

Application Form

First Mortgage Investments ARSN 089 600 920 (Scheme)

Please use this form if you wish to invest in the Scheme by making an application.

1 Read and ensure you understand the Product Disclosure Statement

The Product Disclosure Statement dated 15 September 2021 (**PDS**) is available in electronic form at www.firstmortgageinvestments.com.au. Before completing this Application Form you should read the PDS in its entirety.

2 Complete all relevant sections of this Application Form in block letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes

Individuals: Complete parts A, B.1 and C of section 1 of this Application Form.

Companies: Complete parts A, B.2 and C of section 1 of this Application Form.

Trusts: Complete:

- if you are an individual trustee - complete parts A, B.1 (for the trustee), B.3 and C of section 1.
- if you are a trust with a company as a trustee – complete parts A, B.2 (for the trustee), B.3 and C of section 1 of this Application Form.

3 Certify and provide the identification documents

Please refer to Section 2 and complete the relevant identification document attached to this Application Form.

4 Tell us your tax status

If you are a resident of a country other than Australia for tax purposes, please also complete section 4 of this Application Form.

5 Send your documents to First Mortgage Managed Investments Limited:

by post:

P. O. Box 310

Burleigh Heads QLD 4220

Legal notices

This Application Form relates to the Product Disclosure Statement dated 15 September 2021 for an offer of units in the Scheme. The PDS contains important information about investing in the Scheme and you should read it before applying for units.

First Mortgage Managed Investments Limited ACN 089 507 899 holder of Australian Financial Services Licence (**AFS Licence**) 227931 (**Responsible Entity**) is the responsible entity of the Scheme.

The Responsible Entity is committed to ensuring the confidentiality and security of your personal information. We handle your personal information in accordance with the *Privacy Act 1988* (Cth) and our privacy policy, which is available on request.

Paper application forms should always be accompanied by a paper copy of the current PDS. Electronic application forms (such as downloaded and emailed copies) should always be attached to the current PDS. If the PDS is missing, do not complete this form. Instead, contact us and you will be sent the current PDS. Prior to its completion and signing, this Application Form must not be handed to any person unless accompanied by the PDS.

Section 1 – Application Details

Complete all relevant sections of this Part A in **BLOCK LETTERS** and using **black pen**. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

PART A – INVESTMENT DETAILS

Are you an existing investor in the Scheme?

No - complete all parts of Section 1 of this Application Form.

Yes - my investor number is

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Please complete Part A and Part C only.

Investment details and amount

Investment amount*
\$ (together with all other monies forwarded from time to time under this PDS)
* For existing investors insert the amount you wish to reinvest from your funds currently under management of First Mortgage Investments Limited

Payment of application amount

Please select your payment method. All payments must be made in Australian dollars.

I am paying my application money by:

- EFT:
 Cheque

If you are making payment by cheque, please ensure your Application Form is accompanied by a cheque made payable to:

First Mortgage Managed Investments Limited – First Mortgage Investments Scheme

Please cross it 'not negotiable'. Australian dollar cheques only.

Alternatively, if you are making payment by EFT, please contact us for payment details.

Financial institution account details

Please provide the Financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to an account held in the name of the investor/s. Payments will not be made into third party accounts (other than for adviser fees as instructed above).

Financial institution name

Branch name

BSB number

Account number

Account name

Communication

Correspondence:

- Investor correspondence (such as transaction confirmations, statements, reports and other material) will be sent to you by email. Please tick this box if you do **not** wish to receive correspondence by email.

Marketing material:

- Please ensure no marketing material is sent to me.

Annual financial statement:

A copy of the Scheme’s annual financial statement will be made available for free on our website. Please indicate if, in addition to this, you would like to receive a hard copy by post or email:

- I/we wish to receive the annual financial statement by post to the address shown in this Application Form or as otherwise notified to the Responsible Entity from time to time
- I/we wish to receive the annual financial statement by email to the email address shown in this Application Form or as otherwise notified to the Responsible Entity from time to time

Financial Adviser details

If you have a financial adviser and you would like us to be able to communicate with them directly in relation to your investment in the Scheme, your financial adviser can assist you complete this section.

Licensee/Dealer group name

Adviser name

AFSL number

Authorised representative number (if any)

Email address

Business number (include country and area code)

Mobile number (include country code)

PART B – INVESTOR DETAILS

B.1 Individuals

Please complete if you are investing individually, jointly or you are an individual or joint trustee.

