Application Form

ANTIPODES PARTNERS INVESTMENT FUNDS

This Application Form relates to the Product Disclosure Statement (‘PDS’) issued by Pinnacle Fund Services Limited (ABN 29 082 494 362, AFSL 238371) as the Responsible Entity (‘RE’), in relation to the following Antipodes Partners investment funds (‘Funds’):

<table>
<thead>
<tr>
<th>Fund</th>
<th>APIR</th>
<th>ARSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipodes Asia Fund</td>
<td>IOF0203AU</td>
<td>096 451 393</td>
</tr>
<tr>
<td>Antipodes Global Fund</td>
<td>IOF0045AU</td>
<td>087 719 515</td>
</tr>
<tr>
<td>Antipodes Global Fund – Long</td>
<td>WHT0057AU</td>
<td>118 075 764</td>
</tr>
</tbody>
</table>
APPLICATION FORM

IMPORTANT INFORMATION

Defined terms in this Application Form have the definition given to them in the PDS.
THE PDS FOR EACH OF THE FUNDS MUST BE READ PRIOR TO COMPLETING THIS APPLICATION FORM.
The registry service provider is RBC Investor Services Trust (“Registry”).

REGISTRY MAILING INFORMATION

For New Investors – post original in the mail to:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
GPO Box 4471
SYDNEY NSW 2001

For Existing Investors - please post or fax to:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
GPO Box 4471
SYDNEY NSW 2001

+612 8262 5492

APPLICATION PAYMENT INFORMATION

Electronic Funds Transfer (EFT):

<table>
<thead>
<tr>
<th>Payee:</th>
<th>RBCIS ANTIPODES [Investor Name]</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSB:</td>
<td>012-003</td>
</tr>
<tr>
<td>Account Number:</td>
<td>836 595 374</td>
</tr>
</tbody>
</table>

Cheque:

Cheques should be crossed “Not Negotiable” and made payable to: RBCIS ANTIPODES [Investor Name]
APPLICATION FORM CHECKLIST

IMPORTANT INFORMATION

If you are not able to provide the Anti-Money Laundering/Counter-Terrorism Financing (AML/CTF) information requested in the Application Form, please refer to the FAQ or contact us for a list of alternative information you may supply.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Section 1 – Investment Details
Nominate to open a new account or invest in a different fund to an existing account

Section 2 – Investor Details
Provide your details depending on the type of customer you are. Please complete only the pages that are relevant to you.

(A) ☐ Individual (including a sole trader, or an adult acting as a trustee for a minor) or Joint Account
(B) ☐ Partnership
(C) ☐ Australian Company
(D) ☐ Foreign Company
(E) ☐ Self Managed Superannuation Fund (SMSF)
(F) ☐ Australian Regulated Trust (other than a SMSF)
(G) ☐ Unregulated Trust (including foreign trusts)
(H) ☐ Association or Registered Co-operative
(I) ☐ Government Body

Note: If you believe the above investor categories do not adequately represent your legal structure or disposition, please contact us on 1300 010 311 or by e-mail at: invest@antipodespartners.com

Section 3 – Application Amount and Payment Details
Indicate the amount you wish to invest in the Fund and the payment details for your investment for the Fund

Section 4 – Distribution Election
Select your distribution payment method

Section 5 – Fund Information
The information you may receive from us

Section 6 – Adviser Access
Provide your adviser’s details, if applicable, for access to your statements

Section 7 – Tax File Number Notification or Exemption
Provide tax file number(s)

Section 8 – Declaration and Application Signatures
Read the declaration, elect the account operating authority, and provide the appropriate signatures

Section 1 – Do you have an existing account within an Antipodes Partners investment fund?

Yes ☐ The investment in this application will be in a different Antipodes Partners investment fund but it will have the same name and capacity as my existing account, and there are no changes to any of my other details.

My current account number is __________________________. Please go to Section 3.

If there are any changes to your other details, please go to Section 2.

No ☐ Go to Section 2
Section 2 – Investor Details

A. INDIVIDUAL OR JOINT APPLICANTS

Investor 1

Title ___________________ Given name/s ____________________________________________
Surname ___________________________________________ Date of birth ______/____/__________
Residential address (street address only) ____________________________________________
Suburb ___________________ State ___________ Postcode ___________ Country ___________
Postal address (if different from above) ____________________________________________
Suburb ___________________ State ___________ Postcode ___________ Country ___________

Note: The postal address will be used for all account correspondence; however we also require your residential address.

Phone no. (____) _____________________________ Mobile no. _____________________________
Facsimile no. (____) ___________________________
E-mail address: ___________________________________________

What is your occupation? ☐ Retired ☐ Other - please describe: ___________________________________________

Are you investing as a sole trader? ☐ NO ☐ YES ☐ If “Yes”, then please provide

ABN/ARBN ___________________________________________
Full business name: ___________________________________________

Principal place of business (if any)(street address only) ___________________________________________
Suburb ___________________ State ___________ Postcode ___________ Country ___________

TAX CERTIFICATIONS

1. Are you a US citizen? ☐ NO ☐ YES ☐
2. Are you a resident of a country other than Australia for tax purposes? ☐ NO ☐ YES ☐
   (Note: please select “Yes” if you are a dual resident in Australia and another country).
   If “Yes”, please complete the table below for the countries outside of Australia in which you are a tax resident:

<table>
<thead>
<tr>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   If applicable, please specify the reason for the non-availability of a tax identification number:

ACCOUNT OPENING FOR A MINOR OR JOINT ACCOUNT

1. Are you opening an account on behalf of a minor (i.e. acting as trustee for a child under the age of 18)?
   ☐ NO ☐ YES ☐ - If ‘Yes’, please provide details of the minor in the section below.
2. Are you opening a joint account?
   ☐ NO ☐ YES ☐ - If ‘Yes’, please provide details of Investor 2 in the section below.

☐ ATTACH: Certified copy of the current Australian driver’s licence or passport of Investor 1.

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

If this is not a joint application or an application for a minor, please proceed to Section 3.
Section 2 – Investor Details

A. INDIVIDUAL OR JOINT APPLICANTS (continued)

Minor

Given name/s __________________________________________ Date of birth __/__/_______
Surname __________________________________________ Date of birth __/__/_______
Residential address (street address only) ________________________________________________
Suburb __________________________ State ________ Postcode ________ Country ______________

TAX CERTIFICATIONS

1. Is the minor a US citizen? NO ☐ / YES ☐

2. Is the minor a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐

(Note: please select “Yes” if the minor is a dual resident in Australia and another country).

If “Yes”, please complete the table below for the countries outside of Australia in which the minor is a tax resident:

<table>
<thead>
<tr>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
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</tr>
</tbody>
</table>

If applicable, please specify the reason for the non-availability of a tax identification number:
_____________________________________________________________________________________________________________________________

☐ ATTACH: Certified copy of the current Australian driver’s licence or passport of the Minor.

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.

Investor 2

Title ______________ Given name/s __________________________________________
Surname __________________________________________ Date of birth __/__/_______
Residential address (street address only) ________________________________________________
Suburb __________________________ State ________ Postcode ________ Country ______________
Phone no. (____) __________________________ Mobile no. __________________________
E-mail address: __________________________________________

What is your occupation? ☐ Retired ☐ Other - please describe: __________________________

TAX CERTIFICATIONS

1. Are you a US citizen? NO ☐ / YES ☐

2. Are you a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐

(Note: please select “Yes” if you are a dual resident in Australia and another country).

