

Responsible Entity: Powerwrap Limited (ABN 67 129 756 850, Australian Financial Services Licence No. 329829 ARSN 137 053 073)

Please complete this form online, print and sign in the appropriate places. Refer to 'How to complete the Application Form' in the Product Disclosure Statement for help in completing this Application Form. This Application Form accompanies the Product Disclosure Statement dated 1 November 2016.

Please ensure that you have read and understood the Product Disclosure Statement before signing this Application Form. Applications will only be accepted from investors who are Australian Residents for tax purposes and who have a Financial Adviser authorised to advise them in relation to the Scheme. Applications will only be accepted from investors who quote a TFN or provide a relevant TFN exemption.

Please note that fields marked with an asterisk (\*) are mandatory.

Return completed form by email to: [clientservices@powerwrap.com.au](mailto:clientservices@powerwrap.com.au)

## 1. RISK PROFILE

Defensive  Moderate  Balanced  Growth  High Growth

## 2. AUTO-INVEST EXCESS CASH

Yes  No

Nominated Cash Account balance \$

Nominated Investment APIR Code

## 3. REGISTERED NAME AND DESIGNATION

Refer to examples in 'How to Complete the Application Form'

Registered Name\*

Account designation (if applicable)

## 4. INDIVIDUAL AND JOINT INVESTORS – First Investor / First Beneficiary / First Director / First Partner / First Shareholder in Proprietary Company with 25% or more equity

Tick this box if you are the First Director who is also First Shareholder with 25% or more equity.

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Residential Address\* (PO Box is NOT acceptable) Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

Tax File Number (TFN)\*  If TFN is not provided, please state the reason for exemption

## 5. INDIVIDUAL AND JOINT INVESTORS – Second Investor / Second Beneficiary / Second Director / Second Partner / Second Shareholder with 25% or more equity in Proprietary Company

Tick this box if you are the Second Director who is also Second Shareholder with 25% or more equity.

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Residential Address\* (PO Box is NOT acceptable) Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

Tax File Number (TFN)\*  If TFN is not provided, please state the reason for exemption

## 6. THIRD BENEFICIARY

Complete this section where you are a Trustee Investor and where there are more than two beneficiaries, or if you are a Company Investor where you are the third shareholder with more than 25% equity in a Proprietary Company.

Title, Given Name/s and Surname*	<input type="text"/>		
Job Title	<input type="text"/>	Date of Birth*	<input type="text"/>
Residential Address* (PO Box is NOT acceptable)	Street*		
	Suburb /Town*	State*	P/code*
	Country*		

## 7. FOURTH BENEFICIARY

Complete this section where you are a Trustee Investor and where there are more than three beneficiaries or if you are a Company Investor where you are the fourth shareholder with more than 25% equity in a Proprietary Company.

Title, Given Name/s and Surname*	<input type="text"/>		
Job Title	<input type="text"/>	Date of Birth*	<input type="text"/>
Residential Address* (PO Box is NOT acceptable)	Street*		
	Suburb /Town*	State*	P/code*
	Country*		

## 8. FIFTH BENEFICIARY

Complete this section where you are a Trustee Investor and where there are more than four beneficiaries.

Title, Given Name/s and Surname*	<input type="text"/>		
Job Title	<input type="text"/>	Date of Birth*	<input type="text"/>
Residential Address* (PO Box is NOT acceptable)	Street*		
	Suburb /Town*	State*	P/code*
	Country*		

## 9. SIXTH BENEFICIARY

Complete this section where you are a Trustee Investor and where there are more than five beneficiaries.