Investor 1 – Personal Details

Title

Full name

Date of birth (DD/MM/YYYY)

Usual occupation

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Postal address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Contact details

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

Are you a sole trader?

No Yes

If you are a sole trader, what is your business name?

ABN (if any)

Tax details – Australian residents

If you are an Australian resident for tax purposes please provide your Tax File Number (**TFN**) or claim an exemption. You do not have to provide your TFN or claim an exemption. If you do not provide your TFN or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

Property/Building name (if applicable)

Tax details – Non-Australian residents

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes*

**Please also complete Section 3 of this Application Form.*

Investor 2 – Personal Details

Title Full given names

Date of birth (DD/MM/YYYY)

Usual occupation

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

Postal address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

Contact details

Home number (include country and area code)

Business name (include country and area code)

Mobile number (include country code)

Email address

Are you a sole trader?

No Yes

If you are a sole trader, what is your business name?

ABN (if any)

Tax details – Australian residents

If you are an Australian resident for tax purposes please provide your Tax File Number (TFN) or claim an exemption. You do not have to provide your TFN or claim an exemption. If you do not provide your TFN or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

Property/Building name (if applicable)

Tax details – Non-Australian residents

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes

**Please also complete Section 3 of this Application Form.*

If there are more than two individual trustees, please attach additional completed copies of this page to your application.

B.2 Companies

Please complete if you are investing as a company or as a trust with a company as trustee.

Company details

Full name of company (as registered by ASIC if incorporated in Australia)

ACN or ABN (for foreign companies provide your Australian Registered Body Number (ARBN) if you have one)

Australian Tax File Number (TFN)

Country of residency (if a foreign company)

If you are a foreign company and have appointed a local agent what is their name?

Registered office address

A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company that is registered in Australia write your registered Australian address

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Postal address (if different to above)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Contact person at company

Name

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

B.3 Trusts or superannuation funds

Please complete if you are investing as a trust or superannuation fund. Each trustee must also complete the 'individual' or company' section above as appropriate.

Trust or superannuation fund details

Name of trust or superannuation fund

ABN (applicable if you are a trust or a self managed superannuation fund registered with the Australian Tax Office

Australian Tax File Number (TFN)

PART C – DECLARATIONS

with all rights and powers conferred under the Scheme constitution.

Acknowledgements

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS dated 15 September 2021 for units in the Scheme in which you are investing;
- you understand the information in the PDS is general information only and does not take into account your individual objectives, financial situation or needs;
- all details provided by you in this Application Form are true and correct and you understand that we will rely on the information in this Application Form;
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association;
- you are not bankrupt or a minor;
- you agree to be bound by the constitution of the Scheme, as amended from time to time, and the current PDS and you will become a unitholder on and subject to the terms of the constitution of the Scheme (as amended from time to time);
- you authorise us to use the TFN, ABN or exemption provided (if any) for all future applications for units in the Scheme;
- you understand the risks of investing in the Scheme;
- if requested by us, you will provide information we require in order to comply with an applicable law, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (**AML/CTF Act**), the United States Foreign Account Tax Compliance Act (**FATCA**) and Common Reporting Standards (**CRS**);
- you are not a 'politically exposed' person or organisation for the purpose of the AML/CTF Act and will notify us if you become a 'politically exposed' person or organisation for the purposes of the AML/CTF Act;
- you understand that we may (acting reasonably) decide to delay or refuse any request or transaction (including by suspending the issue of units or withholding a distribution), if we are concerned that the request or transaction may breach any obligation of, or cause any person to commit or participate in an offence under, the AML/CTF Act, and we will not be liable to you if we do so;
- you understand that neither we or any related body corporate of either guarantees the repayment of capital invested in the Scheme, the performance of the Scheme or any particular return from the Scheme;
- the amount of your investment in the Scheme may be invested by the Responsible Entity in one or more Mortgage Investments of its choice to be made at its discretion in the terms of the PDS. The Mortgage Investment may be changed by the Responsible Entity at its discretion during the term of the Mortgage Investment so that money is invested up to a maximum of 2 years, subject to the Responsible Entity providing you with a Mortgage Epitome;
- you acknowledge that you will be provided with a Mortgage Epitome setting out particulars of information disclosed in the PDS which relate to each Mortgage Investment in which your money is invested;
- you agree to irrevocable assign to the Responsible Entity all your rights, title and interest to receive default interest from a defaulting borrower;
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and our privacy policy;
- you are not a foreign person for the purposes of the *Foreign Acquisition and Takeovers Act 1975* (Cth). You will immediately given written notice to the Responsible Entity if you at any time become or may become a foreign person for the purposes of this Act; and
- by this instrument you jointly or severally appoint the Responsible Entity and any director, officer, attorney or substitute nominated by the Responsible Entity as your attorney

Signatures

Signing instructions

Individual — where the investment is in one name, the account holder must sign.