If “Yes”, please complete the table below for the countries outside of Australia in which you are a tax resident:

<table>
<thead>
<tr>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
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</tr>
</tbody>
</table>

If applicable, please specify the reason for the non-availability of a tax identification number:
_____________________________________________________________________________________________________________________________

☐ ATTACH: Certified copy of the current Australian driver’s licence or passport of Investor 2

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.
### Section 2 – Investor Details

#### B. PARTNERSHIP

**B.1 PARTNERSHIP DETAILS**

Full name of partnership: ________________________________________________________________

Registered business name of partnership (if any): ______________________________________________

ABN/ACN: ________________________________________________________________

Country where partnership is established: Australia YES / NO If ‘No’, then please name country: ________________________________________________________________

Describe the partnership’s principal business activity: _____________________________________________________________________________

Registered address (street address only): ______________________________________________________

Suburb __________________ State _______ Postcode _______ Country __________________

Postal address (if different from above): ______________________________________________________

Suburb __________________ State _______ Postcode _______ Country __________________

*Note: The postal address will be used for all account correspondence; however we also require your registered address.*

Phone no. __________________________ Mobile no. __________________________

Facsimile no. __________________________

E-mail address: ______________________________________________________________

Is the partnership regulated by a professional association?

YES ☐ - Provide name of association: ______________________________________________________

Provide membership details: __________________________________. Please provide the details requested for Partner 1 in B.2 below.

NO ☐ - How many partners are in the partnership? __________. Please provide details of ALL partners in B.2 below.

#### B.2 PARTNER DETAILS

**Partner 1:**

Given name/s: ___________________________ Surname: ___________________________ Date of birth: ___/___/______

Residential address (street address only) ______________________________________________________

Suburb __________________ State _______ Postcode _______ Country __________________

**Partner 2:**

Given name/s ___________________________________________ Surname ___________________________

Residential address (street address only) ______________________________________________________

Suburb __________________ State _______ Postcode _______ Country __________________

**Partner 3:**

Given name/s ___________________________________________ Surname ___________________________

Residential address (street address only) ______________________________________________________

Suburb __________________ State _______ Postcode _______ Country __________________

*If there are more partners, provide details on a separate sheet and tick this box ☐*

Proceed to B.3 of Section 2. 

…….Continue over page
**Section 2 – Investor Details**

**B. PARTNERSHIP (continued)**

**B.3 BENEFICIAL OWNER DETAILS**

**Category A Beneficial Owners**
Please provide details for each individual who:
- ultimately owns 25% or more of the issued capital of the partnership through direct or indirect shareholdings, or
- is entitled (directly or indirectly) to exercise 25% or more of the voting rights of the partnership, including power to veto.

**Category B Beneficial Owners**
If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls* the partnership. If no such person can be identified then the most senior managing official(s) of the partnership (such as the Managing Partner) is/are taken to be the beneficial owner(s) of the partnership.

*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices.

<table>
<thead>
<tr>
<th>Beneficial Owner 1:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Given name/s:</td>
<td>Surname:</td>
<td>Date of birth:</td>
<td></td>
</tr>
<tr>
<td>Residential address (street address only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>State:</td>
<td>Postcode:</td>
<td>Country:</td>
</tr>
<tr>
<td>For a Category B Beneficial Owner, please describe role (e.g. Managing Partner):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beneficial Owner 2:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Given name/s:</td>
<td>Surname:</td>
<td>Date of birth:</td>
<td></td>
</tr>
<tr>
<td>Residential address (street address only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>State:</td>
<td>Postcode:</td>
<td>Country:</td>
</tr>
<tr>
<td>For a Category B Beneficial Owner, please describe role (e.g. Managing Partner):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beneficial Owner 3:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Given name/s:</td>
<td>Surname:</td>
<td>Date of birth:</td>
<td></td>
</tr>
<tr>
<td>Residential address (street address only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>State:</td>
<td>Postcode:</td>
<td>Country:</td>
</tr>
<tr>
<td>For a Category B Beneficial Owner, please describe role (e.g. Managing Partner):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beneficial Owner 4:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Given name/s:</td>
<td>Surname:</td>
<td>Date of birth:</td>
<td></td>
</tr>
<tr>
<td>Residential address (street address only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>State:</td>
<td>Postcode:</td>
<td>Country:</td>
</tr>
<tr>
<td>For a Category B Beneficial Owner, please describe role (e.g. Managing Partner):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If there are more beneficial owners, provide details on a separate sheet and tick this box □)

Proceed to B.4 of Section 2

......Continue over page
Section 2 – Investor Details

B. PARTNERSHIP (continued)

B.4 TAX CERTIFICATIONS

1. Is the partnership’s place of effective management situated outside of Australia? NO □ / YES □ If ‘Yes’, please complete table below.

<table>
<thead>
<tr>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
</tr>
</thead>
</table>

If applicable, please specify the reason for the non-availability of a tax identification number:

2. Please select ONE of the following categories and provide the information requested:

☐ United States Partnership
   (The partnership was created in the US, established under the laws of the US or is a US tax payer)
   Is the partnership an exempt payee for US tax purposes?
   YES □ - please provide the exemption code: ________________
   NO □

   Proceed to B.5 of Section 2.

☐ Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company
   Provide the partnership’s Global Intermediary Identification Number (GIIN), if applicable: ____________________________
   If the partnership does not have a GIIN, please advise of FATCA status:

   Proceed to B.5 of Section 2.

☐ Financial Institution – Investment Entity
   Provide the partnership’s Global Intermediary Identification Number (GIIN), if applicable: ____________________________
   If the partnership does not have a GIIN, please advise of FATCA status:

   Is the partnership located outside of Australia and managed by another Financial Institution?
   YES □ - please also tick ‘Other’ below and provide the information requested.
   NO □

   Proceed to B.5 of Section 2.

☐ Active Non-Financial Entity
   (During the previous reporting period, less than 50% of the partnership’s gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

   Proceed to B.5 of Section 2.

☐ Other
   (None of the above applies to the partnership)

   1. Is any one of the Beneficial Owners or partners of the partnership, a US citizen? NO □ / YES □

   2. Is any one of the Beneficial Owners or partners of the partnership, a resident of a country other than Australia for tax purposes? NO □ / YES □
   (Note: please select “Yes” if they are a dual resident in Australia and another country).
   If “Yes”, please complete the table below for the countries outside of Australia in which they are a tax resident:

<table>
<thead>
<tr>
<th>Name of person</th>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
<th>If no TIN available, please describe reason.</th>
</tr>
</thead>
</table>

(If more space is required, please use a separate sheet and tick this box □)

Proceed to B.5 of Section 2.
Section 2 – Investor Details

B. PARTNERSHIP (continued)

B.5 DOCUMENTS TO PROVIDE

☐ ATTACH: Certified copy of the Partnership Agreement; and

☐ ATTACH: Certified copy of the current Australian driver’s licence or passport of Partner Number 1; and

☐ ATTACH: Certified copy of the current Australian driver’s licence or passport of each Beneficial Owner listed in B.3 of Section 2; and

☐ ATTACH: For partnerships regulated by a professional association, provide an original current membership certificate OR membership details independently sourced from the relevant association

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.
Section 2 – Investor Details

C. AUSTRALIAN COMPANY

C.1 COMPANY DETAILS

Full company name as registered by ASIC: ________________________________________________________

Full business name (if any): ________________________________________________________________

Country where registered / incorporated: Australia YES / NO - If ‘No’, please go to D. Foreign Company of section 2.

ACN __________________________________________________________

Describe the company’s principal business activity: ____________________________________________

Registered office address (street address only): ________________________________________________

Suburb: __________________________ State: __________ Postcode: __________ Country: __________

Postal address (if different from above): ______________________________________________________

Suburb: __________________________ State: __________ Postcode: __________ Country: __________

Note: The postal address will be used for all account correspondence; however we also require your registered address.

Principal place of business (if different from registered address)(street address only): ___________________________________________________________________

Suburb: __________________________ State: __________ Postcode: __________ Country: __________

Phone no. (____) ______________________

Facsimile no. (____) __________________________ E-mail address: ________________________________

C.2 COMPANY TYPE

Select only ONE of the following categories:

☐ Public company (companies whose name does not include Pty or Proprietary) – proceed to C.3 of Section 2

☐ Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as a private company) – provide the details of all directors below:

Number of directors of the company: _______________

Director 1: Given name/s: __________________________ Surname: ______________________________

Director 2: Given name/s: __________________________ Surname: ______________________________

Director 3: Given name/s: __________________________ Surname: ______________________________

Director 4: Given name/s: __________________________ Surname: ______________________________

(If there are more directors, please provide details on a separate sheet and tick this box)

Proceed to C.3 of Section 2

C.3 REGULATORY/LISTING DETAILS

Please select any of the following category that applies to the company and provide the information requested. If none applies, please proceed to C.4 of Section 2.

