

SPW Global High Quality Fund

Application Form

- **If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS**
- **Use ticks in boxes where applicable**
- **The applicant must complete, print and sign this form**
- **Keep a photocopy of your completed Application Form for your records**
- **Please ensure all relevant sections are complete before submitting this form**

This application form is part of the Product Disclosure Statement dated 03 May 2017 ('PDS') relating to units in the SPW Global High Quality Fund issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975).

- The PDS contains information about investing in the Fund. You should read the PDS before applying for units in the Fund.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.
- Equity Trustees will provide you with a copy of the PDS and the Application Form on request without charge (*If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes.*)

US Persons:

This offer is not open to any US Person. Please refer to the Product Disclosure Statement and Reference Guide for further information.

Section 1 – Introduction

Do you have an existing investment in the SPW Global High Quality Fund?

YES – my details are:

Account Number	
Account Name	
Contact Telephone Number (Including Country Code)	

- Not appointing a power of attorney, agent or financial adviser Complete sections 8, 9, 10
- Appointing a power of attorney, agent or financial adviser Complete sections 6 or 7, 8, 9, 10

* Please note there will be instances where we may be required to collect additional information about you and may ask you to provide certified copies of certain identification documents along with the Application Form.

NO – Only complete the sections relevant to you, as indicated below:

Select One	Account Type	Sections to Complete	Identification Requirement Groups to Complete
<input type="checkbox"/>	Individual(s)	1,2,7,8,9,10	Group A
<input type="checkbox"/>	Partnership(s)	1,3,7,8,9,10	Group A & B
<input type="checkbox"/>	Trust/Superannuation fund with an individual trustee	1,2,4,7,8,9,10	Group C or D, & E
<input type="checkbox"/>	Trust/Superannuation fund with a corporate trustee	1,4,5,7,8,9,10	Group C or D, & E
<input type="checkbox"/>	Company	1,5,7,8,9,10	Group F or G
And complete these if you would like to appoint a power of attorney or agent			
<input type="checkbox"/>	Power of attorney or agent	Section 6	Group H
<input type="checkbox"/>	Financial Adviser	Section 7	Group H

Contacting the Fund

Investment Manager:	Sanlam Private Wealth (Pty) Ltd +61 2 8245 0501
Post your completed application to:	Fund BPO Pty Ltd Client Services Registry Team GPO Box 4968 Sydney, NSW, 2001

AML/Identification Requirements

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please call Fund BPO on 1300 133 451.

These documents should be provided as a CERTIFIED COPY of the original.

GROUP A – Individuals

Each individual investor, individual trustee, partner or individual agent must provide one of the following primary photographic ID:

- A current Australian driver's licence (or foreign equivalent) that includes a photo
- An Australian passport
- An identity card issued by a State or Territory Government that includes a photo
- A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that provides your signature

If you do NOT own one of the listed primary photographic ID document, please provide one valid option from Column A and one valid option from Column B.

Column A	Column B
<ul style="list-style-type: none"> <input type="checkbox"/> Australian birth certificate <input type="checkbox"/> Australian citizenship certificate <input type="checkbox"/> Pension card issued by Department of Human Services (previously known as Centrelink) 	<ul style="list-style-type: none"> <input type="checkbox"/> A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address. <input type="checkbox"/> A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document. <input type="checkbox"/> A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address). <input type="checkbox"/> If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

GROUP B – Partnerships

Provide Group A verification requirements for each partner and beneficial owner of the Partnership **and** one of the following:

- A certified copy or certified extract* of the partnership agreement.
- A certified copy or certified extract* of minutes of a partnership meeting.
- A notice issued by the Australian Taxation Office ("ATO") within the last 12 months.
- An original or certified copy of a certificate of registration of business name issued by a government agency in Australia.

All the above must show the full name of the partnership.

GROUP C – Registered Managed Investment Scheme, Regulated Superannuation Fund (including self- managed) or Government Superannuation Fund

Provide one of the following:

- A copy of the company search on the ATO database.
- A copy of the company search of the relevant regulator's website.
- A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

All the above must show the Trust's full name and type (i.e. registered managed investment scheme, regulated superannuation fund (including self- managed) or government superannuation fund).