Joint Holding — where the investment is in more than one name, all of the account holders must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.

Companies — where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney — if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of individual or company officer

Print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory

Signature of individual or company officer

Print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory

If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.

- Yes
- No

Section 2 – Investor Identification

Instructions for completing identification forms

Which form?	<p>There are three forms which follow: one each for individuals, companies and trustees. Choose the form which is applicable to you.</p> <p>If you are a partnership, an incorporated association, a co-operative or a Government body, then contact us and we will provide you with the appropriate identification form.</p>
Copies or originals?	<p>This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.</p>
Certifying copies	<p>You must have someone certify the copies you send to us. The following people can be the certifier:</p> <ul style="list-style-type: none"> • your accountant so long as they are a member of the Institute of Chartered Accountants Australia and New Zealand, CPA Australia or the Institute of Public Accountants membership • your lawyer as long as they are a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court, of Australia or foreign country, as a legal practitioner (however described), or an Australian justice of the peace or notary public or foreign equivalent • a police officer • a post office worker as long as they are in charge of a Post Office or are a permanent employee with 2 or more years of continuous service • a bank or financial institution officer as long as they are an officer with 2 or more continuous years of service with one or more financial institutions or companies • a consular officer so long as they are a consular officer or diplomatic officer, or • a judge, magistrate, chief executive officer of a court, or registrar or deputy registrar of a court.
What should the person certifying write?	<p>"I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialled by the person certifying your documents.</p>
Not in English?	<p>Documents not in English must be accompanied by an English translation prepared by an accredited translator.</p>

Identification Form – Individuals

Please complete this form if you are a new investor. A separate form is required for each investor in the case of joint holdings. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts & Trustees instead.

1 Personal details

Title Full given names

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Surname

--

Date of birth (DD/MM/YYYY)

/	/	
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Please select the source and origin of funds being invested:

- savings
- investment
- superannuation contributions
- commission
- donation/gift
- inheritance
- normal course of business
- asset sale, **or**
- other – write the source and origin of funds below

--

Please select the purpose of your investment:

- savings
- growth
- income
- retirement
- business account
- other (please specify)

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2 Verification procedure – individual investor

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

Group 1

Provide a certified copy of one of these:

- Australian driver's licence
showing your photo, and please copy the front and back **or**
- foreign driver's licence
showing your date of birth, signature and photo **or**
- Australian passport
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **or**
- foreign passport
showing your signature and photo, and please copy the pages which identify you **or**
- Australian State or Territory Government issued ID card
showing your date of birth, signature and photo **or**
- foreign Government issued ID card
showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate **or**
- Australian or foreign government issued citizenship certificate **or**
- Centrelink pension or health card
please copy the front and back.

Plus provide a certified copy of one of the following:

- a Government issued notice
one which shows your name and residential address, not more than 12 months old **or**
- a rates or utilities notice
one which shows your name and residential address, not more than 3 months old **or**
- ATO notice
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

3 Signature

Signature

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Date (DD/MM/YYYY)

/	/	
---	---	--

Identification Form – Australian & Foreign Companies

Please complete this form if you are a company investing in the Scheme for the first time. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts & Trustees instead.

1 Company details

1.1 General information

Full name of company

Please select the source and origin of funds being invested:

- savings
 investment
 superannuation contributions
 commission
 donation/gift
 inheritance
 normal course of business
 asset sale, **or**
 other – write the source and origin of funds below

Please select the purpose of your investment:

- savings
 growth
 income
 retirement
 business account
 other (please specify)

1.2 Australian companies

Place of business (if different to registered office address). A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

1.3 Foreign companies

Country of formation

Registered in Australia?

- No Yes – what is the ARBN

Registered in country of formation?

- No Yes – name of regulator/exchange

Identification number issued by foreign registration body

If you are a foreign company registered in Australia write your principal place of business in Australia and the full name and address of your Australian agent.