☐ Australian public listed company
   (The company is listed on an Australian financial market, such as the ASX)

   Name of market/exchange: __________________________________________________________________________. Proceed to C.5 of Section 2.

☐ Majority-owned subsidiary of an Australian listed company
   (The company is majority owned by an Australian company that is listed on an Australian financial market, such as the ASX)

   Australian listed company name: ____________________________________________________________________

   Name of market/exchange: __________________________________________________________________________. Proceed to C.5 of Section 2.

☐ Australian regulated company
   (The company is licensed and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company’s registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.)

   Regulator’s name: ________________________________________________________________________________

   Licence details (e.g. AFSL No., ACL No., RSE No.): __________________________________________________. Proceed to C.5 of Section 2

......Continue over page
Section 2 – Investor Details

C. AUSTRALIAN COMPANY (continued)

C.4 BENEFICIAL OWNER DETAILS

This section is to be completed by a company that is NOT an Australian regulated company, listed public company, or majority owned by an Australian public listed company as per C.3 of Section 2.

Category A Beneficial Owners
Please provide details for each individual who ultimately owns 25% or more of the company’s issued share capital. This includes individuals with indirect ownership of 25% or more of the company.

Category B Beneficial Owners
If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls* the company. If no such person can be identified then the most senior managing official(s) of the company (such as the managing director or other directors) is/are taken to be the beneficial owner(s) of the company.

*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.

Beneficial Owner 1:
Given name/s: __________________________ Surname: __________________________ Date of birth: _____/_____/_______
Residential address (street address only) __________________________________________
Suburb: __________________________ State: ______________ Postcode: __________ Country: __________________________
For a Category B Beneficial Owner, please describe role (e.g. Managing Director): __________________________

Beneficial Owner 2:
Given name/s: __________________________ Surname: __________________________ Date of birth: _____/_____/_______
Residential address (street address only) __________________________________________
Suburb: __________________________ State: ______________ Postcode: __________ Country: __________________________
For a Category B Beneficial Owner, please describe role (e.g. Managing Director): __________________________

Beneficial Owner 3:
Given name/s: __________________________ Surname: __________________________ Date of birth: _____/_____/_______
Residential address (street address only) __________________________________________
Suburb: __________________________ State: ______________ Postcode: __________ Country: __________________________
For a Category B Beneficial Owner, please describe role (e.g. Managing Director): __________________________

Beneficial Owner 4:
Given name/s: __________________________ Surname: __________________________ Date of birth: _____/_____/_______
Residential address (street address only) __________________________________________
Suburb: __________________________ State: ______________ Postcode: __________ Country: __________________________
For a Category B Beneficial Owner, please describe role (e.g. Managing Director): __________________________

(If there are more beneficial owners, provide details on a separate sheet and tick this box □)

Proceed to C.5 of Section 2.

......Continue over page
## Section 2 – Investor Details

### C. AUSTRALIAN COMPANY (continued)

#### C.5 TAX CERTIFICATIONS

1. Is the company also a tax resident of a country outside of Australia? **NO** / **YES**
   - If Yes, please complete the table below.

<table>
<thead>
<tr>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If applicable, please specify the reason for the non-availability of a tax identification number:

________________________________________________________________________________________________________________________________________________________

2. Please select only ONE of the following categories that apply to the company and provide the information requested:

- **Financial Institution**
  - (The company is a custodial or depository institution, an investment entity or a specified insurance company)
  - Provide the company’s Global Intermediary Identification Number (GIIN), if applicable: ________________________________
  - If the company does not have a GIIN, please advise of FATCA status:

  ____________________________________________________________________________________________________________

  Proceed to C.6 of Section 2.

- **Public Listed Company, Majority Owned Subsidiary of an Australian Listed Company or an Australian Registered Charity**

  Proceed to C.6 of Section 2.

- **Active Non-Financial Entity**
  - (During the previous reporting period, less than 50% of the company’s gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

  Proceed to C.6 of Section 2.

- **Other**
  - (None of the above applies to the company)

  1. Is any one of the company’s Beneficial Owners a US citizen? **NO** / **YES**
  2. Is any one of the company’s Beneficial Owners, a resident of a country other than Australia for tax purposes? **NO** / **YES**

  *(Note: please select “Yes” if they are a dual resident in Australia and another country).*

  If “Yes”, please complete the table below for the countries outside of Australia in which they are a tax resident:

<table>
<thead>
<tr>
<th>Name of person</th>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
<th>If no TIN available, please describe reason.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(If more space is required, please use a separate sheet and tick this box ☐)*

Proceed to C.6 of Section 2.

......Continue over page
## Section 2 – Investor Details

<table>
<thead>
<tr>
<th>C.  AUSTRALIAN COMPANY (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.6 DOCUMENTS TO PROVIDE</td>
</tr>
</tbody>
</table>

Australian regulated company, Australian listed public company, or majority owned by an Australian public listed company as per C.3 of Section 2.

- **NO ATTACHMENT REQUIRED**

Please proceed to Section 3.

For all other companies

- **ATTACH:** Certified copy of the current Australian driver’s licence or passport of each Beneficial Owner listed in C.4 of Section 2.

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.
### Section 2 – Investor Details

#### D. FOREIGN COMPANY

**D.1 COMPANY DETAILS**

- Full name of foreign company: ____________________________________________________________
- Full business name (if any): _____________________________________________________________
- Country where formed/registered/incorporated: ___________________________________________
- Describe the company’s principal business activity: _______________________________________  
- Registered by a foreign body? NO ☐ /YES ☐ If ‘Yes’, provide name of registration body: ____________________________________________________________

**Is the foreign company registered with ASIC?**

- ☐ Yes  
  Provide the Australian Registered Body Number (ARBN): ________________________________
  Provide EITHER: ☐ principal place of business address in Australia,  OR ☐ local agent’s name and address details
  Address (street address only): __________________________________________________________
  Suburb __________________ State ______ Postcode ______ Country __________________
  Full name of local agent in Australia: __________________________________________________

- ☐ No  
  Provide company identification number (if any) issued by the foreign registration body: ________________________________
  Date of company registration or incorporation: _____/_____/_______
  Provide principal place of business in the company’s country of formation or incorporation
  Address (street address only): __________________________________________________________
  Suburb __________________ State ______ Postcode ______ Country __________________

**Registered address**

Provide the registered address as registered with ASIC. If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Address ____________________________________________________________________________
Suburb __________________ State ______ Postcode ______ Country __________________

Postal address (if different from above) ____________________________________________________________________________________________
Suburb __________________ State ______ Postcode ______ Country __________________

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. (____) ____________________________
Facsimile no. (____) ____________________________ E-mail address: ____________________________

**Proceed to D.2 of Section 2**

#### D.2 COMPANY TYPE

Select only ONE of the following categories:

- ☐ Public company (companies whose name does not include Pty or Proprietary) – **proceed to D.3 of Section 2**
- ☐ Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as a private company) – provide details of all directors below:

**Number of directors of the company: _____________**

**Director 1:**  
Given name/s: ____________________________ Surname: ____________________________

**Director 2:**  
Given name/s: ____________________________ Surname: ____________________________

**Director 3:**  
Given name/s: ____________________________ Surname: ____________________________

**Director 4:**  
Given name/s: ____________________________ Surname: ____________________________

*(If there are more directors, please provide details on a separate sheet and tick this box ☐)*

**Proceed to D.3 of Section 2**
Section 2 – Investor Details

D. FOREIGN COMPANY (continued)

D.3 TAX CERTIFICATIONS

1. Is the company a tax resident of a country outside of Australia? NO ☐ / YES ☐ If 'Yes', please complete table below.

<table>
<thead>
<tr>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If applicable, please specify the reason for the non-availability of a tax identification number:
______________________________________________________________________________________________

2. Please select only ONE of the following categories that apply to the company, and provide the information requested:

☐ United States Company
(The company was created in the US, established under the laws of the US or is a US tax payer)
Is the company an exempt payee for US tax purposes? YES ☐ - please provide the exemption code: ____________________________
NO ☐
Proceed to D.4 of Section 2.

