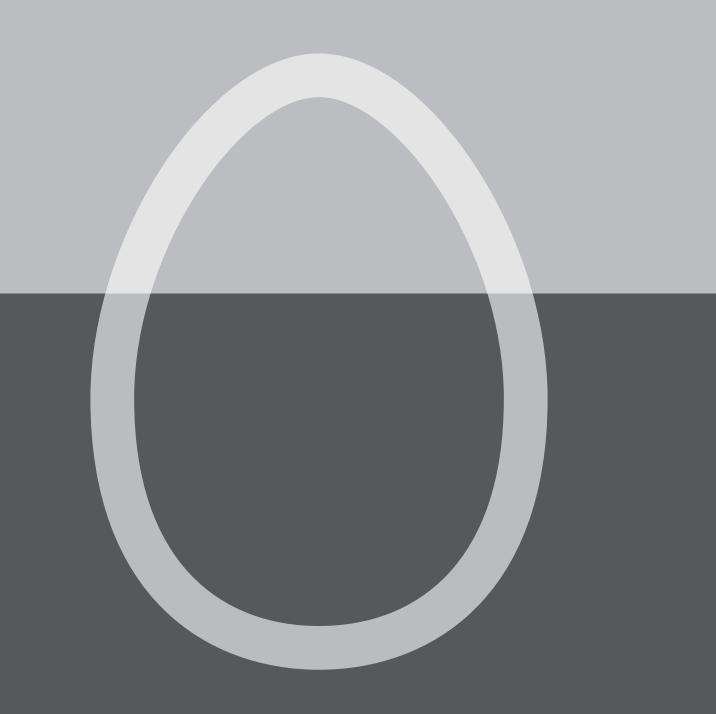


# **MLC MultiSeries**

Forms booklet



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# A step-by-step guide for completing the application form

The following information is a guide to assist you in completing the application form for investment in MLC MultiSeries (collectively referred to throughout this forms booklet as 'MLC MultiSeries', 'MultiSeries' or 'Trust(s)').

# Before you start:

**New investors** – only applicants wishing to apply for a **new investment** in MLC MultiSeries must complete the application form. If you are an existing investor in one or more of the Trusts, you will generally not be required to complete the application form again, unless you are investing in a different name/capacity to your existing investment. See below instructions for existing investors.

**Existing investors** – wishing to apply for additional investments to their MLC MultiSeries investment please complete the Additional investment instruction form located on page 30.

**Existing investors** – wishing to apply to switch (in part or in full) their investments from one Trust to another, please complete the switching instruction form located on page 35.

New investors will generally be required to complete all STEPS of the application form, except:

**Step 2** – which only requires certain sections completed depending on the type of investor you are

Further information to help you complete each STEP is detailed below.

### Step 1 - New investment application

- The application form is to be completed for new investments in MLC MultiSeries only. Proof of identification must also be provided if you are a new investor to the Insignia Financial group<sup>1</sup>. See Step 5 for further details.
- If you are an existing investor in any product within the Insignia Financial Group, please provide your investor or account number in this section.

Generally, existing investors who hold investments in other products within the Insignia Financial Group will not be required to complete the client identification and proof of identity requirements under *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act), unless they are applying for investment under a different name to their existing accounts (eg as a trustee for a trust, or director of a company).

### Step 2 – Investor details

 You will need to select which investor type you are applying as to identify which part of Step 2 you will need to complete.
 If you are applying as:

**Individual or Joint Investors** (or those investing as a Sole Trader) – Complete **PART A** 

Companies - Complete PART B

Trusts<sup>2</sup> – Complete PART C

Other3 - Complete PART B (a), (b) & (h) only

**Note** – If you have an adviser, the relevant FSC/FPA Identification Form will need to be completed for **Companies** and **Trusts** or those applying under the Other investor category and the FSC/FPA identification form for individuals will need to be completed in relation to the beneficial owners of the entity.

If you do not have a financial adviser you will need to complete an Additional Tax Information Form. The applicable forms can be obtained via our website **ioof.com.au/forms**, or by contacting Investor Services on **1800 002 217** (+613 8614 4966 if calling from New Zealand).

- Please complete your name and address details as requested in the appropriate PART of Step 2.
- For non-resident investors, we will assume that all necessary government approvals have been obtained.
- You may nominate a password to allow easy access to your account information via the telephone.

Please be aware that where an investor is not an individual (for example, a company or trust) no account information will be provided via the telephone unless this password is quoted.

The following table provides examples to assist you in completing the investor details sections of Step 2, including who will need to sign the declaration. Note, all required sections of the application form need to be completed. The table on the following page provides the basic investor sections as an example.

- 1 Additional client identification requirements may apply depending on the type of investor applying. Note for new applicants, certified copies of supporting proof of identity documents are to be returned with your application form. See Step 5.
- 2 Trusts may include Trust with Corporate or Individual Trustees, Family or Charitable Trusts, Deceased Estates or accounts set up for a Minor Child.
- 3 **Other** investors may include Partnerships, Associations (such as Incorporated/Unincorporated Club/Body), Registered Co-operatives, or Government Entities.

# Investor details example

| Turns at an Warra   | Possessia of instance details  | Tatha signa Stan 02  |  |
|---|--|--|--|
| Investor Type   | Example of investor details  | Who signs Step 8?  |  |
| Part A: individual or joint investors                               |  |  |  |
| Individual Investor   | Investor 1: Mr John Smith  | Signatory 1: John Smith  |  |
| Joint Investors <sup>4</sup>  | Investor 1: Mr John Smith  | Signatory 1: John Smith  |  |
|   | Investor 2: Ms Mary Smith  | Signatory 2: Mary Smith  |  |
| Part B: companies<br>(Note, 'OTHER INVESTOR' t                      | ypes must complete sub-sections (a), (b) and (h) of PART   | B only)  |  |
| Company   | <ul> <li>(a) Company Details         Registered Name of Company/Entity –         XYZ Pty Ltd</li> <li>(b) List Directors         Director 1 – Mr Joe White         Director 2 or Company Secretary – Mr Frank Jones</li> </ul>   | Signatory 1: Joe White (Company Director)  Signatory 2: Frank Jones (Second Company Director or Company Secretary if applicable)  Common seal required where applicable. |  |
|   | (h) Contact person <sup>5</sup> : Mr Joe White   | Common seat required where applicable.   |  |
| Incorporated/<br>Unincorporated Club/<br>Body (Other investor type) | <ul> <li>(a) Name of Company/Entity         The District Bowls Club     </li> <li>(b) List Directors         Director 1: Mr Fred Brown (Office holder)         Director 2: Mr James White (Second Office holder)     </li> <li>(h) Contact Person<sup>5</sup>: Mr Fred Brown</li> </ul>  | Signatory 1: Fred Brown (Office holder) Signatory 2: James White (Second Office holder)  |  |
| Part C – trusts <sup>6</sup>  |  |  |  |
| Trust with a<br>Corporate Trustee                                   | <ul> <li>(a) Full Name of Trust         ABC Superannuation Fund</li> <li>(b) Full Business Name of the Trustee         ABC Pty Ltd</li> <li>(e) Details of Trustee/Contact Person         i - Corporate Trustee - ABC Pty Ltd         Contact Person<sup>5</sup>: Mr David Black</li> </ul>  | Signatory 1:  David Black (Company Director)  Signatory 2:  Tim Parker (Second Company Director or Company Secretary if applicable)                                      |  |
| Trust with<br>Individual Trustees                                   | <ul> <li>(a) Full Name of Trust     Smith Superannuation Fund</li> <li>(b) Full Business Name of the Trustee     N/A</li> <li>(e) Details of Trustee(s)/Contact Person     i – Individual Trustee(s)     Trustee 1<sup>4</sup>: Mr John Smith     Trustee 2: Mrs Mary Smith     Trustee 3: Ms Helen Smith     Trustee 4: Mr Frank Smith</li> </ul> | Signatory 1: John Smith (Trustee 1) Signatory 2: Mary Smith (Trustee 2) Signatory 3: Helen Smith (Trustee 3) Signatory 4: Frank Smith (Trustee 4)                        |  |
| Deceased Estate<br>(Other Trust type)                               | <ul> <li>(a) Full Name of Trust         The Estate of Ms Mary Smith</li> <li>(d) Other Trust Type – Deceased estate</li> <li>(e) Details of Trustee(s)/Contact Person         ii – Individual Trustee(s)         Trustee 17: Mr Robert Brown (Executor 1 of estate)         Trustee 2: Mrs Mary Brown (Executor 2 of estate)</li> </ul>            | Signatory 1: Robert Brown (Executor 1 of estate)  Signatory 2: Mary Brown (Executor 2 of estate if applicable)   |  |