Title, Given Name/s and Surname*	<input type="text"/>		
Job Title	<input type="text"/>	Date of Birth*	<input type="text"/>
Residential Address* (PO Box is NOT acceptable)	Street*		
	Suburb /Town*	State*	P/code*
	Country*		

## 10. COMPANY, INCORPORATED ASSOCIATION, OR BODY

Name of Company, Incorporated Association or Body\* (as registered with ASIC)

ABN / ACN / ARBN\*  Tax File Number (TFN)\*

### Nominated Contact / First Authorised Signatory

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Corporate Title\* (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

### Nominated Contact / Second Authorised Signatory

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Corporate Title\* (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

Registered Office Address\* (PO Box is NOT acceptable) Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

Principal Place of Business if different from Registered Office Address (PO Box is NOT acceptable) Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

## 11. TRUST OR OTHER ENTITY

Trustee Investors must also provide details of beneficiaries in 'Individual and Joint Investors – First Investor', 'Individual and Joint Investors – Second Investor' 'Third Beneficiary' and 'Fourth Beneficiary' as appropriate)

Name of superannuation fund, trust, partnership, unincorporated business, unincorporated association or deceased estate\*

If you are a Incorporated Trustee, what is the business name of the Trustee, if any?

ABN / ACN / ARBN\*  Tax File Number (TFN)\*

If TFN is not provided, please state the reason for exemption

If you are a Trustee Company, which of the following are you?  Public; or  Proprietary

**If you are a Trustee Company, please select the following category that applies to the Trustee Company and provide the required information:**

Regulated Company (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator Name

Licence Details

Australian Listed Company

Name of market exchange

## 11. TRUST OR OTHER ENTITY CONTINUED

Majority owned subsidiary of an Australian listed company

Australian Listed Company Name

Name of market exchange

**If you are a Trust, please indicate what type of trust you are by selecting one of the following options and provide the required information:**

Registered Managed Investments Scheme

Provide Australian Registered Scheme Number (ARSN)

Regulated Trust (ie: SMSF)

Name of Regulator (eg: ASIC, APRA, ATO)

ABN / registration / licensing details

Government Superannuation Fund

Provide the name of the legislation establishing the fund

Other Trust type

Describe the Trust (eg: Family, Unit, Charitable, Estate)

**Individual Trustee Details (only complete if you are not an Incorporated Trustee)**

How many Trustees are there?

Provide full name and address of each Trustee below

### Trustee 1

Title, Given Name/s and Surname\*

Job Title

Date of Birth\*

Residential Address\* (PO Box is NOT acceptable)

Street\*

Suburb /Town\*

State\*

P/code\*

Country\*

### Trustee 2

Title, Given Name/s and Surname\*

Job Title

Date of Birth\*

Residential Address\* (PO Box is NOT acceptable)

Street\*

Suburb /Town\*

State\*

P/code\*

Country\*

### Trustee 3

Title, Given Name/s and Surname\*

Job Title

Date of Birth\*

Residential Address\* (PO Box is NOT acceptable)

Street\*

Suburb /Town\*

State\*

P/code\*

Country\*

## 11. TRUST OR OTHER ENTITY CONTINUED

### Trustee 4

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Residential Address\*  
(PO Box is NOT acceptable)

Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

### Trustee 5

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Residential Address\*  
(PO Box is NOT acceptable)

Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

### Trustee 6

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Residential Address\*  
(PO Box is NOT acceptable)

Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

### First Authorised Signatory

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Corporate Title\* (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

### Second Authorised Signatory

Title, Given Name/s and Surname\*

Job Title  Date of Birth\*

Corporate Title\* (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

Registered Office Address\*  
(PO Box is NOT acceptable)

Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

Principal Place of Business if different  
from Registered Office Address  
(PO Box is NOT acceptable)

Street\*

Suburb /Town\*  State\*  P/code\*

Country\*

## 12. CONTACT DETAILS FOR CORRESPONDENCE (COMPLETE ALL)

The following contact details will be used for all communications (including single and joint accounts)

Title, Given Name/s and Surname\*

Email Address\*

Contact Phone Number\*

Mailing Address\*

Adressee(s)\*

Street / PO Box\*

Suburb /Town\*  State\*  P/code\*

Country\*

## 13. TAX STATUS (COMPLETE ALL)

Please select your Tax Status\*  Individual  Joint Investors  Partnership  Super Fund  Trust  Company

Please select the Capital Gains Tax Optimisation method to be applied. Please refer to the Product Disclosure Statement for more details on tax accounting methods. If you do not select a tax accounting method, 'Minimise gain' will be applied:

Minimise gain (default)  Maximise gain  First in first out (FIFO)  Manual

## 14. TAX INFORMATION (COMPLETE ALL)

The following is a self-certification required under the (United States) Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS), for the automatic exchange of tax payer information between participating jurisdictions.