If you are a foreign company not registered in Australia write your registered business address in country of formation or principal place of business if there is not a registered address.

Registered business address in country of formation. A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Please provide us with certified copies of one of the following:

- an ASIC or foreign regulator search **or**
 an ASIC or foreign regulator certificate of registration

2 Company type

Please complete the section below for public companies (section 2.1) or private companies (section 2.2) (as applicable).

2.1 Public company

Are you a public company?

No Yes

2.2 Private company

Are you a private company?

No Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

Director details

How many directors are there?

Provide the full name of each director:

Director 1

Title Full given names

<input type="text"/>	<input type="text"/>
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Surname

Director 2

Title Full given names

<input type="text"/>	<input type="text"/>
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Surname

Director 3

Title Full given names

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

Surname

Director 4

Title Full given names

<input type="text"/>	<input type="text"/>
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Surname

If there are more directors, please write down details on a piece of paper and attach this to your form.

Verification details – company type

Please provide us with certified copies of one of the following:

an ASIC search **or**

your certificate of registration issued by ASIC

3 Regulated/listed companies

Are you an Australian listed company?

No Yes – name of market/exchange

Market/exchange

No Yes – name that listed company and its market/exchange

Company

Market/exchange

Are you a regulated company?

One which is licensed by an Australian Commonwealth State or Territory statutory regulator

No Yes – name the regulator and your licence number

Regulator

Licence number

If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is then complete

an ASIC search **or**

a search of the licence or other records of the relevant regulator **or**

a public document issued by the company **or**

a search of the relevant market/exchange

4 Non-regulated/non-listed companies

If you answered no to all the questions in section 3, please fill in the sections 4.1, 4.2 and 4.3 below

4.1 Beneficial owner details

Please provide full names of all beneficial owners who are individuals who through one or more shareholdings ultimately own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company, and either the date of birth or full residential address of each such beneficial owner.

'Control' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Beneficial owner 1

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

/ /

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Beneficial owner 2

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

/ /

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Beneficial owner 3

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

/ /

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Beneficial owner 4

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

/ /

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Verification procedure - beneficial owners

For each individual beneficial owner please provide a certified copy of one document from Group 1 or, if you can't, a certified copy of two documents from Group 2

Group 1

Provide a certified copy of one of these.

- Australian driver's licence showing your photo, and please copy the front and back or
foreign driver's licence showing your photo, and please copy the front and back or
Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you or
Australian State or Territory Government issued ID card showing your date of birth, signature and photo or
foreign Government issued ID card showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate or
Australian or foreign government issued citizenship certificate or
Centrelink pension or health card please copy the front and back.

PLUS provide a certified copy of one of the following:

- a Government issued notice one which shows your name and residential address, not more than 12 months old or
a rates or utilities notice one which shows your name and residential address, not more than 3 months old or
ATO notice one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

4.2 Beneficial owner details

If there are any other individuals, who have not been listed above in section 4.1, and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.

4.3 Director details

Provide the full name of the senior managing official (or equivalent) of the company, if any.

Title Full given names
Surname/ACN

'Control' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Verification procedure - director details

If you are unable to provide details of the beneficial owners in section 4.1 above, please provide an ASIC company extract showing the name of the senior managing official, as provided in this section 4.3.

5 Signatures

Signing instructions

Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Signature of director 1

[Signature box]

Please print full name

[Name box]

Date (DD/MM/YYYY)

[Date boxes]

Company officer (please indicate company capacity)

Director

Sole director and company secretary

Signature of director 2/company secretary

[Signature box]

Please print full name

[Name box]

Date (DD/MM/YYYY)

[Date boxes]

Company officer (please indicate company capacity)

Director

Company secretary

Identification Form – Trusts & Trustees

Please complete this form if you are a new investor. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1 Trust details

1.1 General information

Full name of trust

Business name (if any)

Country in which the trust was established

Please select the source and origin of funds being invested:

- savings
- investment
- superannuation contributions
- commission
- donation/gift
- inheritance
- normal course of business
- asset sale, **or**
- other – write the source and origin of funds below

Please select the purpose of your investment:

- savings
- growth
- income
- retirement
- business account
- other (please specify)

2 Type of trust

2.1 Regulated trusts

This includes complying super funds and SMSFs

Super fund – or another type of trust registered and regulated by an Australian Commonwealth statutory regulator