- $4\,$  All correspondence will be forwarded to the address of Investor 1.
- 5 All correspondence regarding the account will be sent to the 'contact person'. The contact person must be one of the signatories on the account.
- 6 Trusts may include Trusts with Corporate or Individual Trustees, Other Trusts such as Family, Charitable Trusts, Deceased Estates or accounts set up for a Minor Child.
- 7 Trustee 1 must be nominated as the Identified Trustee (applicable for Trusts with Individual Trustees). All future correspondence will be sent to Trustee 1. The Identified Trustee must be one of the signatories on the account.
- 2 | MLC MultiSeries Forms booklet

The Responsible Entity is unable to accept investments by persons under the age of 18 years. Applications in respect of minors should be made by a parent or guardian. For investment on behalf of a minor, please complete PART C and select 'Other Trust Type'. The investment may be titled 'Name of parent/ guardian' account for 'Name of minor' to be inserted under 'Full name of the Trust'.

Foreign Residents (including US residents or citizens) investor reporting requirements

The United States' (US) Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regimes legislated in a number of countries (including Australia) which require financial institutions, including the Insignia Financial Group, to identify and report information relating to investors who are, or who may be, a US resident or citizen and a resident of any other foreign jurisdiction for tax purposes. This information is required to be reported to the Australian Taxation Office who may share it with overseas counterparts.

### **Step 3: Investor Needs and Investment Objective**

In relation to our Design and Distribution Obligations (DDO) under the Corporations Act, we seek information about your attributes as an investor.

Please complete all questions in Step 3. Failure to complete the questions may result in delays in processing your application.

### Step 4: Initial investment details

- Please indicate the amount you would like to invest.
   The minimum initial investment amount for each Trust is \$25,000.
- Your investment may be made by cheque, BPAY or transfer from an existing MLC MultiSeries investment or a combination of both options. If you are making the initial deposit by BPAY, a Customer Reference Number will be advised to you once your initial application has been received and an account has been set up. Cash cannot be accepted. Also ensure that you tick the appropriate box to indicate how you would like your distributions to be paid. Either:

Option A: Reinvested as additional units.

**Option B:** Deposited into your nominated Australian financial institution account.

If you choose Option B, you need to provide us with details of your Australian financial institution account.

If you do not nominate Option A or Option B, this will be taken as a direction to reinvest distributions as additional units in the Trust from which the income was derived (ie Option A).

# Additional investments via BPAY®

 If you are an existing investor in a Trust, you may make an additional investment into that Trust using BPAY.

- If you wish to invest in a Trust in which you are not currently
  a unit holder, you will need to complete a new application
  form and send it to us, together with your cheque for the
  investment amount.
- To make additional investments using BPAY once your account has been established, you will need to have:
  - the Biller Code of the Trust (for further details, please see table below) and
  - your Customer Reference Number (CRN).

If you would like a CRN, please tick 'Yes' where required, in the application form or additional investment instruction form. If you already have a CRN, you do not need to complete an application form or an additional investment instruction form or provide us with any information to make an additional investment using BPAY. For further details on obtaining a CRN, see pages 21 and 32.

Please contact your Australian financial institution to arrange BPAY through telephone or internet banking. Please note that BPAY is not available from all financial institutions.

| Trust Name         | BPAY<br>Biller Code |
|--------------------|---------------------|
| MLC MultiSeries 30 | 959510              |
| MLC MultiSeries 50 | 959528              |
| MLC MultiSeries 70 | 959957              |
| MLC MultiSeries 90 | 959536              |

# Step 5: Tax File Number or Australian Business Number notification or exemption

- If you would like us not to deduct tax at the highest marginal tax rate plus Medicare Levy from your income distribution, please provide us with your Tax File Number (TFN), Australian Business Number (ABN) or exemption information.
- An investor who is not an Australian resident, or who
  otherwise seeks to claim an exemption for tax purposes,
  may not need to provide a TFN or ABN to prevent us from
  withholding tax at the highest marginal tax plus Medicare
  Levy. We recommend you see an accountant or financial
  adviser for further information. If you seek to claim an
  exemption on this basis, please provide us with information
  concerning why you are entitled to claim an exemption.

**Please note**, under AML/CTF legislation disclosure of an ABN is required for those individual investors investing as sole traders. If applicable, please provide this information under **Step 2 – PART A**, the section headed "For Sole Traders Only".

### Step 6: Proof of identity requirements

In accordance with with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), new investors applying for financial products, such as MLC MultiSeries, are required to supply proof of identity documentation to verify the applicant.

- Step 5 lists the types of proof of identity documents which can be provided for individual investor applicants and persons who have been nominated as Power of Attorney.
- For non individual investor applicants (such as companies, trusts and partnerships) investors will need to refer to the separate 'Completing Proof of Identity' document. A copy of this document can be obtained from our website at ioof.com.au/forms or by contacting Investor Services on 1800 002 217.

### **Step 7: Financial adviser details**

- If you have appointed a financial adviser, your financial adviser needs to complete this section.
- Please note, if your financial adviser has already conducted the proof of identity check, the financial adviser must confirm having sighted and retained the necessary information on record by completing the 'Record of Proof of Identification' table in this Step, or attach a copy of the identification document to the application form. This table is only applicable for 'individual/sole trader' investors.