Are there any natural person(s), such as individual(s), settlors(s), trustee(s), beneficiary(ies) and/or controlling person(s) who hold 25% or more of share or voting rights, who are tax residents of a jurisdiction outside of Australia?

No  Yes

If 'Yes', please complete the table below with name, role/relationship to the account, the tax residency and tax identification number (i.e. TIN) for each natural person(s). Please list all relevant countries.

Full Name	Role i.e. Director, Trustee, Beneficiary etc.	Country(ies)/Jurisdictions of Tax Residence	Tax Identification Number (If no state Exemption Reason)
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

For Non-Australian tax residents who cannot provide a TIN, please indicate which one of the following reasons applies:

**Reason A:** The country of tax residency does not issue TINs to tax residents

**Reason B:** The individual has not been issued with a TIN

**Reason C:** The country of tax residency does not require the TIN to be disclosed

## 15. CASH MANAGEMENT ACCOUNT DETAILS (COMPLETE ALL)

This section to be completed by the Financial Adviser on receipt of the investor's bank account details.

Account Name\*

Account Number\*  BSB  807 009

## 16. INITIAL INVESTMENT (COMPLETE ALL)

Initial Investment Amount\*

The minimum initial investment in the Scheme is \$20,000. Please also ensure that you retain the minimum balance in your Cash Management Account following your initial investment.

If you are funding your Account through the transfer of units in managed fund(s), please complete the Transfer Form and Statutory Declaration Form available from your Financial Adviser. Please note that you can only transfer those managed funds that are available in the Approved Products List.

## 17. REGULAR MONTHLY INVESTMENT FACILITY (OPTIONAL)

How much do you wish to invest each month?

When do you want to commence regular investment?

Regular investments are normally processed on the 15th of each month, or where this is a non-business day, they will be processed on the following business day. You must have sufficient funds in your Cash Management Account.

## 18. REGULAR MONTHLY WITHDRAWAL FACILITY (OPTIONAL)

How much do you wish to withdraw each month?

When do you want to commence regular withdrawals?

Regular monthly withdrawals are normally processed on the 20th day of each month, or where this is a non-business day, they will be processed on the following business day. Funds availability will be subject to individual fund manager transaction turn-around times.

## 19. ADVISER FEE: CONTRIBUTION FEE ON INITIAL INVESTMENT AMOUNT

Note: This fee is negotiable between you and your Financial Adviser.

Fee amount  % excluding GST or fee amount  excluding GST (maximum 5.0% of the initial contribution amount excluding GST)

## 20. ADVISER FEE: ONGOING

Note: This fee is negotiable between you and your Financial Adviser.

Fee amount  % excluding GST or fee amount  excluding GST (maximum 2.0% per annum excluding GST)

## 21. FINANCIAL ADVISER TRANSACTION AUTHORITY (INVESTORS TO COMPLETE)

Yes\*. I hereby authorise my Financial Adviser to transact on my Portfolio, and agree to the terms set out in the Product Disclosure Statement, in this section and the Investor Declaration. (The Responsible Entity cannot accept an Application Form without this Authority).

The Responsible Entity or its agents will accept and act on instructions given by my Financial Adviser without requiring my signature, additional proof, instructions or further confirmation from me.

The Responsible Entity is authorised to act on instructions from my Financial Adviser in relation to the following transactions:

- Withdrawing amounts from my Cash Management Account for initial and additional investments to my Portfolio, and to pay fees agreed with my Financial Adviser.
- Full or partial withdrawals from my Portfolio to my Cash Management Account.
- Changing a regular investment amount.
- Starting or stopping a regular investment amount.
- Changing a regular withdrawal amount.
- Starting or stopping a regular withdrawal amount.
- Making elections on dividend re-investment where applicable.
- Changing my tax accounting method.
- Purchasing and selling investments within my Portfolio, including elections with respect to corporate actions.