☐ Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

Provide the company’s Global Intermediary Identification Number (GIIN), if applicable: ____________________________
If the company does not have a GIIN, please advise of FATCA status:
______________________________________________________________________________________________
Proceed to D.4 of Section 2.

☐ Financial Institution – Investment Entity

Provide the company’s Global Intermediary Identification Number (GIIN), if applicable: ____________________________
If the company does not have a GIIN, please advise of FATCA status:
______________________________________________________________________________________________

Is the company located outside of Australia and managed by another Financial Institution?
YES ☐ - please also tick 'Non-US Passive NFE' below and provide the information requested.
NO ☐ - Proceed to D.4 of Section 2.

☐ Public Listed Company, Majority Owned Subsidiary of a Public Listed Company or International Organisation
Proceed to D.4 of Section 2.

☐ A Charity or an Active Non-Financial Entity
(The company is a non-profit organisation; or during the previous reporting period, less than 50% of the company’s gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.
Proceed to D.4 of Section 2.

☐ Passive Non-Financial Entity
(None of the above applies to the company)

1. Is any one of the company's Beneficial Owners a US citizen? NO ☐ / YES ☐

2. Is any one of the company’s Beneficial Owners, a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐
(Note: please select “Yes” if they are a dual resident in Australia and another country).
If “Yes”, please complete the table below for the countries outside of Australia in which they are a tax resident:

<table>
<thead>
<tr>
<th>Name of person</th>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
<th>If no TIN available, please describe reason.</th>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If more space is required, please use a separate sheet and tick this box ☐)

Proceed to D.4 of Section 2.

......Continue over page
## Section 2 – Investor Details

### D. FOREIGN COMPANY (continued)

#### D.4 REGULATORY/LISTING DETAILS

Please select any of the following category that applies to the company and provide the information requested. **If none applies, please proceed to D.5 of Section 2.**

- **Public listed company**
  
  (The company is a listed company on a financial market that is subject to disclosure requirements to ensure transparency of beneficial ownership comparable to similar public listing requirements in Australia)

  - Name of market/exchange/disclosure regime: ____________________________________________________________________________
  - Country: ________________________________________________

  **Proceed to D.6 of Section 2.**

- **Majority-owned subsidiary of an Australian public listed company**
  
  (The company is majority owned by an Australian company that is listed on an Australian financial market, such as the ASX)

  - Australian listed company name: ____________________________________________________________________________
  - Name of market/exchange: ____________________________________________________________________________

  **Proceed to D.6 of Section 2.**

- **Regulated in Australia**
  
  (The company is *licensed* and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company’s registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.)

  - Regulator’s name: ____________________________________________________________________________
  - Licence details (e.g. AFSL No., ACL No., RSE No.): ____________________________________________________________________________

  **Proceed to D.6 of Section 2.**

### D.5 BENEFICIAL OWNER DETAILS
This section is to be completed by a company that is NOT a public listed company, majority owned by an Australian public listed company or a company regulated in Australia as per D.4 of section 2.

**Category A Beneficial Owners**
Please provide details for each individual who ultimately owns 25% or more of the company’s issued share capital. This includes individuals with indirect ownership of 25% or more of the company.

**Category B Beneficial Owners**
If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls* the company. If no such person can be identified then the most senior managing official(s) of the company (such as the managing director or other directors) is/are taken to be the beneficial owner(s) of the company.

*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.

**Beneficial Owner 1:**
Given name/s: ___________________________ Surname: ___________________________ Date of birth: _____ / ____ / _______
Residential address (street address only) __________________________________________________________
Suburb: __________________ State: __________ Postcode: __________ Country: __________________
For a Category B Beneficial Owner, please describe role (e.g. Managing Director): __________________________________________________________

**Beneficial Owner 2:**
Given name/s: ___________________________ Surname: ___________________________ Date of birth: _____ / ____ / _______
Residential address (street address only) __________________________________________________________
Suburb: __________________ State: __________ Postcode: __________ Country: __________________
For a Category B Beneficial Owner, please describe role (e.g. Managing Director): __________________________________________________________

**Beneficial Owner 3:**
Given name/s: ___________________________ Surname: ___________________________ Date of birth: _____ / ____ / _______
Residential address (street address only) __________________________________________________________
Suburb: __________________ State: __________ Postcode: __________ Country: __________________
For a Category B Beneficial Owner, please describe role (e.g. Managing Director): __________________________________________________________

*(If there are more beneficial owners, provide details on a separate sheet and tick this box □)*

**D. DOCUMENTS TO PROVIDE**

☐ ATTACH: Certified copy of the current Australian driver’s licence or passport of each Beneficial Owner listed in D.5 of Section 2.

☐ ATTACH: For a company that is not registered with ASIC, provide a certified copy of the registration certificate.

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.
Section 2 – Investor Details

E. SELF MANAGED SUPERANNUATION FUND (SMSF)

E.1 FUND DETAILS

Full name of the fund: ____________________________________________________________
ABN: ____________________________________________________________

Registered office address (street address only) ____________________________________________________________
Suburb __________________________________ State ___________________ Postcode __________ Country __________________
Postal address (if different from above) ____________________________________________________________
Suburb __________________________________ State ___________________ Postcode __________ Country __________________

Note: The postal address will be used for all account correspondence; however we also require your registered address.

Phone no. (____) __________________________ Facsimile no. (____) __________________________
E-mail address: ____________________________________________________________

E.2 BENEFICIARY (MEMBER) DETAILS

Please provide details of all members of the SMSF

Beneficiary 1:
Given name/s: ___________________________ Surname: ___________________________ Date of birth: ____/____/_____
Residential address (street address only) ____________________________________________________________
Suburb: __________________________________ State: ___________________ Postcode: __________ Country: __________________

Occasion: □ Retired □ Other - please describe: ____________________________________________________________

Beneficiary 2:
Given name/s: ___________________________ Surname: ___________________________ Date of birth: ____/____/_____
Residential address (street address only) ____________________________________________________________
Suburb: __________________________________ State: ___________________ Postcode: __________ Country: __________________

Occasion: □ Retired □ Other - please describe: ____________________________________________________________

Beneficiary 3:
Given name/s: ___________________________ Surname: ___________________________ Date of birth: ____/____/_____
Residential address (street address only) ____________________________________________________________
Suburb: __________________________________ State: ___________________ Postcode: __________ Country: __________________

Occasion: □ Retired □ Other - please describe: ____________________________________________________________

Beneficiary 4:
Given name/s: ___________________________ Surname: ___________________________ Date of birth: ____/____/_____
Residential address (street address only) ____________________________________________________________
Suburb: __________________________________ State: ___________________ Postcode: __________ Country: __________________

Occasion: □ Retired □ Other - please describe: ____________________________________________________________

Proceed to E.3 of Section 2.
Section 2 – Investor Details

E. SELF MANAGED SUPERANNUATION FUND (SMSF) (continued)

E.3 TRUSTEE TYPE

SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED

- [□] INDIVIDUAL TRUSTEES – complete E.4 of Section 2
- [□] CORPORATE TRUSTEE – complete E.5 of Section 2

E.4 INDIVIDUAL TRUSTEES

☐ I/we confirm that the member(s) listed in E.2 of Section 2 is/are also the trustee(s) of the SMSF.