# **Step 8: Applicant declaration**

- Please read the PDS in its entirety and then sign the applicant declaration section of the application form.
- We will not accept an application unless the correct signatory/ signatories has/have signed this section (see Step 2).
- Please ensure that you also provide the necessary proof of identity documentation with your application form.
- If your application form is signed by your attorney, a certified copy of the relevant Power of Attorney, together with the necessary proof of identity documents for the Power of Attorney (as detailed in Step 5), must be enclosed with your application form.
- If joint investors are applying, all investors must sign.

### Cheque and application details

Please complete your cheque made payable to 'IOOF Applications Trust Account - Applicant(s) Name' marked 'Not Negotiable'.

For example, if Robert Brown proposes to invest, the relevant cheque will be made payable as follows:

IOOF Applications Trust Account - Robert Brown.

Please send your completed application form and cheque(s) to:

### **MLC MultiSeries** Reply Paid 264 **Melbourne VIC 8060**

#### Additional investment instruction form

- If you are an existing investor in one or more of the MultiSeries range of Trusts and wish to apply for additional investments into your existing Trust(s), you will need to complete the additional investment instruction form to indicate the amount you wish to invest into which existing Trust(s).
- Note, if you are not an existing unit holder in any Trust(s), you will need to complete an application form to apply for initial investments into the new Trust.
- For additional investments, the minimum investment amount is \$5.000 for each Trust.

# Switching instruction form

- If you are an existing investor in one or more Trusts within the MultiSeries range and wish to switch your investments from one Trust to another Trust, you will need to complete the switching instruction form to indicate the amount you wish to switch and from/to which Trust.
- The minimum switch amount is \$5,000. Note the minimum initial investment into any new Trust is \$25,000.



# **MLC MultiSeries**

### DECEMBER 2024

# **Application form**

If you are investing in the Trusts via an Investor Directed Portfolio Service (IDPS) or master trust, you must complete the documents that the IDPS or master trust requires. **You do not need to fill out this form**.

For assistance please contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand).

If This application form accompanies the MLC MultiSeries Trusts Product Disclosure Statement (PDS) (and any Supplementary Product Disclosure Statement (SPDS)) that may be issued from time to time which provides important information about investing in the MLC MultiSeries (Trusts). We recommend you read the PDS (and any SPDS) thoroughly before applying to invest in the Trusts. We will only consider applications for initial investments on receipt of this application form, issued together with this PDS (and any SPDS).

If you have received the PDS (and any SPDS) electronically, we can send you a paper copy including this application form free of charge upon request. Simply contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand).

The investments offered in this PDS (and any SPDS) are only available to persons receiving the PDS (and any SPDS) and accepting the offer to invest within Australia or New Zealand. 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 (and any SPDS). All words and phrases in this application form have the same meaning as given to them in the PDS (and any SPDS).

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and tick boxes where provided.

# Step 1: New investment application

| This application form is to be completed for new investments into MLC MultiSeries.   |  |  |  |
|--|--|--|--|
| If you are an existing investor with the Insignia Financial Group, please provide your investor/account number   |  |  |  |
| <b>Note:</b> Generally existing investors who hold investments in other products within the Insignia Financial Group, will not be required to provide proof of identification requirements under AML/CTF, unless they are applying under a different name to their existing accounts (eg as joint investors, or in a family company name) or in a different capacity to their existing accounts (eg as trustee for a trust, or director of a company). |  |  |  |

The minimum initial investment amount is \$25,000 for each Trust you choose to invest in.

# Step 2: Investor details

You will need to complete certain sections of this application form depending on your investor type.

What part of Step 2 do you need to complete?

| Complete Part A if you are:                | Complete Part B if you are:   | Complete Part C if you are:  | Complete Part B (a), (b) and (h) only if you are:       |
|--|---|--|---|
| an individual investor¹ or joint investors | a company   | a trust with individual Trustees or  a trust with a corporate Trustee or  other trust <sup>2</sup> | other investor <sup>3</sup> then go straight to Step 3. |
| 1. Individual investors include individu   | Note: New applicants from these categories will also need to complete the relevant 'FSC/FPA Identification Form' if you have a financial adviser. If you do not have a financial adviser, an Additional Tax Information Form will need to be completed. For a copy of the applicable form(s), please contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand) or visit our website ioof.com.au/forms |  |   |

- 1 Individual investors include individuals acting for themselves or as sole traders.
- 2 Other trusts may include family or charitable trusts, deceased estates, or accounts set up for a minor child.

Gender Male

Female

3 'Other investors' may include partnerships, associations (such as incorporated/unincorporated club/body), registered co-operatives and government entities.

| (a) Investor 1 (all notices and corresp | oondence will be forwa |                         | nvestor 1)        |
|---|------------------------|-------------------------|-------------------|
| Title (Dr/Mr/Mrs/Ms/Miss)               |                        | Surname                 |                   |
| Mr Mrs Miss Ms                          | Other                  |                         |                   |
| Given name(s)                           |                        |                         |                   |
|   |                        |                         |                   |
| This section must be completed. Not     | e: PO Box can only be  | provided below under 'I | Mailing address'. |
| Residential address                     |                        |                         |                   |
|   |                        |                         |                   |
| Suburb                                  | State                  | Postcode                | Country           |
|   |                        |                         |                   |
| Mailing address (if different from abo  | /e)                    |                         |                   |
|   |                        |                         |                   |
| Suburb                                  | State                  | Postcode                |                   |
|   |                        |                         |                   |
| Phone (bh)                              |                        | Phone (ah)              |                   |
|   |                        |                         |                   |
| Phone (mobile)                          |                        | Fax                     |                   |

Email

Industry of occupation

Date of birth (DD/MM/YYYY)

Occupation

# Part A – Individual/Joint Investors or Sole Traders continued

| Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.   |  |  |  |
|---|--|--|--|
| Are you a politically exposed person? Yes No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)   |  |  |  |
| Are you residing overseas?  Yes No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)  |  |  |  |
| For Sole Traders only   |  |  |  |
| Please also complete this section if you are an Individual Investor applying as a sole trader:  |  |  |  |
| Business name (if applicable)   |  |  |  |
|   |  |  |  |
| Australian Business Number (ABN)  |  |  |  |
|   |  |  |  |
| If different from regidential address above DO Dovingt assented   |  |  |  |
| If different from residential address above. PO Box not accepted.  Business address   |  |  |  |
| Dusii iess addi ess   |  |  |  |
|   |  |  |  |
| Suburb State Postcode Country   |  |  |  |
|   |  |  |  |
| Are you a tax resident of Australia?  Yes No  |  |  |  |
| Are you a tax resident of another country? Yes No   |  |  |  |
| Are you a tax resident of another country:  |  |  |  |
| FOREIGN RESIDENTS ONLY – Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)   |  |  |  |
| Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. This information will be reported to the relevant tax authority within Australia and internationally. |  |  |  |
| For all countries where you are a tax resident please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.  |  |  |  |
| Country TIN Reason for no TIN <sup>(A,B or C)#</sup>  |  |  |  |
| Country The Reason for no that  |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| #Reasons for not providing a TIN  |  |  |  |
| Reason A – The country of tax residency does not issue TINs to tax residents, OR  |  |  |  |
| Reason <b>B</b> – You have not been issued with a TIN, OR   |  |  |  |
| Reason C - The country of tax residency does not require the TIN to be disclosed.   |  |  |  |
| Security Password   |  |  |  |
| For security purposes and easier access to your account information via the telephone, please provide a password:   |  |  |  |
| Security password   |  |  |  |
|   |  |  |  |

