Account, EXCEPT the right to transfer that authorisation to another person or change your nominated bank account details.

Instructions provided by your Nominated Representative are binding on you and the Administrator is entitled to assume that they are made with your authority.

The appointment of your Nominated Representative continues until you cancel it by giving the Administrator instructions in writing. You can do this at any time.

I/We hereby appoint Partnervest Pty Ltd as my/our Nominated Representative to access and operate my/our Account.

To enable us to comply with the AML laws and other regulatory requirements you will need to provide us with the identification documents as outlined below. Please DO NOT send original documents. Send only certified copies of original documents as documents will not be returned. Documents cannot be sent to us by fax.

If you are placing your application through a Financial Adviser, we still require copies of your identification documents, however these documents do not need to be certified provided your Financial Adviser has completed the verification in **Section 9**.

How to certify your documents

On the first page of the copy of the original document, the acceptable independent certifier must complete in writing the following information:

I (insert name) _____ of, (insert address) _____, (insert occupation) _____, **certify on this (insert day) __ day of _____ (insert month and year) that this document is a complete and accurate copy of the original document sighted by me.**

Signed (insert signature) _____ (insert contact number) _____

Who can certify your documents

A number of persons can certify a document under anti-money laundering and counter-terrorism financing laws, including any of the following persons:

- A legal practitioner who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, or overseas equivalent
- A judge or master of a court, or overseas equivalent
- A magistrate, or overseas equivalent
- A registrar or deputy registrar of a court, or overseas equivalent
- A clerk of a court
- A Justice of the Peace
- A notary public
- A police officer
- A sheriff or sheriff's officer
- A member of an Australian parliament or legislature, or overseas equivalent
- An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public
- An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act)
- An Australian bank officer, credit union officer or building society officer with two or more continuous years of service
- An Australian finance company officer with two or more continuous years of service
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one of more licences
- An officer with, or authorised representative of, a holder of an Australian credit licence, having two or more continuous years of service with one of more licences
- A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants, or overseas equivalent
- A member of the Association of Taxation and Management Accountants, or overseas equivalent
- A fellow of the National Tax Accountants' Association, or overseas equivalent
- An Australian teacher employed on a full-time basis at a school or tertiary education institution
- Any other person as permitted by the anti-money laundering and counter-terrorism financing laws

Investor identification documents

(a) Individuals / Persons

This section is to be completed by individual investors, including both investors if a joint holding, sole traders, individual trustees, individual beneficial owners of a corporate trustee, individual governing members of an association or registered co-operative. Please complete either Option 1 or Option 2 and attach the applicable document(s). Note that, for an applicant that is a natural person, a document produced by you must not have expired (other than in the case of a passport issued by the Commonwealth that expired within the preceding two years). Where an individual only holds expired documents, please contact us to discuss your options.

OPTION 1

| Select one | Primary photographic identity documents |
|--------------------------|---|
| <input type="checkbox"/> | Driver's licence or permit under a State/Territory government or an equivalent authority of a foreign country |
| <input type="checkbox"/> | Australian passport (that is current or expired within the last two years) |
| <input type="checkbox"/> | Foreign passport or other international travel document that has a photograph and signature of the individual |
| <input type="checkbox"/> | Proof of age card issued by a State/Territory government |
| <input type="checkbox"/> | National identity card issued by a foreign government that has a photograph and signature of the individual |

OR

OPTION 2

Please attach at least one primary non-photographic document AND one secondary non-photographic document.

| Select one | Primary non-photographic identity documents |
|--------------------------|---|
| <input type="checkbox"/> | Australian birth certificate or birth extract |
| <input type="checkbox"/> | Australian citizenship certificate |
| <input type="checkbox"/> | Foreign citizenship certificate |
| <input type="checkbox"/> | Foreign birth certificate |
| <input type="checkbox"/> | A Centrelink Pension card or a Centrelink Healthcare card |

AND

| Select one | Secondary non-photographic identity documents |
|--------------------------|--|
| <input type="checkbox"/> | A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains the name and address of the individual (please ensure that you obscure your TFN, income and tax information) |
| <input type="checkbox"/> | An income tax assessment notice issued within the last 12 months that contains the name and address of the individual (please ensure that you obscure your TFN, income and tax information) |
| <input type="checkbox"/> | A local government notice (e.g., council rates) or utilities notice (e.g., electricity, gas or phone bill) issued within the last 3 months |