## 22. FINANCIAL ADVISER DECLARATION (COMPLETE ALL)

Yes\*. I have verified the investor's identity in accordance with the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. (The Responsible Entity cannot accept the Application Form without this declaration).

Yes\*. I have retained copies of the relevant Customer Identity Verification documents within the client file and will provide access to the Responsible Entity on request. (The Responsible Entity cannot accept the Application Form without this declaration).

Yes\*. I accept the terms of the Financial Adviser Transaction Authority and agree to act in accordance with this authority and any instructions I receive from the investor (consistent with the Product Disclosure Statement). I agree to provide the investor with any information or documents that they request and require in relation to any transactions generated under this Authority. (The Responsible Entity cannot accept the Application Form without this declaration).

## 22. FINANCIAL ADVISER DECLARATION (COMPLETE ALL) CONTINUED

- a. I confirm that all information provided in this Application Form is true and correct and records my agreement with the investor.
- b. I acknowledge that the Responsible Entity will rely on the verification of the investor's identify that I have conducted.
- c. I acknowledge that the Responsible Entity may request additional information from me from time to time to verify my records for the purpose of meeting the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- d. I hold an Australian Financial Service Licence, or I am authorised through a Licensee to deal in and advise my clients in relation to the Scheme and the investments on the Approved Product List.
- e. I have provided the investor with a current Product Disclosure Statement for the Scheme and a disclosure document for each of their selected investments, and will continue to do so for any new investments they make.
- f. I have provided the investor with a current written recommendation to acquire the selected investments, and disclosed all remuneration and payments that may be received by my Licensee and me, and will continue to do so in relation to all new investments.
- g. I have fully disclosed all fees and costs associated with investing in the Scheme and the administration of the investor's Portfolio.
- h. Any changes to agreed adviser fees will be approved by the investor prior to communicating this to the Responsible Entity.
- i. I will not convey any instructions to the Responsible Entity relating to the investor without first receiving such instructions from the investor.
- j. If I, my Licensee or MyState Wealth Management has an interest in or association with the investment manager of a managed fund, Model Portfolio or any other investment on the Approved Product List that I am proposing or recommending to my client, I will bring this to the attention of my client and highlight the potential for a conflict of interest.
- k. I will comply with all laws relating to the investment in the Scheme, including the Future of Financial Advice (FOFA) reforms.

Financial Adviser Name*	<input type="text"/>		
Financial Adviser Practice Name*	<input type="text"/>		
Financial Adviser Email*	<input type="text"/>		
Licensee's AFSL No*	<input type="text"/>	Licensee's ABN*	<input type="text"/>
Financial Adviser's Signature*	<input type="text"/>	Date*	<input type="text"/>

## 23. INVESTOR DECLARATIONS (INVESTORS TO COMPLETE)

- Yes\*. I/we hereby request the Responsible Entity open an account for me/us within the Scheme.
- Yes\*. I/we hereby request the Responsible Entity to administer and report on my non-Scheme investments and agree to the terms set out in the Product Disclosure Statement and in these Investor Declarations.
- Yes\*. I/we hereby grant a limited power of attorney to the Responsible Entity with full power and authority to undertake and perform the following on my/our behalf in accordance with instructions given by my Financial Adviser:
- provide relevant information I have included in this Application Form, including my TFN and Cash Management Account details, to an approved stockbroker for the purposes of opening an account for me to enable trading in ASX-listed securities;
  - receive communications and provide instructions to my broker in relation to corporate actions on any ASX-listed securities;
  - apply for and open new term deposits with any chosen financial institutions and make any other investments on the Approved Product List that are available as non-Scheme assets;
  - arrange for the rollover, transfer or redemption of existing non-Scheme investments;
  - notify the issuer of my/our contact details and my/our TFN and Cash Management Account details in respect of any new non-Scheme investments or purchases made on my/our behalf; and
  - deduct from my Cash Management Account the administration and advice fees payable in respect of my non-Scheme investments.