# Part A – Individual or Joint Investors continued (b) Investor 2 (for Joint Investors only\*) Title (Dr/Mr/Mrs/Ms/Miss) Surname Other Mrs Miss Ms Given name(s) This section must be completed. Note: PO Box can only be provided below under 'Mailing address'. Residential address Suburb State Postcode Country Mailing address (if different from above) Suburb State Postcode Phone (bh) Phone (ah) Phone (mobile) Fax Date of birth (DD/MM/YYYY) Gender Email Male Female Occupation Industry of occupation Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates. Are you a politically exposed person? No (If 'yes', complete the Politically Exposed Persons Form at Yes ioof.com.au/forms) Are you residing overseas? Yes No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)

Please answer both tax residency questions as you can be a tax resident of more than one country. If you are only a tax resident of Australia and no other country please proceed to 'Security Password'.

Yes

Yes

No

No

Are you a tax resident of Australia?

Are you a tax resident of another country?

# Part A – Individual or Joint Investors continued

### FOREIGN RESIDENTS ONLY - Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. This information will be reported to the relevant tax authority within Australia and internationally.

For all countries where you are a tax resident please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

| Country | TIN | Reason for no TIN <sup>(A,B or C)#</sup> |
|---------|-----|--|
|         |     |  |
|         |     |  |
|         |     |  |

### #Reasons for not providing a TIN

Reason A - The country of tax residency does not issue TINs to tax residents, OR

Reason B - You have not been issued with a TIN, OR

Reason C – The country of tax residency does not require the TIN to be disclosed.

### **Security Password**

For security purposes and easier access to your account information via the telephone, please provide a password:

| Security password |  |
|-------------------|--|
|                   |  |

# Part B – Companies or Other Investors

| If you are investing as a:  |
|---|
| <b>Domestic Company</b> , please complete all applicable sections of <b>Part B</b> including the relevant FSC/FPA Identification form(s) for an Australian Company and their beneficial owners (if you have a financial adviser) or an Additional Tax Information Form (if you do not have a financial adviser) as applicable to you.   |
| Foreign Company (domiciled in Australia), please complete all applicable sections of Part B, including the relevant FSC/FPA Identification form(s) for a Foreign Company and their beneficial owners (if you have a financial adviser) or an Additional Tax Information Form (if you do not have a financial adviser) as applicable to you.   |
| Other Investor as described in Step 2 (page 1), please complete subsections (a), (b) and (h) only (below). You will also need to complete the relevant FSC/FPA Identification form(s) (if you have a financial adviser), or an Additional Tax information Form (if you do not have a financial adviser) relevant to your investor type. For a copy of the relevant form, please contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand) or visit our website (ioof.com.au/forms). |
| a) Company/Entity details  Registered name of company/entity  |
|   |
| Australian Company Number (ACN)  Australian Registered Body Number (ARBN) (if applicable)  OR  Foreign registration number (if unregistered in Australia)   |
|   |
| Registered business address   |
|   |
| Suburb State Postcode Country   |
|   |
| Principal business address (if different from above)  |
|   |
| Suburb State Postcode Country   |
|   |
| Industry in which company operates  |
|   |
|   |
| (b) Please list Directors/Officeholders/Partners full names (as applicable)   |
| Director/Officeholder/Partner 1   |
| Title (Dr/Mr/Mrs/Ms/Miss)  Surname  |
| Mr Mrs Miss Ms Other  |
| Given name(s)   |
|   |
|   |
| Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.   |
|   |
| organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.  Are you a politically exposed person?  Yes  No (If 'yes', complete the Politically Exposed Persons Form at  |
| organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.  Are you a politically exposed person?  Yes  No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)   |
| organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.  Are you a politically exposed person?  Yes  No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)  Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)  |
| organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.  Are you a politically exposed person?  Yes  No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)  Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)  Director/Officeholder/Partner 2   |
| organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.  Are you a politically exposed person?  Yes  No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)  Are you residing overseas?  Yes  No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)  Director/Officeholder/Partner 2  Title (Dr/Mr/Mrs/Ms/Miss)  Surname   |

# Part B - Companies or Other Investors continued

|  |                  | finition also extends to their immediate family members and close associates.   |
|--|------------------|---|
| Are you a politically exposed person?  | Yes              | No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)   |
| Are you residing overseas?  Yes No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms) |                  |   |
| Director/Officeholder/Partner 3  |                  |   |
| Title (Dr/Mr/Mrs/Ms/Miss)  |                  | Surname   |
| Mr Mrs Miss Ms   | Other            |   |
| Given name(s)  |                  |   |
|  |                  |   |
|  |                  | y a prominent public position or function in a government body or international finition also extends to their immediate family members and close associates. |
| Are you a politically exposed person?  | Yes              | No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)   |
| Are you residing overseas?   | Yes              | No (If 'yes', complete an Overseas Investor Form at <b>ioof.com.au/forms</b> )  |
| Director/Officeholder/Partner 4  |                  |   |
| Title (Dr/Mr/Mrs/Ms/Miss)  |                  | Surname   |
| Mr Mrs Miss Ms   | Other            |   |
| Given name(s)  |                  |   |
|  |                  |   |
|  |                  | y a prominent public position or function in a government body or international finition also extends to their immediate family members and close associates. |
| Are you a politically exposed person?  | Yes              | No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)   |
| Are you residing overseas?   | Yes              | No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)  |
| (c) Is the company regulated?  |                  |   |
| Yes  | If yes, please s | pecify regulator:   |
| Regulator (such as ASIC, APRA)   |                  |   |
|  |                  |   |
| Licence number   |                  |   |
| No If no, go to sub-section (d)  |                  |   |
| (d) Is the company listed with the   | ASX?             |   |
| Yes  |                  |   |
| No   |                  |   |
|  |                  |   |
| (e) Is the company a majority ow   | ned subsidiar    | ry of a listed company?   |
| Yes  | If yes, please p | rovide name of the listed company:  |
| Listed company name  |                  |   |
| No If no, go to sub-section (f)  |                  |   |
| (f) Company type   |                  |   |
|  |                  |   |
| Privato/Propriotory  | If a proprieto:  | company complete sub-coation (a) below  |
| Private/Proprietary  | ıı a proprietary | company, complete sub-section (g) below.  |

# Part B - Companies or Other Investors continued

# (g) Beneficial ownership

Please list full names and addresses of shareholders /beneficial owners who own more than 25 per cent of the company.

To be completed for proprietary companies or if the company is **not** regulated, listed with the ASX, or, a majority owned subsidiary of a listed company.