GROUP D – Other Trusts

Provide Group A verification requirements for each beneficial owner of the trust **and** one of the following:

- A certified copy or certified extract of the Trust Deed.
- Signed meeting minutes.
- Annual report or audited financial statements.
- A certified copy of a notice issued by the ATO within the previous 12 months.

All the above must show the full name of the Trust, its trustees and settlor of the Trust.

GROUP E – Trustees

- If you are an **Individual Trustee** – please provide the identification documents listed under Group A.
- If you are a **Corporate Trustee** – please provide the identification documents listed under Group F or G.
- If you are a **combination** of both – please complete for one trustee from each investor type listed under Group A and F or G.

GROUP F – Australian Companies

Provide Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in the application **and** one of the following:

- A certified copy of the Certificate of Registration or Licence.
- A copy of a company search on the ASIC database.
- A copy of information regarding the company / trustee's licence or other information held by the relevant Commonwealth, State or Territory regulatory body.

All of above must clearly show the company's full name, its type (i.e. public or private) and ACN issued to the company.

GROUP G – Non-Australian Companies

Provide Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in the application **and** one of the following:

- A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the jurisdiction's equivalent.
- A certified copy of the company's articles of association or constitution.
- A copy of a company search on the ASIC database or relevant foreign registration body.

All of above must clearly show the company's full name, its type (i.e. public or private) and ARBN or identification number issued to the company.

GROUP H – Agents

- If you are an **Individual Agent** – please provide the identification documents listed under Group A.
- If you are a **Corporate Agent** – please provide the identification documents listed under Group F or G.

Important Information

Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and the Foreign Account Tax Compliance Act.

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (the 'AML/CTF Act') and the Foreign Account Tax Compliance Act (the 'FATCA') the Responsible Entity is required to collect additional information about you. The Responsible Entity may also ask you to provide certified copies of certain identification documents along with the Application Form.

Under the AML/CTF Act and FATCA, the Responsible Entity is prohibited from processing your application until all of the information and supporting documentation requested in this form has been received. In most cases, the information that you provide in this form will satisfy the AML/CTF Act & FATCA. However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act and FATCA.

Declarations

When you complete this Application Form you make the following declarations:

- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund in which I/we have chosen to invest.
- I/We acknowledge that Equity Trustees is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of Equity Trustees or its related bodies corporate and to foreign government agencies (if necessary).
- I/We hereby acknowledge and agree that Equity Trustees have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the Equity Trustees Group Privacy Statement.
- I/we hereby confirm that the personal information that I/we have provided to Equity Trustees is correct and current in every detail, and should these details change, I/we shall promptly advise Equity Trustees in writing of the change(s).
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- I/We have received and accepted this offer in Australia.
- I/We acknowledge that Equity Trustees does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of Equity Trustees and is subject to

investment risk including possible delays in repayment and loss of income or capital invested.

- If I/we have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and agree to indemnify Equity Trustees from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Equity Trustees acting on the instructions of my/our authorised representatives, agents and/or nominees.
- By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS.
- I/We have considered our personal circumstances and, where appropriate, obtained investment and / or taxation advice.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- I/We acknowledge that I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/we have chosen to invest.
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
 - I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
 - I/we owe any amounts to Equity Trustees, then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.
- I/We agree to provide further information or personal details to the Responsible Entity if required to meet its obligations under anti-money laundering and counter-terrorism legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.

Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements.

For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

When you sign this Application Form you declare that you have read and agree to the declarations above.

Section 2 – Individual(s) or Individual Trustee(s)

Complete this section if you are investing in your own name or as an individual trustee.

For AML requirements please refer to page 2.

2.1 Type of investor

Tick one box only and complete the specified parts of this section.