- No Yes

If yes, please tell us:

The trust's ABN

The regulator if not APRA or the ATO

Any licence number

Registered managed investment scheme

- No Yes

If yes, please tell us the ARSN

Government superannuation fund

- No Yes

If you answered yes to any of these questions, then please provide us with certified copies of one of the following:

- super funds
go to www.abn.business.gov.au, select the "Super Fund Lookup" option and print out the results for your super fund **or**
- registered managed investment schemes
as ASIC search of the scheme **or**
- Government superannuation funds
an extract of the establishing legislation

2.2 Non-regulated trusts

Including family discretionary trusts, family and other unit trusts, deceased estates and charitable trusts (but not including self-managed super funds)

Are you a non-regulated trust?

- No Yes

If yes, please specify the type of trust

Please provide full names of all beneficial owners who are individuals who own 25% or more of the trust income or assets or who control (whether directly or indirectly) the trust and either the date of birth or full residential address of each beneficial owner:

'Control' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Beneficial owner 1

Title

Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

 / / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Beneficial owner 2

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)
 / / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

Beneficial owner 3

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)
 / / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

Beneficial owner 4

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)
 / / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

If there are any other direct beneficiaries of the trust who are not beneficial owners, write down their names on a piece of paper and attach to this form.

If the trust deed describes the beneficiaries by reference to member of a class please write down on a piece of paper, the class to which the beneficiaries belong e.g. family members, unit holders, un-named charities and attach to this form.

Please provide the name of the appointor of the trust, if applicable

'Appointor' means the appointor has the power to appoint or remove the trustees of the trust. Not all trusts have an appointor.

Name of trust settlor

'Settlor' means the person that creates the trust. The settlor may be, for example, your accountant or solicitor.

Note: you do not need to provide the name of the trust settlor if the settlor is deceased, or has made an asset contribution of less than \$10,000 to the trust, at the time the trust was established.

If you are a non-regulated trust, please provide us with certified copies of one of the following:

- Trust deed
or an extract of the trust deed showing the full name of the trust and any named trust settlor
- Other documentation
confirming the full name of the trust and the name of the trust settlor

3 Trustee details

3.1 Verification procedure – individual trustee

Title Full given names
[] []

Surname
[]

Date of birth (DD/MM/YYYY)
[] / [] / [] OR

Please provide, for one trustee only, a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2.

Group 1

- Australian driver's licence showing your photo, and please copy the front and back **or**
- foreign driver's licence showing your date of birth, signature and photo **or**
- Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **or**
- foreign passport showing your signature and photo, and please copy the pages which identify you **or**
- Australian State or Territory Government issued ID card showing your date of birth, signature and photo **or**
- foreign Government issued ID card showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate **or**
- Australian or foreign government issued citizenship certificate **or**
- Centrelink pension or health card please copy the front and back

PLUS provide a certified copy of one of the following:

- a Government issued notice one which shows your name and residential address, not more than 12 months old **or**
- a rates or utilities notice one which shows your name and residential address, not more than 3 months old **or**
- ATO notice one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

3.2 Verification procedure – company trustees

3.2.1 General information

Full name of company trustee
[]

3.2.2 Australian company trustee

Place of business (if different to registered office address). A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)
[]

Unit Street number
[] []

Street name
[]

Suburb State
[] []

Post code Country
[] []

3.2.3 Foreign company trustee

Country of formation
[]

Registered in Australia?

- No Yes

If yes, what is the ARBN

[]

Registered in that country?

- No Yes

If yes, what is the name of regulator/exchange

[]

Identification number issued by foreign registration body
[]

Registered business address in country of formation.

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

[]

Unit Street number
[] []

Street name
[]

Suburb State
[] []

Post code Country
[] []

Please provide us with certified copies of one of the following:

- as ASIC or foreign regulator search OR
- an ASIC or foreign regulator certificate of registration.

3.2.4 Company type

Please complete the section below for public companies (3.2.4(a)) or private companies (section 3.2.4(b)) (as applicable).

3.2.4(a) Public company

Are you a public company?

No Yes

3.2.4(b) Private company

Are you a private company?

No Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

Director details

How many directors are there?

Provide the full name of each director:

Director 1

Title Full given names

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

Surname

<input type="text"/>

Director 2

Title Full given names

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

Surname

<input type="text"/>

Director 3

Title Full given names

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

Surname

<input type="text"/>

Director 4

Title Full given names

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

Surname

<input type="text"/>

If there are more directors, please write down details on a piece of paper and attach this to your form.