Proceed to sub-section (h) if no individuals are identified in this section.

| Shareholder/beneficial owner 1                  |   |
|---|---|
| Title (Dr/Mr/Mrs/Ms/Miss)                       | Surname   |
| Mr Mrs Miss Ms Other                            |   |
| Given name(s)                                   |   |
|   |   |
| Residential address (Note: PO Box not accepted) |   |
|   |   |
| Suburb State Po                                 | ostcode Country   |
|   |   |
|   | ent public position or function in a government body or international extends to their immediate family members and close associates. |
|   | s', complete the Politically Exposed Persons Form at<br>n.au/forms)   |
| Are you residing overseas?  Yes No (If 'yes     | s', complete an Overseas Investor Form at ioof.com.au/forms)  |
| Shareholder/beneficial owner 2                  |   |
| Title (Dr/Mr/Mrs/Ms/Miss)                       | Surname   |
| Mr Mrs Miss Ms Other                            |   |
| Given name(s)                                   |   |
|   |   |
| Residential address (Note: PO Box not accepted) |   |
|   |   |
| Suburb State Po                                 | ostcode Country   |
|   |   |
|   | ent public position or function in a government body or international extends to their immediate family members and close associates. |
|   | s', complete the Politically Exposed Persons Form at .au/forms)   |
| Are you residing overseas?  Yes No (If 'yes     | o', complete an Overseas Investor Form at ioof.com.au/forms)  |
| Shareholder/beneficial owner 3                  |   |
| Title (Dr/Mr/Mrs/Ms/Miss)                       | Surname   |
| Mr Mrs Miss Ms Other                            |   |
| Given name(s)                                   |   |
|   |   |
| Residential address (Note: PO Box not accepted) |   |
|   |   |
| Suburb State Po                                 | ostcode Country   |
|   |   |

# Part B - Companies or Other Investors continued

|   | o extends to their immediate family members and close associates.   |  |
|---|---|--|
|   | es', complete the Politically Exposed Persons Form at m.au/forms)   |  |
| Are you residing overseas? Yes No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)   |   |  |
| Shareholder/beneficial owner 4  |   |  |
| Title (Dr/Mr/Mrs/Ms/Miss)   | Surname   |  |
| Mr Mrs Miss Ms Other  |   |  |
| Given name(s)   |   |  |
|   |   |  |
| Residential address (Note: PO Box not accepted)   |   |  |
|   |   |  |
| Suburb State F  | Postcode Country  |  |
|   |   |  |
|   | nent public position or function in a government body or international o extends to their immediate family members and close associates.  |  |
|   | es', complete the Politically Exposed Persons Form at <b>m.au/forms</b> )   |  |
| Are you residing overseas?  Yes No (If 'yes   | es', complete an Overseas Investor Form at ioof.com.au/forms)   |  |
| (h) Other beneficial owners   |   |  |
| To be completed if there are no individuals who meet the require  | ment of sub-section (g)   |  |
| Please provide full details of individuals who directly or indirectly   | control the company.  |  |
| agreements, arrangements, understanding and practices, voting   | ne decisions about financial or operating policies, or by means of trusts, grights of 25 per cent or more, or power of veto. If no such person can pany (such as the managing director or directors who are authorised to |  |
| Other beneficial owner 1  |   |  |
| Title (Dr/Mr/Mrs/Ms/Miss)   | Surname   |  |
| Mr Mrs Miss Ms Other  |   |  |
| Given name(s)   |   |  |
|   |   |  |
| Residential address (Note: PO Box not accepted)   |   |  |
|   |   |  |
| Suburb State F  | Postcode Country  |  |
|   |   |  |
| Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates. |   |  |
|   | es', complete the Politically Exposed Persons Form at <b>m.au/forms</b> )   |  |
| Are you residing overseas?  Yes No (If 'yes   | es', complete an Overseas Investor Form at ioof.com.au/forms)   |  |
| Other beneficial owner 2  |   |  |
| Title (Dr/Mr/Mrs/Ms/Miss)   | Surname   |  |
| Mr Mrs Miss Ms Other  |   |  |
| Given name(s)   |   |  |
|   |   |  |

# Part B – Companies or Other Investors continued Residential address (Note: PO Box not accepted) Suburb State Postcode Country Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates. Yes Are you a politically exposed person? No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms) Are you residing overseas? Yes No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms) Identification and tax residency requirements If you are applying as a company, and have a financial adviser, please ensure you complete the relevant FSC/FPA Identification form, and a separate form for individuals who are beneficial owners (as applicable), or, an Additional Tax Information Form if you do not have a financial adviser. To obtain a copy of the relevant form(s) or if your details change at any time please contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand) or visit our website (ioof.com.au). (i) Contact Person A Contact Person must be nominated for the account. Title (Dr/Mr/Mrs/Ms/Miss) Surname Mrs Miss Ms Other Given name(s) Mailing address (if different from above) Suburb State Postcode Country Phone (bh) Phone (ah) Phone (mobile) Fax Gender Email Date of birth (DD/MM/YYYY) Male Female • All future notices and correspondence will be forwarded to the Contact Person • The Contact Person must be one of the signatories on the account If the Contact Person is intended to have authority to transact on the account, on behalf of the company/entity, **Security Password** For security purposes and easier access to your account information via the telephone, please provide a password: Security password

Part B investor details (Companies or Other Investors) is now complete.

Please ensure all the relevant additional FSC/FPA Identification or Additional Tax Information forms have been completed under this section before proceeding.

| (a) Full name of the Trust  |
|---|
|   |
| (b) Full business name (if any) of the trustee in respect of the Trust  |
|   |
| (c) Country of establishment of Trust   |
|   |
| (d) Type of Trust (tick all that apply)   |
| Managed Investment Scheme   |
| Registered (provide ARSN if registered)   |
| OR  |
| Unregistered  |
|   |
| Regulated Trust (such as a Self Managed Superannuation Fund)  Name of regulator (such as ASIC, APRA, ATO)   |
| Name of regulator (such as Aoio, Ai FiA, Ai o)  |
| Registration number   |
|   |
|   |
| Government superannuation fund  |
| Legislation under which fund is established   |
|   |
| Other Trust type (such as family, charitable, deceased estate or minor child)   |
| Please specify  |
|   |
| Unregulated Trust. For unregulated Trusts please list the person(s) who settles the initial sum or assets to create the Trust.  |
| Full name of settlor(s)   |
|   |
|   |
| Note for Trustees:  |
| • For Trusts with a Corporate Trustee, complete subsection (e)-i below and subsection (f), if applicable. For Trusts with Individual Trustees, please complete subsection (e)-ii below and subsection (f), if applicable.                                     |
| <ul> <li>For Regulated Trust and Government Superannuation Fund, the following can be provided:</li> </ul>  |
| a search of the ASIC, ATO or relevant regulator's website;  |
| <ul> <li>a copy of the offer document of the Managed Investment scheme;</li> <li>a copy of or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.</li> </ul>                               |
| <ul> <li>Note, additional client identification is required under AML/CTF legislation. To obtain a copy of the relevant 'FSC/FPA</li> </ul>   |
| Identification Form – for a Regulated/Unregulated Trust, as applicable, please contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand). Alternatively, you can download a copy from our website at <b>ioof.com.au/forms</b> |
| All trustees must sign the Applicant declaration in Step 7.   |
|   |
| e) Details of Trustee(s)/Contact Person (complete either i - Corporate Trustee OR ii - Individual Trustee(s) only)  |
| i – Corporate Trustee   |
| Company name  |