If there is only ONE member in the SMSF, please provide details of the additional trustee below:

<table>
<thead>
<tr>
<th>Given name/s:</th>
<th>Surname:</th>
<th>Date of birth:</th>
</tr>
</thead>
</table>

Residential address (street address only): ____________________________________________________________

<table>
<thead>
<tr>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
<th>Country:</th>
</tr>
</thead>
</table>

Occupation: [□] Retired [□] Other - please describe: ____________________________________________________________

☐ ATTACH: Certified copy of the current Australian driver’s licence or passport of each individual trustee

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.

E.5 CORPORATE TRUSTEE

Full company name as registered by ASIC: ____________________________________________________________

Full business name (if any): ____________________________________________________________

ACN _____________________________________________

Describe the company’s principal business activity (not applicable if the company only acts as a corporate trustee):

___________________________________________________________________________________________

Registered office address (street address only):

<table>
<thead>
<tr>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
<th>Country:</th>
</tr>
</thead>
</table>

Postal address (if different from above):

<table>
<thead>
<tr>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
<th>Country:</th>
</tr>
</thead>
</table>

Note: The postal address will be used for all account correspondence; however we also require your registered address.

Principal place of business (if different from registered address)(street address only):

<table>
<thead>
<tr>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
<th>Country:</th>
</tr>
</thead>
</table>

☐ I/we confirm that the member(s) listed in E.2 of Section 2 is/are also the director(s) of the corporate trustee of the SMSF.

If there is only ONE member in the SMSF and there is an additional director of the corporate trustee, please provide their details below:

<table>
<thead>
<tr>
<th>Given name/s:</th>
<th>Surname:</th>
<th>Date of birth:</th>
</tr>
</thead>
</table>

Residential address (street address only):

<table>
<thead>
<tr>
<th>Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
<th>Country:</th>
</tr>
</thead>
</table>

Occupation: [□] Retired [□] Other - please describe: __________________________
## Section 2 – Investor Details

### F. AUSTRALIAN REGULATED TRUST (Excluding SMSF)

#### F.1 TRUST DETAILS

Full name of the trust: ____________________________________________________________

ABN: __________________________________________

Country where trust was established: Australia **YES** / **NO**

If ‘No’, then please go to G. Unregulated Trust (including Foreign Trust) of Section 2.

Describe the trust’s principal business activity: ________________________________________

Registered office address (street address only) __________________________________________

Suburb ___________________________ State __________ Postcode __________ Country _________

Postal address (if different from above) ________________________________________________

Suburb ___________________________ State __________ Postcode __________ Country _________

Note: The postal address will be used for all account correspondence; however we also require your registered address.

Phone no. (____) ______________________

Facsimile no. (____) ___________________

E-mail address: __________________________

#### F.2 TYPE OF REGULATED TRUST

Select ONE of the following categories that apply to the trust and provide the information required. **If none applies, then please go to G. Unregulated Trust (including Foreign Trust) of Section 2.**

- **Registered managed investment scheme** – provide the Australian Registered Scheme Number (ARSN): ________________________________________

- **Unregistered managed investment scheme** (where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies):

  Provide the unregistered managed investment scheme’s ABN: ____________________________

  - Please attach a copy of an offer document or trust deed of the unregistered managed investment scheme

- **Government superannuation fund** – provide name of the legislation establishing the fund: ______________________________________________________

- **Other regulated trust** (the trust is registered and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund):

  Provide name of regulator (e.g. ASIC, APRA): _______________________________________

  Provide the trust’s registration/licensing details (e.g. RSE No.): _______________________

#### F.3 TAX CERTIFICATIONS

Select ONE of the following categories that apply to the trust and provide the information required:

- **Australian regulated superannuation fund**

  Include government super funds, APRA regulated super funds and pooled superannuation trusts - **please proceed to F.4 of Section 2.**

- **Other Australian regulated trust**

  Please provide the trust’s Global Intermediary Identification Number (GIIN), if applicable: ______________________________________

  If the trust does not have a GIIN, please advise of FATCA status:

  ______________________________________

**Please proceed to F.4 of Section 2.**
## Section 2 – Investor Details

### F. AUSTRALIAN REGULATED TRUST (Excluding SMSF) (continued)

#### F.4 TRUSTEE TYPE

**SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED**

- [ ] INDIVIDUAL TRUSTEES – complete F.5 of Section 2.
- [ ] CORPORATE TRUSTEE – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company.

#### F.5 INDIVIDUAL TRUSTEE

How many individual trustees does the trust have? _______________. Please provide details of ALL individual trustees below:

**Trustee 1:** Full name ___________________________________________ Date of birth ____/____/______
Residential address (street address only) ____________________________________________
Suburb _______________ State _______________ Postcode _______________ Country _______________
What is your occupation? [ ] Retired [ ] Other - please describe: ________________________________

**Trustee 2:** Full name ___________________________________________ Date of birth ____/____/______
Residential address (street address only) ____________________________________________
Suburb _______________ State _______________ Postcode _______________ Country _______________
What is your occupation? [ ] Retired [ ] Other - please describe: ________________________________

**Trustee 3:** Full name ___________________________________________ Date of birth ____/____/______
Residential address (street address only) ____________________________________________
Suburb _______________ State _______________ Postcode _______________ Country _______________
What is your occupation? [ ] Retired [ ] Other - please describe: ________________________________

**Trustee 4:** Full name ___________________________________________ Date of birth ____/____/______
Residential address (street address only) ____________________________________________
Suburb _______________ State _______________ Postcode _______________ Country _______________
What is your occupation? [ ] Retired [ ] Other - please describe: ________________________________

*Please proceed to Section 3.*
Section 2 – Investor Details

G. UNREGULATED TRUST (INCLUDING FOREIGN TRUST)

G.1 TRUST DETAILS

Full name of the trust: _____________________________________________________________

ABN: ____________________________________________

Country where trust was established: Australia YES / NO ☐ If ‘No’, then please name country ________________________________

Describe the trust’s principal business activity: ______________________________________

Registered office address (street address only) ______________________________________

Suburb __________________________ State __________ Postcode __________ Country __________

Postal address (if different from above) ______________________________________________

Suburb __________________________ State __________ Postcode __________ Country __________

Note: This address will be used for all account correspondence; however we also require your registered address.

Phone no. (____) __________________________ E-mail address: __________________________

G.2 TYPE OF UNREGULATED TRUST

Please select only ONE of the following categories:

☒ Family trust ☐ Charitable trust ☐ Testamentary trust ☐ Unit trust

☐ Other type, please provide description ____________________________________________

Full name of the settlor(s)*: _______________________________________________________

(*settlor is the person who settles the initial sum or assets to create the trust)

G.3 BENEFICIARY DETAILS

Does the trust identifies its beneficiaries by class, e.g. unit holders, family members of named person, charitable organisations/causes?

☐ NO / ☐ YES - If “Yes”, then provide details of the class(es) of beneficiaries: __________________________________________________________

Does the trust identifies its beneficiaries by name?

☐ NO / ☐ YES - If “Yes”, then provide details of all beneficiaries below.

How many beneficiaries are in the trust? _________

Beneficiary 1:

Given name(s)/entity name(s): __________________________ Surname: __________________________

Beneficiary 2:

Given name(s)/entity name(s): __________________________ Surname: __________________________

Beneficiary 3:

Given name(s)/entity name(s): __________________________ Surname: __________________________

Beneficiary 4:

Given name(s)/entity name(s): __________________________ Surname: __________________________

(If there are more beneficiaries, provide details on a separate sheet and tick this box ☐)

......Continue over page
Section 2 – Investor Details

G. UNREGULATED TRUST (INCLUDING FOREIGN TRUST) (continued)

G.4 BENEFICIAL OWNER DETAILS

Beneficial Owners

Are there any individuals who are entitled (directly or indirectly) to 25% or more of the trust income or assets?