(b) Company and corporate trustees

If a company or corporate trustee please attach at least one identification document which verifies the identity of the company.

| Select one | Secondary non-photographic identity documents |
|--------------------------|--|
| <input type="checkbox"/> | A certificate of registration issued by ASIC or other regulator |
| <input type="checkbox"/> | A licence or other records issued by a domestic or foreign regulator |
| <input type="checkbox"/> | Other (please specify): _____ |

(c) Trust or partnership

If an individual trustee please attach documentation as listed in section (a) above and for a corporate trustee as listed in section (b) above, please attach at least one identification document which verifies the identity of the trust.

| Select one | Individual or corporate identity documents |
|--------------------------|---|
| <input type="checkbox"/> | Individual trustee or partner – Attach documentation as listed in section (a) above |
| <input type="checkbox"/> | Corporate trustee – Attach documentation as listed in section (b) above |

| Select one | Trustee/trust or partner/partnership identity documents |
|--------------------------|--|
| <input type="checkbox"/> | A certified copy of the trust deed or a certified copy of an extract or extracts from the trust deed that identifies the name of the trust, the name(s) of the trustee(s), the place of establishment of the trust and the identity of the beneficiaries |
| <input type="checkbox"/> | A certified copy or certified extract at a current partnership agreement or minutes of a partnership meeting. Either copy must include the full name of the partnership; the registered business name; the country in which the partnership was established; and the full name and residential address of each partner |
| <input type="checkbox"/> | A certificate issued to the trust by ASIC or other regulator |
| <input type="checkbox"/> | Other (please specify): _____ |

(d) Associations and registered co-operatives

Please attach at least one identification document which verifies the association or co-operative. If you are an unincorporated association, please attach documentation listed in section (a) above for all the individual governing members.

| Select one | Association and registered co-operatives identity documents |
|--------------------------|---|
| <input type="checkbox"/> | A certified copy of the constitution or rules of the association or co-operative |
| <input type="checkbox"/> | A certificate issued to the association or co-operatives by ASIC or other regulator |
| <input type="checkbox"/> | A certified copy of the minutes of an association or co-operative meeting |
| <input type="checkbox"/> | Other (please specify): _____ |

| Select one | Individual governing members identity documents |
|--------------------------|---|
| <input type="checkbox"/> | If you are an unincorporated association please attach documentation listed in section (a) above for all the individual governing members |

(e) Government body

Please attach at least one identification document which verifies the identity of the government body.

| Select one | Government body identity documents |
|--------------------------|--|
| <input type="checkbox"/> | A certified copy of the constitution of the governing body |
| <input type="checkbox"/> | A certificate issued to the government body by a regulator |
| <input type="checkbox"/> | Other (please specify): _____ |

(f) Power of Attorney

Please complete this section if one or more attorneys are completing and signing this form under power of attorney and attach the applicable documents.

| Select one | Proof of identity and attorney's authority to act |
|--------------------------|---|
| <input type="checkbox"/> | A certified copy of the Power of Attorney's driver's licence, passport or other photographic identification which confirms the full name and the residential address and contains your signature. |
| <input type="checkbox"/> | Certified copy of Power of Attorney which confirms that any attorney completing and signing this form is authorised to do so under the power of attorney. If the power of attorney does not contain a sample of each attorney's signature, please also provide a list containing the name of each attorney and a sample of each attorney's signature. |

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

9 ADVISER – CUSTOMER IDENTIFICATION DECLARATION

This section is to be completed by your Financial Professional and submitted along with the required attachments.

Applicant Name(s):

I confirm that I have completed an appropriate customer identification procedure (CID) on the above mentioned investor(s) which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act).

I further agree that I will:

- copies of the relevant customer identification documentation;
- retain the applicant's identification records for a period of seven years after the relationship with the applicant has ended;
- provide the necessary identification records of the Applicant;
- notify immediately if I become aware of anything that would put us in breach of the AML laws, Autonomous Sanctions Laws or any other laws.

Dated

Signature of Financial Professional

Name of Financial Professional

AFSL Number

Note: Please refer to **Section 8** for list of acceptable identification documents

FATCA/CRS information – Who should complete this section?

This section should be completed by the person completing the Application Form who is authorised to provide tax residency and certification information for:

- all other applicants, and
- the underlying entity eg trust or partnership etc, and
- the beneficial owners and controlling persons.

For more information go to www.linkmarketservices.com.au/corporate/resources/fatca-crs.html and click on the links provided.