<input type="checkbox"/> Individual – complete 2.2	<input type="checkbox"/> Sole Trader – complete 2.2 and 2.4
<input type="checkbox"/> Jointly with another individual(s) – complete 2.2, 2.3 and 2.5	<input type="checkbox"/> Individual trustee for an individual – complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee)
<input type="checkbox"/> Individual trustee for a trust – complete 2.2 and 2.3 (also complete section 4)	

2.2 Investor 1

Title	Given Name(s)	Surname

Telephone Number (Including Country Code) (daytime)

Date of Birth (DDMMYY)	Tax File Number (TFN) – or exemption code
<input type="text"/>	<input type="text"/>

Reason for TFN Exemption

Street Address (not a PO Box)

Unit Number	Street Number	Street Name

Suburb	State	Post Code

Country of Birth

Are you a foreign resident for tax purposes?

No
 Yes, please advise country of residence

Do you hold dual citizenship?

No
 Yes, please advise which countries

2.3 Investor 2

Title	Given Name(s)	Surname

Telephone Number (Including Country Code) (daytime)

Date of Birth (DDMMYY)	Tax File Number (TFN) – or exemption code
<input type="text"/>	<input type="text"/>

Reason for TFN Exemption

Street Address (not a PO Box)

Unit Number	Street Number	Street Name

Suburb	State	Post Code

Country of Birth

Are you a foreign resident for tax purposes?

No
 Yes, please advise country of residence

Do you hold dual citizenship?

No
 Yes, please advise which countries

2.4 Sole Trader Details

Business Name (if applicable, in full)

Australian Business Number (ABN) (if obtained)*

Street Address

Suburb State Postcode Country

2.5 Signing Authority

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc.)

- Only one investor required to sign
- All investors must sign

* See page 4 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs

Section 3 – Partnerships

Complete this section if you are investing for a partnership or as a partner.

For AML requirements please refer to page 2.

3.1 General Information

Full Name of Partnership

Registered Business Names of Partnership (if any)

Country where Partnership is established

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption

3.2 Type of Partnership

Is the partnership regulated by a professional association?

- Yes, please provide details

Name of Association

Membership Details

- No, provide number of partners

Partner 1

Title Given Name (s)

Surname

Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)

Unit Street Number Street Name

Suburb

State

Postcode Country

Country of Birth

Partner 2

Title Given Name (s)

Surname

Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)

Unit Street Number Street Name

Suburb

State

Postcode Country

Country of Birth

Section 4 – Trust / Superannuation Fund

Complete this section if you are investing for a trust or superannuation fund.

For AML requirements please refer to page 2.

4.1 General Information

Full Name of Trust or Superannuation Fund

Full Name of Business (if any)

Country where Trust established

Tax File Number (TFN) – or exemption code

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Reason for TFN Exemption

4.2 Trustee Details

How many trustees are there?

- Individual** - at least one trustee must complete Section 2 of this form
- Company** - at least one trustee must complete Section 5 of this form
- Combination** - at least one trustee from each investor type must complete the relevant section of this form

4.3 Type of Trust

- Registered Managed Investment Scheme**

Australian Registered Scheme Number (ARSN)

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- Regulated Trust** (including self-managed superannuation funds)

Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/License Details

Australian Business Number (ABN)*

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- Other Trust** (also complete section 4.4)

Please Describe

4.4 Beneficiaries

Complete Section 4.4 and 4.5 only if you ticked 'Other Trust' in 4.3

Does the Trust Deed name beneficiaries?

- Yes**, how many?

Provide the full name of each beneficiary: (If more than 8, please provide as an attachment)

1	2
3	4
5	6
7	8

- No**, describe the class of beneficiary: (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name)

* See page 4 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

4.5 Beneficial Owners

Please provide the **Full Name** of any beneficial owner of the trust. A Beneficial owner of a trust is any individual who has a **25% or more interest** in the trust or **controls the trust**. This includes the **appointer** of the trust (who holds the power to appoint or remove the trustees of the trust), the **settlor** of any trust over \$10,000 upon establishment, and **beneficiaries with at least a 25% interest** in the trust. All beneficial owners will need to provide AML verification documents as per page 2. Please provide beneficial owners as an attachment if there is insufficient space below:

Section 5 – Company / Corporate Trustee

Complete this section if you are investing for a company or where a company is acting as a trustee.