# Part C – Trusts (Trust with a Corporate Trustee or Individual Trustees)

| Title (Dr/M/M/Ms/Ms/Ms)  State  Postcode  Country  Phone (ph)  State  Postcode  Country  Maling address:  Suburb  State  Postcode  Country  Maling address (if different from above)  Suburb  State  Postcode  Country  Phone (ph)  Phone | Contact Person <sup>3</sup>               |                            |
|---|---|----------------------------|
| Given name(s)  Mailing address  Suburb State Postcode Country  Phone (bh) Phone (ah)  Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  ii - Individual Trustee(s)  Please list all frustoe(s), including name(s) and address(es):  Trustee 1*  Title (Dr/Mr/Mrs/Ms/Miss) Surname  Mr Mrs Miss Ms Other  Given name(s)  This section must be completed. Note: PO Box can only be provided under 'Mailing address'.  Residential address  Suburb State Postcode Country  Mailing address (if different from above)  Phone (bh) Phone (bh) Phone (bh)  Phone (mobile) Fax  Email Maile Female  Date of birth (DD/MM/YYYY) Gender Email Maile Female  | Title (Dr/Mr/Mrs/Ms/Miss)                 | Surname                    |
| Mailing address  Suburb  State  Postcode  Country  Phone (ah)  Phone (ah)  Phone (mbble)  Fax  Date of birth (DD/MM/YYYY)  Gender  Female  ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 19  Title (Di/Mr/Mrs/Ms/Miss)  Mr  Mrs  Milss  Ms  Other  Given name(s)  Sumame  Mr  Mrs  Miss  Sumame  Mr  Mrs  Miss  Sumame  Mr  Postcode  Country  Mailing address'.  Residential address  Suburb  State  Postcode  Country  Mailing address (if different from above)  Suburb  State  Postcode  Country  Mailing address (if different from above)  Fax  Date of birth (DD/MM/YYYY)  Gender  Fax  Date of birth (DD/MM/YYYY)  Gender  Fax  Date of birth (DD/MM/YYYY)  Gender  Fax  Email  Male  Female  | Mr Mrs Miss Ms Other                      |                            |
| Mailing address  Suburb State Postcode Country  Phone (ah)  Phone (ah)  Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  ii - Individual Trustee(s)  Please list all trustoe(s), including name(s) and address(as):  Trustee 1°  Title (Dr/Mr/Mrs/Ms/Miss) Sumame  Mr Mrs Miss Ms Other  Given name(s)  Suburb State Postcode Country  Mailing address (if different from above)  Suburb State Postcode  Suburb State Postcode  Country  Mailing address (if different from above)  Phone (bh) Phone (ah)  Phone (bh) Fax  Date of birth (DD/MM/YYYY) Gender Email  Male Female   | Given name(s)                             |                            |
| Suburb  State Postcode Country  Phone (bh)  Phone (bh)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender Email  ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 1°  Title (Dr/Mr/sr/Ms/Ms/Ms)  Mr Mrs Miss Ms Other  Given name(s)  Surname  This section must be completed. Note: PO Box can only be provided under 'Mailing address'.  Residential address  Suburb  State  Postcode  Country  Mailing address (if different from above)  Suburb  State  Postcode  Phone (bh)  Phone (bh)  Phone (bh)  Phone (bh)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender Email  Male Female   |   |                            |
| Suburb  State Postcode Country  Phone (bh)  Phone (bh)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender Email  ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 1°  Title (Dr/Mr/sr/Ms/Ms/Ms)  Mr Mrs Miss Ms Other  Given name(s)  Surname  This section must be completed. Note: PO Box can only be provided under 'Mailing address'.  Residential address  Suburb  State  Postcode  Country  Mailing address (if different from above)  Suburb  State  Postcode  Phone (bh)  Phone (bh)  Phone (bh)  Phone (bh)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender Email  Male Female   | Mailing address                           |                            |
| Phone (bh) Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  ii - Individual Trustee(s) Please list all trustee(s) Please list all trustee(s) Please list all trustee(s) Trustee 1° Title (Dr/Mr/Mrs/Mrs/Ms) Mr Mrs Miss Ms Other  Given name(s)  Civen name(s)  Suburb State Postcode Country  Mailing address (if different from above)  Suburb State Postcode  Phone (bh) Phone (bh) Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  Male Female   |   |                            |
| Phone (bh) Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  ii - Individual Trustee(s) Please list all trustee(s) Please list all trustee(s) Please list all trustee(s) Trustee 1° Title (Dr/Mr/Mrs/Mrs/Ms) Mr Mrs Miss Ms Other  Given name(s)  Civen name(s)  Suburb State Postcode Country  Mailing address (if different from above)  Suburb State Postcode  Phone (bh) Phone (bh) Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  Male Female   | Suburb State Pos                          | tcode Country              |
| Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 1s  Title (Dr/Mr/Mrs/Ms/Miss)  Mr   |   |                            |
| Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 1s  Title (Dr/Mr/Mrs/Ms/Miss)  Mr   | Phone (bh)                                | Phone (ah)                 |
| Date of birth (DD/MM/YYYY)  Gender  Male  Female  ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 19  Title (Dr/Mr/Mrs/Ms/Ms)  Mr   |   |                            |
| Date of birth (DD/MM/YYYY)  Gender  Male  Female  ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 19  Title (Dr/Mr/Mrs/Ms/Ms)  Mr   | Phone (mobile)                            | Fax                        |
| ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 1s  Title (Dr/Mr/sr/Ms/Ms/Miss)  Mr   | There (Hezzie)                            |                            |
| ii - Individual Trustee(s)  Please list all trustee(s), including name(s) and address(es):  Trustee 1s  Title (Dr/Mr/sr/Ms/Ms/Miss)  Mr   | Date of birth (DD/MM/YYYY)  Gender        | Email                      |
| Please list all trustee(s), including name(s) and address(es):  Trustee 15  Title (Dr/Mr/Mrs/Ms/Miss)  Mr   |   |                            |
| Please list all trustee(s), including name(s) and address(es):  Trustee 15  Title (Dr/Mr/Mrs/Ms/Miss)  Mr   |   |                            |
| Trustee 15 Title (Dr/Mr/Mrs/Ms/Miss)  Mr  |   |                            |
| Title (Dr/Mr/Mrs/Ms/Miss)  Mr   |   |                            |
| Mr Mrs Miss Ms Other  Given name(s)  This section must be completed. Note: PO Box can only be provided under 'Mailing address'.  Residential address  Suburb State Postcode Country  Mailing address (if different from above)  Suburb State Postcode  Phone (bh) Phone (ah)  Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  Male Female  |   | Cumpanga                   |
| Given name(s)  This section must be completed. Note: PO Box can only be provided under 'Mailing address'.  Residential address  State Postcode Country  Mailing address (if different from above)  Suburb State Postcode  Phone (bh) Phone (ah)  Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  Male Female   |   | Surname                    |
| This section must be completed. Note: PO Box can only be provided under 'Mailing address'.  Residential address  Suburb  State  Postcode  Country  Mailing address (if different from above)  Suburb  State  Postcode  Phone (bh)  Phone (ah)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female   |   |                            |
| Residential address  Suburb State Postcode Country  Mailing address (if different from above)  Suburb State Postcode  Phone (bh) Phone (ah)  Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  Male Female   | Given name(s)                             |                            |
| Residential address  Suburb State Postcode Country  Mailing address (if different from above)  Suburb State Postcode  Phone (bh) Phone (ah)  Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email  Male Female   |   |                            |
| Suburb  State Postcode Country  Mailing address (if different from above)  Suburb State Postcode  Phone (bh) Phone (bh) Fax  Date of birth (DD/MM/YYYY) Gender Email  Male Female   |   | d under 'Mailing address'. |
| Mailing address (if different from above)  Suburb  State  Postcode  Phone (bh)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female  | Residential address                       |                            |
| Mailing address (if different from above)  Suburb  State  Postcode  Phone (bh)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female  |   |                            |
| Suburb  State  Postcode  Phone (bh)  Phone (ah)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female   | Suburb State Pos                          | tcode Country              |
| Suburb  State  Postcode  Phone (bh)  Phone (ah)  Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female   |   |                            |
| Phone (bh) Phone (ah)  Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email Male Female  | Mailing address (if different from above) |                            |
| Phone (bh) Phone (ah)  Phone (mobile) Fax  Date of birth (DD/MM/YYYY) Gender Email Male Female  |   |                            |
| Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female  | Suburb State Pos                          | tcode                      |
| Phone (mobile)  Fax  Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female  | Dhone (bb)                                | Dhone (ah)                 |
| Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female   | Priorie (bri)                             | Priorie (ari)              |
| Date of birth (DD/MM/YYYY)  Gender  Email  Male  Female   |   |                            |
| Male Female   | Prione (mobile)                           | rax                        |
| Male Female   | Date of birth /DD/AMAGOGGG                | Email                      |
|   |   | Епан                       |
| Occupation Industry of occupation   |   | Industry of a squastics    |
|   | Occupation                                | industry of occupation     |