☐ NO / ☐ YES - If ‘Yes’, then provide details of those individuals below:

Beneficial Owner 1:

Given name/s: ___________________________________________ Surname: __________________________ Date of birth: ___/___/_______

Residential address (street address only) ________________________________________________________________

Suburb: ___________________ State: __________ Postcode: __________ Country: ____________________________

Beneficial Owner 2:

Given name/s: ___________________________________________ Surname: __________________________ Date of birth: ___/___/_______

Residential address (street address only) ________________________________________________________________

Suburb: ___________________ State: __________ Postcode: __________ Country: ____________________________

Beneficial Owner 3:

Given name/s: ___________________________________________ Surname: __________________________ Date of birth: ___/___/_______

Residential address (street address only) ________________________________________________________________

Suburb: ___________________ State: __________ Postcode: __________ Country: ____________________________

Beneficial Owner 4:

Given name/s: ___________________________________________ Surname: __________________________ Date of birth: ___/___/_______

Residential address (street address only) ________________________________________________________________

Suburb: ___________________ State: __________ Postcode: __________ Country: ____________________________

(If there are more beneficial owners, provide details on a separate sheet and tick this box ☐)

Appointer of the Trust

Does the trust have an appointer (i.e. an individual who has been granted specific powers by the trust deed to appoint or remove the trustees of the trust; may also be called the ‘custodian’ or ‘principal’)?

☐ NO / ☐ YES - If ‘Yes’, then provide details of the appointer (or equivalent) below:

Given name/s: ___________________________________________ Surname: __________________________ Date of birth: ___/___/_______

Residential address (street address only) ________________________________________________________________

Suburb: ___________________ State: __________ Postcode: __________ Country: ____________________________

(If there are more appointers, provide details on a separate sheet and tick this box ☐)

Please proceed to G.5 of Section 2.

G.5 TAX CERTIFICATIONS

1. Is the trust a tax resident outside of Australia? ☐ NO / ☐ YES ☐ If ‘Yes’, then please complete table below.

<table>
<thead>
<tr>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
<th>If no TIN available, please describe reason.</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

......Continue over page
Section 2 – Investor Details

G. UNREGULATED TRUST (INCLUDING FOREIGN TRUST) (continued)

G.5 TAX CERTIFICATIONS (continued)

2. Please select only ONE of the following categories and provide the information requested:

☐ United States Trust
(The trust was created in the US, established under the laws of the US or is a US taxpayer)

Is the trust an exempt payee for US tax purposes? YES ☐ - please provide the exemption code: ________________________

NO ☐

Please proceed to G.6 of Section 2.

☐ Financial Institution or Trust with a Trustee that is a Financial Institution
(The trust was primarily established for custodial or investment purposes; or if the trustee of the trust is a Financial Institution)

Please provide the trust’s Global Intermediary Identification Number (GIIN), if applicable: ________________________________

If the trust does not have a GIIN, please advise of FATCA status:
________________________________________________________________________________________________________________

Please proceed to G.6 of Section 2.

☐ Australian Registered Charity or Deceased Estate

Please proceed to G.6 of Section 2.

☐ A Foreign Charity or an Active Non-Financial Entity
(The trust is a non-Australian non-profit trust; or during the previous reporting period, less than 50% of the entity's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

Please proceed to G.6 of Section 2.

☐ Other
(None of the above applies to the trust)

1. Is any one of the trust’s beneficiaries, trustees, settlors or beneficial owners, a US citizen? NO ☐ / YES ☐

2. Is any one of the trust’s beneficiaries, trustees, settlors or beneficial owners, a resident of a country other than Australia for tax purposes?

NO ☐ / YES ☐

(Note: please select “Yes” if they are a dual resident in Australia and another country).

If “Yes”, please complete the table below for the countries outside of Australia in which they are a tax resident:

<table>
<thead>
<tr>
<th>Name of person</th>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
<th>If no TIN available, please describe reason.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If more space is required, please use a separate sheet and tick this box ☐)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please proceed to G.6 of Section 2.

G.6 DOCUMENTS TO PROVIDE

☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner and Appointer listed in G.4 of Section 2; and

☐ ATTACH: Certified copy of the Trust Deed. If an extract of the Trust Deed is provided, at a minimum, the certified copy of the following pages must be included:

1. The cover page;
2. The page which documents the name of the trust and the trustee;
3. The page with the date of the Trust Deed;
4. The signed pages of the Trust Deed;
5. The page that lists the name and/or class of the beneficiaries of the trust; and
6. The page which documents the name of the settlor.

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to G.7 of Section 2.
## Section 2 – Investor Details

### G. UNREGULATED TRUST (INCLUDING FOREIGN TRUST) (continued)

#### TYPE OF TRUSTEE

**SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED**

- ☐ INDIVIDUAL TRUSTEES – complete G.8 of Section 2.
- ☐ CORPORATE TRUSTEE – complete C. Australian Company of Section 2 for Australian corporate trustee or D. Foreign Company for foreign corporate trustee.

#### G.8 INDIVIDUAL TRUSTEE

How many individual trustees does the trust have? _______________. Please provide details of ALL individual trustees below:

**Trustee 1:**
- Full name __________________________________________
- Date of birth _____/_____/_______
- Residential address (street address only) ________________________________
- Suburb __________________________________ State __________ Postcode __________ Country ____________________
- What is your occupation? ☐ Retired  ☐ Other - please describe: ________________________________

**Trustee 2:**
- Full name __________________________________________
- Date of birth _____/_____/_______
- Residential address (street address only) ________________________________
- Suburb __________________________________ State __________ Postcode __________ Country ____________________
- What is your occupation? ☐ Retired  ☐ Other - please describe: ________________________________

**Trustee 3:**
- Full name __________________________________________
- Date of birth _____/_____/_______
- Residential address (street address only) ________________________________
- Suburb __________________________________ State __________ Postcode __________ Country ____________________
- What is your occupation? ☐ Retired  ☐ Other - please describe: ________________________________

**Trustee 4:**
- Full name __________________________________________
- Date of birth _____/_____/_______
- Residential address (street address only) ________________________________
- Suburb __________________________________ State __________ Postcode __________ Country ____________________
- What is your occupation? ☐ Retired  ☐ Other - please describe: ________________________________

- ☐ ATTACH: Certified copy of the current Australian driver’s licence or passport of each individual trustee

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

*Please proceed to Section 3.*
## Section 2 – Investor Details

### H. ASSOCIATION / REGISTERED CO-OPERATIVE

#### H.1 ASSOCIATION / REGISTERED CO-OPERATIVE DETAILS

The investor is a:  
- [x] incorporated association   /  [ ] unincorporated association   /  [ ] registered co-operative

Full name of association/registered co-operative: ________________________________________________

Provide the ID number (if any) issued upon incorporation/registration: ________________________________

Describe the objects/purpose/main activity of the association or co-operative: __________________________

Principal place of administration/operations (street address only): _________________________________

Suburb __________________________________ State ___________ Postcode ___________ Country __________

Registered office address (if different to the principal place of administration/operations) (street address only): ______________________________________________________________________________________

Suburb __________________________________ State ___________ Postcode ___________ Country __________

Postal address: _____________________________________________________________________________

Suburb __________________________________ State ___________ Postcode ___________ Country __________

**Note:** This postal address will be used for all account correspondence.

Phone no. (____) ___________________________

Facsimile no. (____) _______________________

E-mail address: __________________________________________________________

#### H.2 OFFICER DETAILS

Provide details of the following officers (or equivalent member of the governing committee, howsoever described by the association or co-operative):

**Chairman /President (or equivalent):**

Given name/s: __________________________________ Surname: ___________________________ Date of birth: ______/_____/_______

Residential address (street address only) _______________________________________________________

Suburb: ___________________________ State: ___________ Postcode: __________ Country: __________

**Secretary (or equivalent):**

Given name/s: __________________________________ Surname: ___________________________ Date of birth: ______/_____/_______

Residential address (street address only) _______________________________________________________

Suburb: ___________________________ State: ___________ Postcode: __________ Country: __________

**Treasurer (or equivalent):**

Given name/s: __________________________________ Surname: ___________________________ Date of birth: ______/_____/_______

Residential address (street address only) _______________________________________________________

Suburb: ___________________________ State: ___________ Postcode: __________ Country: __________

**Public Officer of the Incorporated Association (if any):**

Given name/s: __________________________________ Surname: ___________________________ Date of birth: ______/_____/_______

Residential address (street address only) _______________________________________________________

Suburb: ___________________________ State: ___________ Postcode: __________ Country: __________

**Member of the Unincorporated Association (only applicable if this Application Form is signed by such member):**

Given name/s: __________________________________ Surname: ___________________________ Date of birth: ______/_____/_______

Residential address (street address only) _______________________________________________________

Suburb: ___________________________ State: ___________ Postcode: __________ Country: __________
Section 2 – Investor Details

H. ASSOCIATION / REGISTERED CO-OPERATIVE (continued)

H.3 BENEFICIAL OWNER DETAILS

Are there any beneficial owners (i.e. individuals who directly or indirectly control the association or registered co-operative) who are different to the officers listed in H.2?