For AML requirements please refer to page 2.

5.1 Company Type

- Australian Listed Public Company – complete 5.2
- Australian Proprietary Company or non-listed public company – complete 5.2 and 5.4
- Foreign Company – complete all sections

5.2 Company Details

Company Name ACN/ABN (if registered in Australia)

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Tax File Number (TFN) – or exemption code

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Reason for TFN Exemption

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Given Name(s) of Contact Person

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Registered Street Address (Not PO Box) Suburb

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State Post Code Country

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Principal place of business in Australia

Note for non-Australian companies: you must provide a local agent name and address if you do not have a principal place of business in Australia.

- Tick if the same as above, otherwise provide:

Registered Street Address (Not PO Box) Suburb

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State Post Code

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5.3 Additional Details for non-Australian Company

- Tick if the company is registered with ASIC

Australian Registered Body Number (ARBN)

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- Tick if the company is registered with a regulatory body

Name of Regulatory Body Company Identification Number Issued (if any)

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Registered Company Address (Not PO Box) Suburb

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State Post Code Country

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5.4 Beneficial owner

a. Managing Officials: All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf):

1	2
3	4

If there are more than 4 directors please provide as an attachment.

b. Shareholders: All proprietary or non-listed public domestic companies and foreign companies must provide details of each shareholder who owns directly, jointly or beneficially at least 25% of the company's issued capital.

Shareholder 1

Full Name

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Registered Street Address (Not PO Box) Suburb

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State Post Code Country

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Shareholder 2

Full Name

Registered Street Address (Not PO Box)

Suburb

State

Post Code

Country

*If there are more than 2 shareholders that each have at least 25% of the company's issued capital, provide as an attachment.*** See page 4 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.***Section 6 – Authorised representative or agent***Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.***For AML requirements please refer to page 2.****6.1 Appointment of Power of Attorney**

- I would like to appoint an authorised representative to operate on this account **OR**
 I am an agent under Power of Attorney or the investor's legal or nominated representative - complete 6.2

Full name of authorised representative / agent

Title of role held with applicant

Signature

6.2 Power of Attorney Documentation

You must attach a valid Power of Attorney.

- The document is an original or certified copy
 The document is signed by the applicant / investor
 The document is current and complete
 The document permits the attorney / agent (you) to transact on behalf of the applicant / investor

Section 7 – Financial adviser*By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser / authorised representative / agent access to your account information unless you indicate otherwise by ticking the box below.***For AML requirements please refer to page 2.****7.1 Financial adviser**

I am a financial adviser completing this application form as an authorised representative or agent.

Name of Adviser

AFSL Number

Dealer Group

Name of Advisory Firm

Postal Address

Suburb

State

Post Code

Country

Email Address of Advisory Firm (required)

Email Address of Adviser

Business Telephone

Facsimile

7.2 Financial Adviser Declaration

- I/We hereby declare that I/we are not a US Person as defined in the PDS
 I/We hereby declare that the investor is not a US Person as defined in the PDS
 I have completed an appropriate customer identification procedure (CID) on this investor which meets the AML/CTF Act.

AND EITHER

- I have attached the relevant CID documents

OR

- I have not attached the CID documents however I will retain them and agree to provide them to Equity Trustees on request. I also agree to forward these documents to Equity Trustees if I ever become unable to retain the documents.
- I have provided personal financial advice to the investor(s) named in this Application taking into account their personal needs, objectives, financial and taxation situation (having regard to the nature and any complexities of this product), have complied with all requirements of the Corporations Act and applicable law in relation to this investment by the investor(s) and have provided the Investor with a statement of advice. If I cease being the financial advisor for the Investor I will notify the Administrator at that time.

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Financial Adviser Signature

Date

7.3 Access to Information

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

- Please tick this box if you **DO NOT** want your financial adviser to have access to information about your investment.
- Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your adviser.