Verification details – company type

- an ASIC search **OR**
 your certificate of registration issued by ASIC

3.2.5 Regulated/listed companies

Are you an Australian listed company?

No Yes – name of market/exchange

Market/exchange

<input type="text"/>

Are you a majority-owned subsidiary of an Australian listed company?

No Yes – name that listed company and its market/exchange

Regulator

<input type="text"/>

Licence number

<input type="text"/>

If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is then complete.

- as ASIC search OR
 a search of the licence or other records of the relevant regulator OR
 a public document issued by the company OR
 a search of the relevant market/exchange

3.2.6 Non-regulated/non-listed companies

If you answered no to all the questions in section 3.2.5, please fill in the sections 3.2.6(a), 3.2.6(b) and 3.2.6(c) below.

3.2.6(a) Beneficial owner details

Please provide names of all beneficial owners who are individuals who through one or more shareholdings ultimately own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company, and either the date of birth or full residential address of each such beneficial owner.

Beneficial owner 1

Title Full given names

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

Surname/ACN

<input type="text"/>

Date of birth (DD/MM/YYYY)

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

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

<input type="text"/>

Unit

<input type="text"/>

Street number

<input type="text"/>

Street name

<input type="text"/>

Suburb

<input type="text"/>

State

<input type="text"/>

Post code

<input type="text"/>

Country

<input type="text"/>

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

□□□ . □□ %

Beneficial owner 2

Title Full given names

□□□□ □□□□□□□□□□

Surname/ACN

□□□□□□□□□□□□□□□□

Date of birth (DD/MM/YYYY)

□□□□ / □□□□ / □□□□ OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

□□□□□□□□□□□□□□□□

Unit Street number

□□□□□□□□□□□□□□□□

Street name

□□□□□□□□□□□□□□□□

Suburb State

□□□□□□□□□□□□□□□□

Post code Country

□□□□□□□□□□□□□□□□

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

□□□□ . □□ %

Beneficial owner 3

Title Full given names

□□□□ □□□□□□□□□□

Surname/ACN

□□□□□□□□□□□□□□□□

Date of birth (DD/MM/YYYY)

□□□□ / □□□□ / □□□□ OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

□□□□□□□□□□□□□□□□

Unit Street number

□□□□□□□□□□□□□□□□

Street name

□□□□□□□□□□□□□□□□

Suburb State

□□□□□□□□□□□□□□□□

Post code Country

□□□□□□□□□□□□□□□□

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

□□□□ . □□ %

Beneficial owner 4

Title Full given names

□□□□ □□□□□□□□□□

Surname/ACN

□□□□□□□□□□□□□□□□

Date of birth (DD/MM/YYYY)

□□□□ / □□□□ / □□□□ OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

□□□□□□□□□□□□□□□□

Unit Street number

□□□□□□□□□□□□□□□□

Street name

□□□□□□□□□□□□□□□□

Suburb State

□□□□□□□□□□□□□□□□

Post code Country

□□□□□□□□□□□□□□□□

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

□□□□ . □□ %

Verification procedure – beneficial owners

For each individual beneficial owner please provide a certified copy of one document from Group 1 or, if you can't, a certified copy of two documents from Group 2.

Group 1

Provide a certified copy of one of these:

- Australian driver's licence showing your photo, and please copy the front and back **or**
- foreign driver's licence showing your date of birth, signature and photo **or**
- Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **or**
- foreign passport showing your signature and photo, and please copy the pages which identify you **or**
- Australian State or Territory Government issued ID card showing your date of birth, signature and photo **or**
- foreign Government issued ID card showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate **or**
- Australian or foreign government issued citizenship certificate **or**
- Centrelink pension or health card
please copy the front and back

PLUS provide a certified copy of one of the following:

- a Government issued notice
one which shows your name and residential address, not more than 12 months old **or**
- a rates or utilities notice
one which shows your name and residential address, not more than 3 months old **or**
- ATO notice
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

3.2.6(b) Voting rights

If there are any other individuals, who have not been listed above in section 3.2.6(a), and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.

3.2.6(c) Director details

Provide the full name of the senior managing official (or equivalent) of the company, if any.