☐ No / ☐ Yes – if ‘Yes’, please provide the details of the beneficial owners:

Given name/s: ___________________________________________  Surname: ___________________________________________

Date of birth: ____/____/_______  Role: ________________________________

Residential address (street address only) ________________________________________________________________

Suburb: ___________________ State: ______________ Postcode: __________ Country: ___________________

(If there are more beneficial owners, provide details on a separate sheet and tick this box ☐)

H.4 TAX CERTIFICATION

Is the association or registered co-operative a tax resident of a country outside of Australia?  NO ☐ / YES ☐ If ‘Yes, please complete table below.

<table>
<thead>
<tr>
<th>Country of tax residency</th>
<th>Tax Identification Number (TIN) or equivalent number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If applicable, please specify the reason for the non-availability of a tax identification number:

_____________________________________________________________________________________________________________________________

H.5 DOCUMENTS TO PROVIDE

Associations (incorporated and unincorporated)

☐ ATTACH:  Certified copy of the constitution/rules of the association; and

☐ ATTACH:  Certified copy of the current Australian driver’s licence or passport of each officer listed in H.2 of Section 2; and

☐ ATTACH:  Certified copy of the current Australian driver’s licence or passport of each Beneficial Owner listed in H.3 of Section 2.

Registered Co-operatives

☐ ATTACH:  Certified copy of the register maintained by the co-operative; and

☐ ATTACH:  Certified copy of the current Australian driver’s licence or passport of each officer listed in H.2 of Section 2; and

☐ ATTACH:  Certified copy of the current Australian driver’s licence or passport of each Beneficial Owner listed in H.3 of Section 2.

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.
## Section 2 – Investor Details

### I. GOVERNMENT BODY

#### I.1 GOVERNMENT BODY DETAILS

<table>
<thead>
<tr>
<th>Full name of government body:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal place of operations (street address only):</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td>State</td>
</tr>
<tr>
<td>Postal address:</td>
<td>Suburb</td>
</tr>
</tbody>
</table>

*Note: This postal address will be used for all account correspondence.*

<table>
<thead>
<tr>
<th>Phone no.</th>
<th>Facsimile no.</th>
<th>E-mail address:</th>
</tr>
</thead>
</table>

| Legislation establishing the government body: |  |

#### I.2 GOVERNMENT INFORMATION

Select ONE of the following categories that apply to the government body.

- ☐ Commonwealth of Australia Government Body - *Please proceed to I.4 of Section 2.*

- ☐ Australian State or Territory Government Body - *Please specify State or Territory: ____________________________*
  - *Please proceed to I.4 of Section 2.*

- ☐ Foreign (non-Australian) Government Body – *Please specify foreign country: ____________________________*
  - *Please proceed to I.3 of Section 2.*

#### I.3 BENEFICIAL OWNER DETAILS

This section is to be completed by a foreign government body only.

Please provide details of all individuals that directly or indirectly control the government body, such as the Chairman, President, Treasurer or Secretary of the government body.

**Beneficial Owner 1:**

<table>
<thead>
<tr>
<th>Given name/s:</th>
<th>Surname:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential address (street address only)</td>
<td>Suburb</td>
<td>State</td>
</tr>
</tbody>
</table>

Please describe role: ____________________________

**Beneficial Owner 2:**

<table>
<thead>
<tr>
<th>Given name/s:</th>
<th>Surname:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential address (street address only)</td>
<td>Suburb</td>
<td>State</td>
</tr>
</tbody>
</table>

Please describe role: ____________________________

**Beneficial Owner 3:**

<table>
<thead>
<tr>
<th>Given name/s:</th>
<th>Surname:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential address (street address only)</td>
<td>Suburb</td>
<td>State</td>
</tr>
</tbody>
</table>

Please describe role: ____________________________

---

Significant investments in a Fund can only be made by persons who receive the PDS of the Fund (including electronically) in Australia or New Zealand. The RE reserves the right to not accept any application of units in a Fund for any reason or without reason.
### Section 2 – Investor Details

#### I. GOVERNMENT BODY (continued)

<table>
<thead>
<tr>
<th>I.3 BENEFICIAL OWNER DETAILS (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficial Owner 4:</strong></td>
</tr>
<tr>
<td>Given name/s: ________________________</td>
</tr>
<tr>
<td>Surname: _____________________________</td>
</tr>
<tr>
<td>Date of birth: <em><strong><strong>/</strong></strong></em>/___________</td>
</tr>
<tr>
<td>Residential address (street address only) ____________________________________________________________________________________</td>
</tr>
<tr>
<td>Suburb: _____________________________</td>
</tr>
<tr>
<td>State: _________________</td>
</tr>
<tr>
<td>Postcode: _______________</td>
</tr>
<tr>
<td>Country: ___________________________</td>
</tr>
<tr>
<td>Please describe role: ____________________________________________________________</td>
</tr>
</tbody>
</table>

(If there are more beneficial owners, provide details on a separate sheet and tick this box [ ])

#### I.4 DOCUMENTS TO PROVIDE

- **Australian Government Bodies**
  - NO ATTACHMENT REQUIRED
  - Please proceed to Section 3.

- **Foreign Government Bodies**
  - [ ] ATTACH: Certified copy of the extract of the legislation establishing the government body; and
  - [ ] ATTACH: Certified copy of the current Australian driver’s licence or passport of each Beneficial Owner listed in I.3 of Section 2.

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator. Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.*

Please proceed to Section 3.
Section 3 – Application Amount and Payment Details

<table>
<thead>
<tr>
<th>Fund Name</th>
<th>APIR</th>
<th>ISIN</th>
<th>Initial investment ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipodes Asia Fund</td>
<td>IOF0203AU</td>
<td>AU60IOF02030</td>
<td></td>
</tr>
<tr>
<td>Antipodes Global Fund</td>
<td>IOF0045AU</td>
<td>AU60IOF00455</td>
<td></td>
</tr>
<tr>
<td>Antipodes Global Fund – Long Only</td>
<td>WHT0057AU</td>
<td>AU60WHT00576</td>
<td></td>
</tr>
</tbody>
</table>

Minimum initial investment for each fund is $25,000 or as agreed with the Responsible Entity

3.a Source of Investment

Please identify the source of your investment:

Investor 1:
- [ ] Gainful employment/savings
- [ ] Superannuation savings
- [ ] Inheritance/gift
- [ ] Other – please specify: ___________________________________________
- [ ] Financial investments
- [ ] Business activity

Investor 2 (for joint account):
- [ ] Gainful employment/savings
- [ ] Superannuation savings
- [ ] Inheritance/gift
- [ ] Other – please specify: ___________________________________________
- [ ] Financial investments
- [ ] Business activity

3.b Payment Details

Payment Method:
- [ ] Electronic Funds Transfer, or
- [ ] Cheque

Payment is to be made in Australian Dollars by cheques or through the following accounts by Electronic Funds Transfer (‘EFT’):

EFT:
- Currency: AUD
- Country: Australia
- Payee: RBCIS Antipodes [Investor Name]
- BSB: 012-003
- Account Number: 836 595 374

Deposit reference for EFT:
Please quote your deposit reference number

Cheque:
Cheques should be crossed “Not Negotiable” and made payable to: **RBCIS Antipodes [Investor Name]**
Please note that you will incur a fee if your cheque is dishonoured.