<sup>5</sup> All future notices and correspondence will be sent to the **identified trustee** (trustee 1 for individual trustees) or the **contact person** (corporate trustee). The identified trustee or the contact person must be a signatory on the account.

# Part C - Trusts (Trust with a Corporate Trustee or Individual Trustees) continued

| organisation, either within or outside Au  | , ,       | , , , , , , , , , , , , , , , , , , , |              | , ,                                   |        |
|--|-----------|---------------------------------------|--------------|---------------------------------------|--------|
| Are you a politically exposed person?  | Yes       | No (If 'yes', coi                     |              | litically Exposed Persons Form at     |        |
| Are you residing overseas?   | Yes       | No (If 'yes', co                      | mplete an Ov | rerseas Investor Form at ioof.com.au/ | forms) |
| Trustee 2  |           |                                       |              |                                       |        |
| Title (Dr/Mr/Mrs/Ms/Miss)  |           |                                       | Surname      |                                       |        |
| Mr Mrs Miss Ms   | Other     |                                       |              |                                       |        |
| Given name(s)  |           |                                       |              |                                       |        |
|  |           |                                       |              |                                       |        |
| Residential address (Note: PO Box not  | accepted) |                                       |              |                                       |        |
|  |           |                                       |              |                                       |        |
| Suburb   | State     | Posto                                 | ode          | Country                               |        |
|  |           |                                       |              |                                       |        |
| Politically exposed persons are individu organisation, either within or outside Au |           |                                       |              |                                       |        |
| Are you a politically exposed person?  | Yes       | No (If 'yes', co                      |              | Politically Exposed Persons Form at   |        |
| Are you residing overseas?   | Yes       | No (If 'yes', co                      | mplete an O  | verseas Investor Form at ioof.com.au/ | forms) |
| Trustee 3  |           |                                       |              |                                       |        |
| Title (Dr/Mr/Mrs/Ms/Miss)  |           |                                       | Surname      |                                       |        |
| Mr Mrs Miss Ms   | Other     |                                       |              |                                       |        |
| Given name(s)  |           |                                       |              |                                       |        |
|  |           |                                       |              |                                       |        |
| Residential address (Note: PO Box not  | accepted) |                                       |              |                                       |        |
|  |           |                                       |              |                                       |        |
| Suburb   | State     | Posto                                 | ode          | Country                               |        |
|  |           |                                       |              |                                       |        |
| Politically exposed persons are individu organisation, either within or outside Au |           |                                       |              |                                       |        |
| Are you a politically exposed person?  | Yes       | No (If 'yes', co                      |              | Politically Exposed Persons Form at   |        |
| Are you residing overseas?   | Yes       | No (If 'yes', co                      | mplete an Ov | erseas Investor Form at ioof.com.au/  | forms) |
| Trustee 4  |           |                                       |              |                                       |        |
| Title (Dr/Mr/Mrs/Ms/Miss)  |           |                                       | Surname      |                                       |        |
| Mr Mrs Miss Ms   | Other     |                                       |              |                                       |        |
| Given name(s)  |           |                                       |              |                                       |        |
| · · ·  |           |                                       |              |                                       |        |
| Residential address (Note: PO Box not  | accepted) |                                       |              |                                       |        |
| ,  |           |                                       |              |                                       |        |
| Suburb   | State     | Posto                                 | ode          | Country                               |        |
|  |           |                                       |              |                                       |        |