Tick this box if you confirmed you are an existing investor in Section 1, and have certified your tax residency status for both FATCA and CRS since 1 July 2017. Your FATCA/CRS certification is complete and no further information is required.

Personal information collected for the purposes of the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) will be:

- a. Used for the purpose of meeting Our obligations under CRS and the Intergovernmental Agreement (IGA) between Australia and the U.S. implementing the U.S. legislation known as FATCA; and
- b. Used for other purposes relating to my holding such as to verify my identity and to review and correct discrepancies in the information recorded about me and my holdings.

FATCA/CRS CERTIFICATION OF INDIVIDUAL, JOINT INDIVIDUAL, SOLE TRADER OR DECEASED ESTATE

If you are an **individual, joint individual, a sole trader**, or you will hold the account on behalf of another individual or a deceased estate, then please select the best option below and answer the associated questions. If your account is held on behalf of an entity, e.g., a company, trust, partnership etc., please go to the section on the next page 'FATCA and CRS certification of an entity.' If you do not provide this information, we will not be able to accept your application.

Is the following statement correct? (Tick if applicable)

- Your account is held by an individual or an entity acting in the capacity of executor or administrator of a deceased estate, where
EITHER certified copies of the death certificate or Grant of Probate/Letters of Administration have already been provided to us,
OR certified copies of these documents are attached to this application.

If you selected the above, your FATCA/CRS certification is complete and no further information is required.

Is/are all of the Individual applicants (including the person/s for whom the account will be held e.g., a children's account) a citizen or a resident for tax purposes in a country other than Australia?

- Yes – please provide the Foreign Individual Investors and Individual Beneficial Owner details below. Note: If an individual is both an Australian and a foreign tax resident, or a tax resident of more than one foreign country, you must also provide this information.
- No – your FATCA/CRS certification is complete and no further information is required.
- Only some of the individuals are Australian tax residents:
 - For those Individuals who are Australian tax residents only (including the person/s for whom the account is held), please provide their full names in the Australian tax resident information below.
 - For the remaining individuals (i.e., who are NOT solely Australian tax residents), please provide the Foreign Individual Investors and Individual Beneficial Owner details below.

Australian tax resident information

Name of Australian tax resident 1

Name of Australian tax resident 2

Name of Australian tax resident 3

Foreign Individual Investor(s) and Individual Beneficial Owner(s) details

Please provide ALL information, including your foreign TIN (Taxpayer Identification Number), or exclusions, as relevant.

Full name of individual 1

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

TIN 1

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

TIN 2

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

TIN 3

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 2

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

TIN 1

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

TIN 2

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

TIN 3

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

FATCA AND CRS CERTIFICATION OF AN ENTITY

If you are an investor that is one of the following:

- A company or other incorporated body, or**
- Another type of entity e.g., a trust, partnership, cooperative or association etc., or**
- An individual/s that will hold the Account on behalf of another entity that is a superannuation fund, trust, partnership, government body, co-operative, association or other type of entity,**

then please answer the questions below. If you do not provide this information, we will not be able to accept your application.

Is the account holder Australian registered for tax purposes?

Yes No

If you answered **No**, please go to the next question.

If you answered **Yes**, please provide your ACN, ABN, ARBN or ARSN

Is this account holder a US citizen or a resident for tax purposes in a country other than Australia?

Yes No

If yes, please provide ALL information, including your foreign TIN (Taxpayer Identification Number), or exclusions, as relevant.

Country of tax residency 1

Address

TIN 1

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

Country of tax residency 2

Address

TIN 2

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

Country of tax residency 3

Address

TIN 3

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

The following best describes your organisation (tick one)

- An Australian regulated superannuation fund** (including a complying SMSF), retirement or pension fund.

Please provide the fund's ABN to complete your certification.

If you selected this option, your certification is complete and no further information is required.

- An account held by an entity acting in the capacity of executor or administrator of a deceased estate**, where EITHER a certified copy of the death certificate or Grant of Probate/Letters of Administration have already been provided to us, OR certified copies of these documents are attached to this application.

If you selected this option, your certification is complete and no further information is required.

- Public Listed Company, or a Majority Owned Subsidiary of a Public Listed company**, (includes public listed companies or majority owned subsidiaries of listed companies that are not Financial Institutions)

Please provide the name of the market or stock exchange where your company is listed.

Please provide your company's unique exchange code here, e.g., ASX code, ticker code.