**This power of attorney may be revoked by me/us at any time by written notice to the Responsible Entity.**

- Yes\*. I/we authorise my Financial Adviser to transact on my Portfolio. (The Responsible Entity cannot accept the Application Form without this declaration).
- Yes\*. I/we agree to receive the annual report for the Scheme online, rather than be sent a hard copy.

I/we hereby declare:

- a. I/we have received, read and understood the Scheme Product Disclosure Statement and am/are able to make these declarations.
- b. I/we agree to be bound by the terms of the Product Disclosure Statement and the Scheme Constitution.
- c. I/we agree to receive all transaction confirmations and reports via online access and/or email and accept the terms and conditions of access to the technology. Further, I/we acknowledge that all communications will be sent to the email address I have provided in this Application Form, and that if I have nominated an email address not under my control, including my Financial Adviser's email address, it is my responsibility to ensure I receive such communications.
  - i. I/we indemnify and agree to keep indemnified the Responsible Entity against any loss, liabilities, costs and other charges and expenses arising from claims that I/we did not receive communications.
- d. I/we have elected to provide my/our Financial Adviser with an Adviser Transaction Authority described in this Application Form. In doing so:
  - i. I/we authorise my/our Financial Adviser to communicate my/our instructions in relation to my Portfolio.



## 23. INVESTOR DECLARATIONS (INVESTORS TO COMPLETE) CONTINUED

- ii. I/we authorise the Responsible Entity to accept and act on instructions received from my Financial Adviser without requiring my signature, additional proof, instructions or further confirmation from me / us.
- iii. I/we authorise my/our Financial Adviser to insert account details of my/our Cash Management Account on my behalf within this Application Form and understand that the Responsible Entity is being authorised by me to be a Full Access Authorised Operator on the Cash Management Account.
- iv. I/we acknowledge that the Responsible Entity will act on instructions received from my/our Financial Adviser in relation to my/our Portfolio as if they were instructions received direct from me/us.
- v. I/we indemnify and agree to keep the Responsible Entity indemnified against any loss, liabilities, costs and other charges and expenses arising from carrying out those instructions.
- e. If I am/we are an individual investor(s), I am / we are 18 years of age or over.
- f. If I am/we are investing under a delegation of authority, I/we confirm that I am / we are investing in accordance with my/our designated powers and authority.
- g. The statements and answers provided in this Application Form are true and complete, and I/we will notify the Responsible Entity of any change of my/our personal details or circumstances as soon as possible.
- h. I/we authorise Tax File Numbers provided to be used in conjunction with my/our Portfolio.
- i. I/we authorise the Responsible Entity to use my/our personal information for the purposes outlined in the 'Privacy' section of the PDS.
- j. I/we authorise the Responsible Entity to provide and /or allow access to information on the status of my/our Portfolio to my/our nominated Financial Adviser and their Licensee.
- k. I/we confirm that I/am are eligible to invest in the Scheme and that my/our investment does not breach any law or ruling or other binding obligation.
- l. I/we understand the risks as described in the Product Disclosure Statement associated with investing in the Scheme.
- m. I/we understand that the value of investments may rise or fall from time to time, and that neither investment performance nor the repayment of capital is (or can ever be) guaranteed. Further, I/we acknowledge that the Responsible Entity does not assess the suitability or appropriateness of investments or the skills of investment managers available via the Scheme, and that I/we have formed my/our own view in relation to each investment and am/are solely responsible for each investment decision.
- n. I/we also understand that my/our Financial Adviser and/or its Licensee and/or MyState Wealth Management may have an interest in or association with an investment manager or an investment in the Approved Products List, that might cause my/our Financial Adviser and/or its Licensee and/or MyState Wealth Management to have a conflict of interest in recommending such investments, and that the Responsible Entity is not responsible for bringing this to my/our attention.