Section 8 – INVESTMENT INSTRUCTIONS (All investors MUST complete)

8.1 Contact Details

Title	Given Name (s)	Surname						
Home Telephone Number (including Country)		Date of Birth (DDMMYY)						
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table>						
Unit	Street Number	Street Name						
		Suburb						
		State						
Postcode	Country	Mobile Telephone (including Country)						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table>								
Email Address								
Business Telephone (including Country)								
Facsimile								

8.2 Investment Details

8.2.1 Retail Class

SPW Global High Quality Fund (APIR ETL8834AU)

Full name investment to be held in

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Investment Amount

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The minimum initial investment in the Fund is \$10,000.

8.2.2 Institutional Class

SPW Global High Quality Fund (APIR ETL7705AU)

Full name investment to be held in

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Investment Amount

\$,					,					.		
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The minimum initial investment in the Fund is \$1,000,000.

8.3 Distribution Instructions

- Reinvest distributions**
If you select this option your distributions will be reinvested in the Fund.
- Pay distributions to the bank account below (Australian investors only)**

8.4 Investor Banking Details for Redemptions and Distributions (if applicable)

Account name

Financial Institution

Branch (including Country)

BSB

Account Number

8.5 Payment Method

Electronic Funds Transfer

Bank Name & Address (including country)	National Australia Bank Limited, 105 Miller Street, North Sydney, NSW, 2060, Australia
Account Name	EQUITY TRUSTEES LIMITED AS RE FOR THE SPW GLOBAL APPLICATION ACCOUNT
BSB Number	082-401
Account Number	779 141 850
Reference	

8.6 Elections

Annual Financial Report

The annual financial report for the Fund will be available on www.eqt.com.au from 30 September each year, however, if you would like a hard copy of the annual financial report sent to you please tick the box.

Privacy

Do you wish to receive marketing information from Equity Trustees (and Equity Trustees's related bodies corporate) about products and services that may be of interest to you? This information may be distributed by mail, email or other form of communication.

Yes
 No

8.7 Purpose of Investment and Source of Funds

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc)

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions)

Section 9 – Foreign Account Tax Compliance Act (FATCA) (All Investors MUST complete)

The US Foreign Tax Compliance Act (FATCA) requires us to collect certain information about each investor's tax residency and tax classifications. In certain circumstances (including if the below section is not completed by you) we may be obliged to share information on your account with the Australian Tax Authorities. If you have any questions about your tax status, please contact your tax adviser.

9.1 Individual and joint investors (Company, Superannuation and other Trusts, Partnership etc please complete section 9.2)

Investor 1

PERMANENT TAX RESIDENCE ADDRESS. If your tax residence address is different from the registered address in Section 2, please complete the following:

For the attention of:

Address (Not PO Box)				Suburb	
State		Post Code		Country	

Are you a U.S. citizen or U.S. resident for tax purposes?

- No (go to section 10)
 Yes Please provide your US Taxpayer Identification Number (TIN): _____
(please note that you may not be eligible to enter in the funds, in which case we will contact you).

Investor 2

PERMANENT TAX RESIDENCE ADDRESS. Should your tax residence address be different from the registered address in Section 1, please complete the following:

For the attention of:

Address (Not PO Box)				Suburb	
State		Post Code		Country	

Are you a U.S. citizen or U.S. resident for tax purposes?

- No (go to section 10)
 Yes Please provide your US Taxpayer Identification Number (TIN): _____
(please note that you may not be eligible to enter in the funds, in which case we will contact you).

9.2 Companies, Superannuation and other Trusts, Partnership (Entities)

Please choose one of the following options:

- A **US Entity** (established under the laws of the US, or, for a trust, administered under the laws of the US)
Please provide the Entity's US Taxpayer Identification Number (TIN): _____
Is the Entity an exempt payee for US tax purposes? Yes No
If the Entity is an exempt payee, provide its exemption code: _____
(please note that you may not be eligible to enter in the funds, in which case we will contact you).