Please note:

For new applications

Ensure that the original application is posted in the mail to Registry.

For applications from existing clients*

Ensure that the application is posted or faxed to Registry.

Post: GPO Box 4471, SYDNEY NSW 2001
Fax: +612 8262 5492
You must ensure that instructions to the Registry are signed off by mandated signatories that have been previously provided to the Registry.

*For the purposes of satisfying AML requirements, an existing client is one that currently has an account in an Antipodes Partners investment fund and their details as currently held by Registry have not changed. Please complete Section 2 if any details have changed.

---

**Note:** Investments in a Fund can only be made by persons who receive the PDS of the Fund (including electronically) in Australia or New Zealand. The RE reserves the right to not accept any application of units in a Fund for any reason or without reason.
Section 4 – Distribution Election

DISTRIBUTION

Please specify how you would like any distributions from the Fund to be paid. I/we wish to have my/our distributions*

☐ Reinvested as additional units in the Fund*, or

☐ Paid in cash (Australian dollars only) into my/our account below**

* Unless otherwise instructed, distributions will be reinvested in additional units

** Where distributions are paid directly to a bank account, they will only be paid in Australian (AUD) dollars.

Bank account details stated on the Application Form should be for an account that will receive and accept AUD payments.

4.a Nominated Bank Account

Note: We cannot transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s).

For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. ‘ABC Super Fund’ or ‘ABC Pty Ltd ATF ABC Super Fund’.

Bank account details for distributions:

Bank __________________________________________________________

Account Name ____________________________________________________

BSB No ____________________ Account No __________________________

Bank account details for withdrawals if different from above:

Bank __________________________________________________________

Account Name ____________________________________________________

BSB No ____________________ Account No __________________________

Section 5 – Information you may receive

Account information

We are required by law to send information including transaction advices and holding statements in relation to your account.

Annual Financial Reports

The Annual Financial Reports of the Fund will be available in a timely, cost effective and environmentally friendly manner via our website at www.antipodespartners.com by 30 September each year.

......Continue over page
Section 6 – Adviser Access of your Account Information

By filling in this section, you consent to give your financial adviser access to your statements (including via email).

Adviser Name
_____________________________________________

Name of Advisory Firm and / or Dealer Group
_____________________________________________

AFSL Number __________________________ Adviser Number __________________________

Address
_________________________________________________________________________________

Suburb __________________________ State _______________ Postcode _______________

Phone no. (___) ___________________ Mobile no. __________________________

Facsimile no. (___) ___________________

E-mail address: __________________________

Section 7 – Tax File Number (TFN) Notification or Exemption

You may choose to quote your Australian TFN or claim an exemption in relation to your investments in the Fund by completing this section. Collection of your TFN is authorised, and its use and disclosure are strictly regulated by the tax laws and Privacy Act. It is not an offence if you do not quote your Tax File Number or a valid exemption. However, if you do not, and you do not provide appropriate exemption information, we are required to withhold tax at the highest marginal tax rate from all income distributions made to you.

Note: For Trusts and Superannuation Funds – provide the TFN of the Trust or Super Fund. TFNs for trustees cannot be accepted.

For adults/guardians acting on behalf of a minor – provide the TFN of the adult/guardian AND the minor where indicated.

**Investor 1**

Full Name: __________________________

Tax File Number: ______________________

Basis for Tax File Number exemption (if applicable): __________________________

**Investor 2 (if joint account)**

Full Name: __________________________

Tax File Number: ______________________

Basis for Tax File Number exemption (if applicable): __________________________

**Minor (if applicable)**

Full Name: __________________________

Tax File Number: ______________________

Basis for Tax File Number exemption (if applicable): __________________________

......Continue over page
Section 8 – Declaration and Application Signature

I/We declare that I/we:

- have read and understood in full the relevant PDS and Additional Information to the PDS to which this application relates, which is available at www.antipodespartners.com;
- agree that the terms and conditions of the PDS and Additional Information to the PDS form part of this declaration;
- have read, understood and agree to all declarations, conditions and acknowledgements contained in the PDS and Additional Information to the PDS, specifically the terms and conditions in the ‘Additional Information’ section of the PDS or Additional Information to the PDS;
- acknowledge that the Responsible Entity may require us to provide any additional documentation or other information to enable compliance with any laws relating to anti-money laundering and counter terrorism financing (‘AML/CTF’) or any other law, including the Foreign Account Tax Compliance Act (‘FATCA’) and OECD Common Reporting Standard (‘CRS’);
- acknowledge, accept and declare that all the details given in this application are true and correct, and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- have received and accepted this offer in Australia or New Zealand;
- have received personally a complete and unaltered latest PDS prior to completing the Application Form;
- certify that if we are signing under a Power of Attorney, the Power of Attorney has not been revoked; and
- confirm that the details of my/our investment can be provided to the specified adviser group by the means and format that they direct.

Section 8A – Account Operating Authority

Please indicate how you wish to operate your Account.

☐ Any one of us to sign, or
☐ All of us to sign, or
☐ Any two of us to sign

If you select ‘any one of us to sign’, each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others.

If you do not select an option, we will assume that ‘any one of us to sign’ option will apply.

Section 8B - Signatory

Signatory Requirements

- Individual Investor – the individual investor must sign (if adult is acting as trustee for minor, the adult/guardian must sign)
- Joint Applicants – all investors must sign
- Company – at least two directors; or a director and company secretary; or by sole director (where applicable), must sign. If signing as authorised signatories of the company, a certified copy of the authorised signatory list must be provided.
- SMSF – all individual trustees or directors of the corporate trustee must sign
- Trusts – all individual trustees must sign; if a corporate trustee, then sign as for a company
- Partnership – each partner must sign
- Association or registered co-operative – each office bearer must sign
- Government Body – relevant principal officer/authorised signatory must sign
- Power of Attorney – If signing under a Power of Attorney, please attach an original certified copy of the Power of Attorney. The front page and the signature pages of the document must be certified at a minimum. Provide an original certified copy of identification documents for the Attorney(s) as required for individuals (i.e. current Australian driver's licence or passport) or company (refer to C.6 or D.6 of section 2). All Attorneys must be identified.
- Authorised representatives – to appoint an individual or company as your authorised representative to: apply for units in the Fund(s) and sign all documents necessary for this purpose; and make requests to redeem all or some of your units, please complete the Authorised Representative Form (Individual or Company) and attach it to this Application Form.

......Continue over page
Signatory 1

Signature _____________________________________________________ Date _____/_____/_______
Surname ___________________________________________________
Given Name/s ________________________________________________
Capacity

☐ Sole Director ☐ Individual
☐ Director ☐ Office Holder
☐ Partner ☐ Trustee

Signatory 2

Signature _____________________________________________________ Date _____/_____/_______
Surname ___________________________________________________
Given Name/s ________________________________________________
Capacity

☐ Director ☐ Individual (joint account)
☐ Office Holder ☐ Trustee
☐ Partner

Signatory 3

Signature _____________________________________________________ Date _____/_____/_______
Surname ___________________________________________________
Given Name/s ________________________________________________
Capacity

☐ Director ☐ Office Holder
☐ Partner ☐ Trustee

Signatory 4

Signature _____________________________________________________ Date _____/_____/_______
Surname ___________________________________________________
Given Name/s ________________________________________________
Capacity

☐ Director ☐ Office Holder
☐ Partner ☐ Trustee

Post completed Application Form and accompanying documents to:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
GPO Box 4471
SYDNEY NSW 2001

Investments in a Fund can only be made by persons who receive the PDS of the Fund (including electronically) in Australia or New Zealand. The RE reserves the right to not accept any application of units in a Fund for any reason or without reason.