- i. To the extent permitted by law, the Responsible Entity disclaims, and I/we release and indemnify the the Responsible Entity in respect of, any liability which may arise as a result of me/us investing in any investment available via the Scheme.
- o. I/we confirm acceptance of the fees and costs detailed in the Product Disclosure Statement, including for the administration of non-Scheme assets and those agreed between me / us and my/our Financial Adviser in this Application Form, and authorise the Responsible Entity to deduct these fees and costs from my/our Cash Management Account. I/we hereby authorise my/our Financial Adviser to request the Responsible Entity also to administer my/our relevant investments held outside the Scheme and to consolidate those investments with my/our investments within the Scheme, and to levy all fees and costs on the basis of that consolidated Portfolio, as described in the Fees and Costs section of the PDS.
- p. I/we acknowledge that the Responsible Entity has no knowledge of my/our personal circumstances or the advice I/we receive from my/our Financial Adviser and that the Responsible Entity has no basis on which to form a view as to the reasonableness or appropriateness of the advice, fees or investment recommendation in relation to my/our personal situation. I/we further acknowledge that my/our Financial Adviser is not an agent of the Responsible Entity, and has not been assessed, vetted or approved by the Responsible Entity.
- q. I/we acknowledge that where I/we fail to provide any required information or documentation that the Responsible Entity has the right not to accept this Application Form or any instruction for a transaction, and that the Responsible Entity will not be liable for any loss that may arise.
- r. I/we understand that the Responsible Entity may terminate my/our Scheme Account if I/we do not comply with its terms and conditions and that the termination of my/our Scheme Account will also terminate the administration and reporting service in respect of my/our non-Scheme assets.
- s. I/we acknowledge that if I/we cease to be advised by my/our Financial Adviser I/we will inform the Responsible Entity, and will nominate a new Financial Adviser acceptable to the Responsible Entity. I/we further acknowledge that my/our Scheme Account may be terminated if I/we do not at all times have a Financial Adviser.
- t. I/we acknowledge that:
  - i. the Model Manager is the owner of all intellectual property in connection with each Model Portfolio;
  - ii. I/we have read the the relevant disclosure documentation for each investment I am / we are considering; that I/we have taken advice from my/our Financial Adviser and/or formed my/our own view in relation to each investment of the Model Portfolio, and I/we understand the risks of each investment;
  - iii. the Model Manager gives no warranty as to the performance of the Model Portfolio;
  - iv. to the extent permitted by law, the Model Manager disclaims, and I/we release and indemnify the Model Manager in respect of, any liability which may arise as a result of me/us investing in the Model Portfolio; and
  - v. the Model Manager may give advice and take action for itself or others which differs from advice given and action taken in relation to a Model Portfolio.

## 23. INVESTOR DECLARATIONS (INVESTORS TO COMPLETE) CONTINUED

### Signed by Individual Investor – First Investor / or Company officer / Trustee

Title, Given Name/s and Surname\*

Signature\*  Date\*

Corporate Title (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

### Signed by Individual Investor – Second Investor / or Company officer / Trustee

Title, Given Name/s and Surname\*

Signature\*  Date\*

Corporate Title (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

### Signed by additional Company Officer or Trustee

Title, Given Name/s and Surname\*

Signature\*  Date\*

Corporate Title (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

### Signed by additional Company Officer or Trustee

Title, Given Name/s and Surname\*

Signature\*  Date\*

Corporate Title (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

### Signed by additional Company Officer or Trustee

Title, Given Name/s and Surname\*

Signature\*  Date\*

Corporate Title (tick)  Sole Director  Director  Secretary  Trustee, Other (specify)

Companies may execute in any way allowable by law. Affix a Common Seal if required:

## 24. CHECKLIST

Before submitting this application, please ensure that:

- a. This Application Form is complete and signed by all applicants.
- b. You have provided (any) required supporting documentation outlined in 'How to complete the Application Form'.
- c. If you are funding your account through transfer of existing investments, that you have completed the appropriate forms available from your Financial Adviser.