Title	Full given names
<input type="text"/>	<input type="text"/>

Surname
<input type="text"/>

Title	Full given names
<input type="text"/>	<input type="text"/>

Surname
<input type="text"/>

Title	Full given names
<input type="text"/>	<input type="text"/>

Surname
<input type="text"/>

'Senior managing official' means an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Verification procedure – director details

If you are unable to provide details of beneficial owners in 3.2.6(a) above, please provide an ASIC company extract showing the name of the senior managing official, as provided in this section 3.2.6(c).

4 Signatures

Signature of individual or company officer
Print full name
Date (DD/MM/YYYY)
Company officer (please indicate company capacity)
<input type="checkbox"/> Director
<input type="checkbox"/> Company secretary
<input type="checkbox"/> Authorised signatory
Signature of individual or company officer
Print full name
Date (DD/MM/YYYY)
Company officer (please indicate company capacity)
<input type="checkbox"/> Director
<input type="checkbox"/> Company secretary
<input type="checkbox"/> Authorised signatory

Section 4 – FATCA and CRS disclosure

Please complete this form if you are an individual, company or trust investor. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

PART A – FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DISCLOSURE

Is the applicant (whether an individual) or any shareholder (when a company) or beneficial owner* (when a trust) a US citizen or resident of the US for tax purposes?

- Yes
 No

If **yes**, please complete the rest of part A of this section 3.

If **no**, please proceed to part B of this section 3.

'Beneficial Owner' means an individual who ultimately owns or controls (directly or indirectly) the investor. In the case of a company or trust these individuals who own through one or more shareholdings, unitholdings or interests more than 25% of the issued capital, equity or ruling rights.

Please attach a separate piece of paper listing all individuals or beneficial owners if there are more than two (2).

FOREIGN ACCOUNT TAX COMPLIANCE ACT ('FATCA')

Please complete Part A, below if you are investing as an individual or sole trader. Please complete Part B below if you are investing as a company or trust (including a SMSF).

INDIVIDUAL

Are you a US citizen or resident for tax purposes?

- Yes. If yes, provide your US Taxpayer Identification Number for all other applicants.

Applicant 1: _____ Applicant 2: _____

- No.

COMPANIES AND TRUSTS

1 Are you a US trust, US Company or US Partnership?

- Yes. If yes, provide your US Taxpayer Identification Number: _____

- No. Complete Non-US Entities section below.

2 Is the trust or company exempt for US tax purposes?

- Yes No – US Citizens or Residents for Tax Purposes

Name

Country

NON-US ENTITIES

Are you a (please tick ONE box from the list below):

- Regulated superannuation fund (self-managed super fund, APRA regulated super fund, government super fund or pooled superannuation trust)
- Government entity
- Registered cooperative
- Association
- Non-financial public company (public companies that are not financial institutions)
- Financial institution or trust with a trustee that is a
financial institution, _____
Global Intermediary
Identification Number
(GIIN), if applicable
- If no GIIN is available, provide FATCA status¹
- Non-financial proprietary company
- Partnership
- Trust (including testamentary trust) other than a trust with a trustee that is a financial institution
- Charity

PART B - COMMON REPORTING STANDARD DISCLOSURE – OTHER FOREIGN COUNTRIES

Is the applicant (whether an individual) or any shareholder (when a company) or beneficial owner* (when a trust) a tax resident of a country other than Australia or the United States of America?

- Yes
 No

If yes, please complete the rest of part B of this section 3.

If no, this form is now complete.

If the individual or entity is a tax resident of any other country outside of Australia or the United States of America, please indicate the country(ies) in which they are a resident for tax purposes and each country's associated Tax Identification Number (TIN). If a TIN is not available, please tick the appropriate reasons.

Beneficial Owner' means an individual who ultimately owns or controls (directly or indirectly) the investor. In the case of a company or trust these individuals who own through one or more shareholdings, unitholdings or interests more than 25% of the issued capital, equity or ruling rights.

Note: Please **attach** a separate piece of paper listing all individuals or beneficial owners if there are more than two (2).

Tax Identification Number

Reason if no TIN provided (please tick one)

- Foreign TIN not issued by this country

¹ For example, deemed compliant foreign financial institution (FFI), exempt beneficial owner, non-participating FFI, excepted FFI.

- Individual is under age
- Foreign TIN pending issue by country's tax authority

Name

Country

Tax Identification Number

Reason if no TIN provided (please tick one)

- Foreign TIN not issued by this country
- Individual is under age
- Foreign TIN pending issue by country's tax authority