If you selected this option, your certification is complete and no further information is required.

- Not a Financial Account.** Certain accounts are NOT considered to be 'Financial Accounts' for the purposes of CRS and FATCA. These include:

- An Employee Share Scheme or Trust as defined in the Income Tax Assessment Act 1997
- An Escrow Account established in connection with a court order or judgment, or a sale, exchange, or lease of real or personal property where certain requirements have been met

If you selected this option, your certification is complete and no further information is required.

- Exempt Beneficial Owner.** Under CRS and FATCA, an Exempt Beneficial Owner includes, but is not limited to:

- Australian government organisation or agency
- Reserve Bank of Australia
- International (including intergovernmental) organisation

If you selected this option, your certification is complete and no further information is required.

- Financial institution.** Includes:

- Depository institution
- Investment entity
- Specified insurance company
- Custodian institution

What is your GIIN?

If you do not have a GIIN, what is your financial institution status? (tick one):

- Deemed Compliant FFI (foreign financial institution)
- Excepted FFI
- Non-participating FFI Other (please specify)
- Non-Reporting IGA Financial Institution
- Other (please specify)

Are you an Investment Entity (financial institution) located in a non-CRS participating jurisdiction and professionally managed by another financial institution?

Yes No

For a list of CRS Participating Jurisdictions, please refer to the ATO website.

If you answered YES, please provide the **Beneficial Owners or **Controlling Persons** information (on the next page).

Is the registered holder of this account also a financial institution?

Yes No

If you answered **Yes**, please provide the GIIN (below) for the registered holder.

What is the registered holder's GIIN?

If holder does not have a GIIN, what is its financial institution status (tick one):

- Deemed Compliant FFI
- Excepted FFI
- Non-participating FFI
- Other (please specify) _____

† Non-Financial Entity (NFE) or (NFFE). This 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
- Registered or non-registered charitable organisation
- Other type of entity

If you selected this option, please complete the section on NFE/NFFE entities below.

NFE/NFFE ENTITIES

An entity is Active if it derives more than 50% of its income from the sale of goods or services AND it uses more than 50% of its assets to generate income from the sale of goods or services. An NFE is Passive if it does not fit the description of an Active entity, OR is a professionally-managed investment entity located in a non-participating CRS (Common Reporting Standard) jurisdiction.

Is the NFE/NFFE Active or Passive?

- Active
- Passive

If the NFE/NFFE is Passive, are any of the entity's Beneficial Owners or Controlling Persons tax residents of countries other than Australia?

- Yes
- No

If Yes, please provide the details of these individuals below.

Entity foreign beneficial owner(s) or **Controlling Persons details (NB only foreign, Passive NFEs/NFFEs need to complete this)

Please provide ALL information, including your foreign TIN (Taxpayer Identification Number) or exclusions, as relevant.

Full name of individual 1 _____ Date of birth _____

Street address (PO Box is NOT acceptable) _____

Country 1 of tax residency _____ Country 2 of tax residency _____ Country 3 of tax residency _____

TIN 1 _____

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

TIN 2 _____

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

TIN 3 _____

- OR Country does not require the TIN to be disclosed
- OR Country does not issue TINs
- TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 2 _____ Date of birth _____

Street address (PO Box is NOT acceptable) _____

Country 1 of tax residency _____ Country 2 of tax residency _____ Country 3 of tax residency _____

TIN 1

- † OR Country does not require the TIN to be disclosed
- † OR Country does not issue TINs
- † TIN is available but, has not obtained or has not been issued a TIN

TIN 2

- † OR Country does not require the TIN to be disclosed
- † OR Country does not issue TINs
- † TIN is available but, has not obtained or has not been issued a TIN

TIN 3

- † OR Country does not require the TIN to be disclosed
- † OR Country does not issue TINs
- † TIN is available but, has not obtained or has not been issued a TIN

Full name of individual 3

Date of birth

Street address (PO Box is NOT acceptable)

Country 1 of tax residency

Country 2 of tax residency

Country 3 of tax residency

TIN 1

- † OR Country does not require the TIN to be disclosed
- † OR Country does not issue TINs
- † TIN is available but, has not obtained or has not been issued a TIN

TIN 2

- † OR Country does not require the TIN to be disclosed
- † OR Country does not issue TINs
- † TIN is available but, has not obtained or has not been issued a TIN

TIN 3

- † OR Country does not require the TIN to be disclosed
- † OR Country does not issue TINs
- † TIN is available but, has not obtained or has not been issued a TIN

* Capitalised terms used in this section have the meanings defined in the intergovernmental agreement between the Australian and governments to improve international tax compliance and to implement FATCA dated 28 April 2014.