- A **Foreign (Non- U.S.) Financial Institution-** you must choose one of the following sub-options
 A Participating Foreign Financial Institution including a Model 1 Reporting Foreign Financial Institution):
Provide the Entity's Global Intermediary Identification Number (GIIN), if applicable:

GIIN

If the Entity is a Financial Institution but does not have a GIIN, provide its FATCA Status:

- Deemed Compliant Financial Institution (includes Registered Deemed Compliant FFI)
 Exempt Beneficial Owner (includes Certified Deemed Compliant FFIs)
 Non-participating Financial Institution
 Other (please provide **specific status** as per US FATCA legislation) _____)

- A **Trustee Documented Trust**

Provide the Trustee's Global Intermediary Identification Number (GIIN), if applicable:

GIIN

If you are not a Financial Institution, please confirm your FATCA status below:

- Non-Financial Australian Public Listed Company, Corporate Australian Registered Charity, or Australian Government Body (Active Non-Financial entities for FATCA purposes)**

Non- Financial Proprietary Company, Private Company, Unlisted Public Company, or other trust (Passive NFFE for FATCA purposes).

If so, do you have any Controlling Person/s (including beneficial owners) who are US citizens or residents of the US for tax purposes?

- No
 Yes

If yes, please provide details of any controlling individuals or entities below:

Full Name	Full Name
<input type="text"/>	<input type="text"/>
Date of Birth	Date of Birth
<input type="text"/>	<input type="text"/>
Full Residential Address	Full Residential Address
<input type="text"/>	<input type="text"/>
Details of controlling person's beneficial ownership (%)	Details of controlling person's beneficial ownership (%)
<input type="text"/>	<input type="text"/>
US TIN	US TIN
<input type="text"/>	<input type="text"/>

Declaration and undertakings

I undertake to advise the recipient promptly for FATCA self-certification where any of the information above changes.

Please note that the Fund Administrator will review your self-certification in the context of the FATCA due diligence, and may have to request additional supporting documentation.

Key definitions for the FATCA section

It is the responsibility of prospective investors to inform themselves as to the tax consequences to them of buying, holding, selling (or otherwise transferring) or redeeming shares under the laws of the country(ies) in which they are or may be taxable. These definitions are provided for your information only and you are encouraged to seek the assistance of an independent financial professional or tax adviser to facilitate the completion of this form.

- iv) is an insurance company; or
- v) is an entity that is a holding company or treasury centre that is a part of a group that includes one of the above.

For further information regarding these definitions refer to <http://www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions>

A **Foreign Financial Institution** is a non-US entity (e.g. company, partnership or trust) that engages in one of the following:

- i) accepts deposits in the ordinary course of a banking or similar business (depository institution);
- ii) holds as a substantial portion of its business (equals or exceeds 20 percent of the entity's gross income) financial assets for the account of others (custodial institution);
- iii) is an investment entity including entities that trade in financial assets or that are investing, administering, managing funds, money, or certain financial assets on behalf of other persons

An **IGA** (Inter-Governmental Agreement) means an agreement between the US or the Treasury Department and a foreign government to implement FATCA through reporting by Financial Institutions to such foreign government (Model 1) or to the IRS (Model 2).

A **controlling person** is any individual who directly or indirectly exercises ultimate effective control over the entity. For a company, this includes beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers, Protectors or Beneficiaries. For a partnership this includes any partners.

Section 10 – DECLARATIONS (All Investors MUST complete)

Applicant 1

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

Company Seal (if applicable)

Applicant 2

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

Company Seal (if applicable)

Application Checklist

- Have you completed all sections relevant to you (as set out in the introduction)?
- Have you nominated your financial adviser in section 7 (if applicable)?
- Have you provided certified copies of your identification documents or has your financial adviser completed this for you?
- Have you completed all other relevant details and SIGNED the Application Form?

If you can tick all of the boxes above, send the following:

- Completed Application Form;
- Certified copies of identification documents;

by post to:

Fund BPO Pty Ltd
Client Services Registry Team
GPO Box 4968
Sydney, NSW, 2001

For additional applications the duly completed Application Form (including details regarding your direct credit payment) may be mailed to the postal address above or faxed to the following fax number: +61 2 9251 3525.