** A Controlling Person means any individual who ultimately beneficially owns 25% or more of an entity or controls the entity, including control through a chain of ownership or by means of control other than direct control.

You should read the current IM in full before making these declarations and signing the execution page at the end of this Application Form

By completing the Application Form you declare and agree:

- You have read the Information Memorandum (“IM”), together with Terms of Use which govern your use of the Service and the information and services provided by the Administrator.
- You have read the Privacy Policy and consent to the handling and disclosure of your personal information as described in the Privacy Policy, and in particular you authorise the Administrator to share summary information regarding your Account with Partnervest. The Administrator may also share your Account information with your accountant or financial adviser if you request this.
- You agree to be bound by the provisions of the Constitution which governs the operation of the Service.
- Important information regarding the Service will be made available to you by email and/or via your Investor Portal, although the Partnervest Investor Portal will not be live until April 2025.
- All details provided by you in your application are true and correct.
- In making a decision to open an Account, the only information and representations provided by the Administrator are those contained in the IM and Terms of Use to which this application applies together with any other important information taken to form part of the IM.
- You are not a US Person as defined under Regulation S of the US federal securities laws.
- You have the capacity and power to make an investment in accordance with the application.
- Joint applicants (including SMSF trustees) or signatories who allow other investors or signatories to give instructions in relation to their Account, agree that instructions given will bind those other investors or signatories for all transactions in connection with the Account.
- The Administrator may request or require additional personal or customer entity information in order to fulfil its legal obligations. Failure to supply the information punctually may result in the Administrator being prevented by law from carrying out your instructions.
- The processing of your application may be postponed or delayed while the Administrator verifies and considers information within your application.
- The Administrator will not be familiar with, and is not responsible for being familiar with, the contents of any document that you provide in connection with your Account or subsequent Accounts, for example, trust deeds, partnership agreements, constitutions, governing rules and minutes of resolutions.

12 FOR POLITICALLY EXPOSED PERSONS OR THEIR REPRESENTATIVES ONLY

To comply with AML/CTF laws we require you to disclose whether you are, or have an association with, a Politically Exposed Person (“PEP”). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas. Please tick one of the boxes below if any investor (including a beneficial owner) is a PEP.

- Head of State or head of a country or government;
- Government minister or equivalent senior politician; or senior government official;
- Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation;
- Governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia;
- Senior foreign representative, ambassador, or high commissioner; or high-ranking member of the armed forces;
- Board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation;

A PEP can also be an immediate family member of a person referred to above, including spouse, parent, *de facto* partner, child and a child’s spouse. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered a PEP.

Name of PEP

Country of Birth

Country of Citizenship

Country of Residency

Tax Residency

Occupation / Business Activity

Where you identify as, or have an association with, a PEP, we may request additional information from you.

Note: If there is more than one PEP associated with this Application, please tick the box below, photocopy this page and include the additional PEP information.

- Additional PEP information attached.

13 SIGNATURES

Each investor on the investment account must sign this Application Form. For joint applications, the two or more investors in whose name the investment account is held, must sign this Application Form. If signed under Power of Attorney, the attorney encloses a certified copy of the Power of Attorney and declares that he/she has not received notice of revocation of that power. If the Application is for a company, two directors or a director and secretary must sign, unless the company is a sole director company, in which case the sole director only must sign.

The signature provided below must match the signature on the identification for the individual.

I/We acknowledge that by signing below:

I/We make the declarations set out in this Application Form.

I/We certify that all the information provided in this Application Form is true and correct to the best of my/our knowledge and belief.

Dated

Name of Investor 1

Signature of Investor 1

Tick capacity (mandatory for companies)
 Sole Director Director Secretary

Name of Investor 2

Signature of Investor 2

Tick capacity (mandatory for companies)
 Sole Director Director Secretary

Power of Attorney
Executed by and on behalf of

by its Power of Attorney in the presence of

Power of Attorney Name

Witness Name

Power of Attorney Signature

Witness Signature



Toll free number

1800 876 171

Email

support@partnervesthub.com.au

Website

www.partnervest.com.au

Operating hours

(8am-6pm AET Monday-Friday)