# Part C – Trusts (Trust with a Corporate Trustee or Individual Trustees) continued

| Politically exposed persons are individ organisation, either within or outside A |                              |  |  |                        |
|--|------------------------------|--|--|------------------------|
| Are you a politically exposed person?  |                              | (If 'yes', complete to f.com.au/forms) | he Politically Exposed Persons         | Form at                |
| Are you residing overseas?   | Yes No                       | (If 'yes', complete a                  | n Overseas Investor Form at <b>ioc</b> | f.com.au/forms)        |
| (f) Beneficiary details – to be com  | npleted only if ' <b>Oth</b> | <b>er Trust type</b> ' was             | s selected in subsection (d) or        | n page 15.             |
| Do the terms of the Trust identify the be  | eneficiaries by refere       | ence to membership                     | of a class?                            |                        |
| Yes  |                              |  |  |                        |
| If yes, please provide details of t charitable purpose).                         | he beneficiary memb          | pership class/es (suc                  | ch as unit holders, family membe       | ers of named person or |
| Class of membership  |                              |  |  |                        |
| Class of membership  |                              |  |  |                        |
| Class of membership  |                              |  |  |                        |
| Class of membership  |                              |  |  |                        |
|  |                              |  |  |                        |
| No   |                              |  |  |                        |
| If no, please provide the following  | ig beneficiary details       |  |  |                        |
| Beneficiary 1  |                              |  |  |                        |
| Title (Dr/Mr/Mrs/Ms/Miss)  |                              | Surnam                                 | е                                      |                        |
| Mr Mrs Miss Ms   | Other                        |  |  |                        |
| Given name(s)  |                              |  |  |                        |
| GIVOTTIGITIO(0)  |                              |  |  |                        |
| Residential address (Note: PO Box not  | t acconted)                  |  |  |                        |
| Tieside Itilai addi ess (Note: 1 O Dox Hol                                       | acceptedy                    |  |  |                        |
| Suburb   | State                        | Postcode                               | Country                                |                        |
|  |                              |  |  |                        |
| Politically exposed persons are individ organisation, either within or outside A |                              |  |  |                        |
| Are you a politically exposed person?  |                              | (If 'yes', complete to f.com.au/forms) | he Politically Exposed Persons         | Form at                |
| Are you residing overseas?   | Yes No                       | (If 'yes', complete a                  | n Overseas Investor Form at <b>ioc</b> | of.com.au/forms)       |
| Beneficiary 2  |                              |  |  |                        |
| Title (Dr/Mr/Mrs/Ms/Miss)  |                              | Surnam                                 | е                                      |                        |
| Mr Mrs Miss Ms   | Other                        |  |  |                        |
| Given name(s)  |                              |  |  |                        |
|  |                              |  |  |                        |
| Residential address (Note: PO Box not  | t accepted)                  |  |  |                        |
|  |                              |  |  |                        |
| Suburb   | State                        | Postcode                               | Country                                |                        |
|  |                              |  |  |                        |

# Part C - Trusts (Trust with a Corporate Trustee or Individual Trustees) continued

| Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.  |  |  |
|--|--|--|
| Are you a politically exposed person? Yes No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)  |  |  |
| Are you residing overseas? Yes No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)  |  |  |
| Beneficiary 3  |  |  |
| Title (Dr/Mr/Mrs/Ms/Miss)  Surname   |  |  |
| Mr Mrs Miss Ms Other   |  |  |
| Given name(s)  |  |  |
|  |  |  |
| Residential address (Note: PO Box not accepted)  |  |  |
|  |  |  |
| Suburb State Postcode Country  |  |  |
|  |  |  |
| Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.  |  |  |
| Are you a politically exposed person? Yes No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)  |  |  |
| Are you residing overseas? Yes No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)  |  |  |
| Beneficiary 4  |  |  |
| Title (Dr/Mr/Mrs/Ms/Miss)  Surname   |  |  |
| Mr Mrs Miss Ms Other   |  |  |
| Given name(s)  |  |  |
|  |  |  |
| Residential address (Note: PO Box not accepted)  |  |  |
| Todas Maras assistant assi |  |  |
| Suburb State Postcode Country  |  |  |
|  |  |  |
| Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.  |  |  |
| Are you a politically exposed person? Yes No (If 'yes', complete the Politically Exposed Persons Form at ioof.com.au/forms)  |  |  |
| Are you residing overseas?  Yes No (If 'yes', complete an Overseas Investor Form at ioof.com.au/forms)   |  |  |
| (g) Beneficial owners – to be completed for unregulated Trusts   |  |  |
| Please confirm the Trustees listed in sub-section (e) ii are beneficial owner(s) of the Trust.   |  |  |
| This includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.  |  |  |
| Trustee 1 Yes No   |  |  |
| Trustee 2 Yes No   |  |  |
| Trustee 3 Yes No   |  |  |
| Trustee 4 Yes No   |  |  |

 $\label{provide} Please also provide full details of other individuals who directly or indirectly control the Trust.$ 

# Part C – Trusts (Trust with a Corporate Trustee or Individual Trustees) continued

| Other beneficial owner 1   |                           |                     |  |
|--|---------------------------|---------------------|--|
| Title (Dr/Mr/Mrs/Ms/Miss)  |                           | Surname             |  |
| Mr Mrs Miss Ms Ot  | her                       |                     |  |
| Given name(s)  |                           |                     |  |
|  |                           |                     |  |
| Residential address (Note: PO Box not acce   | oted)                     |                     |  |
| (100)  |                           |                     |  |
| Suburb   | State Postco              | ode (               | Country  |
|  |                           |                     |  |
| Politically exposed persons are individuals w                                      | ho occupy a prominent p   | ublic position or t | function in a government body or international   |
|  |                           |                     | ediate family members and close associates.  |
| Are you a politically exposed person?  | Yes No (If 'yes', co      |                     | ically Exposed Persons Form at   |
| Are you residing overseas?   | Yes No (If 'yes', co      | mplete an Overs     | eas Investor Form at ioof.com.au/forms)  |
| Other beneficial owner 2   |                           |                     |  |
| Title (Dr/Mr/Mrs/Ms/Miss)  |                           | Surname             |  |
| Mr Mrs Miss Ms Ot  | her                       |                     |  |
| Given name(s)  |                           |                     |  |
|  |                           |                     |  |
| Residential address (Note: PO Box not acce   | oted)                     |                     |  |
|  | ,                         |                     |  |
| Suburb   | State Postco              | ode (               | Country  |
|  |                           |                     |  |
|  |                           |                     | function in a government body or international ediate family members and close associates. |
| Are you a politically exposed person?  | Yes No (If 'yes', co      |                     | ically Exposed Persons Form at   |
| Are you residing overseas?   | Yes No (If 'yes', co      | mplete an Overs     | eas Investor Form at ioof.com.au/forms)  |
| Identification and tax residency rec   | uirements                 |                     |  |
|  |                           |                     | te the relevant FSC/FPA Identification form,   |
|  |                           |                     | r, an Additional Tax Information Form if you<br>change at any time please contact Investor |
| Services on 1800 002 217 (or +613 8614 4   |                           |                     |  |
|  |                           |                     |  |
| Security Password  |                           |                     |  |
| For security purposes and easier access to y                                       | our account information   | via the telephone   | e, please provide a password:  |
| Security password  | 7                         |                     |  |
|  |                           |                     |  |
| Please note: When an investor is not an indi unless this password is quoted.       | vidual (eg a company or a | trust) no accoun    | nt information will be provided via the telephone  |
| Portfolio Online registration: To register area of the IOOF website (ioof.com.au). |                           |                     | online application form via the Portfolio Online ou have received an investor number.      |

# Step 3. Investor Needs and Investment Objective

The following questions may assist MLC in meeting its regulatory obligations by determining whether you are in the target market described in the Target Market Determination (TMD) prepared for the Trust. The TMD for each Trust is available at **ioof.com.au/tmd**. We may not be able to process your application until you have answered all the applicable questions and we may contact you should we require any further information. Please select only one response for each question.

| Ма  | ndatory(*)  |
|-----|---|
| a)  | What investment objective are you looking to achieve from this investment?*   |
|     | <b>Capital growth</b> - You seek to invest in a product designed or expected to generate capital return over the investment timeframe. For example, exposure to growth assets (such as shares or property) or otherwise seeks an investment return above the current inflation rate.                          |
|     | Capital preservation - You seek to invest in a product designed or expected to have low volatility and minimise capital loss. For example, exposure to defensive assets that are generally lower in risk and less volatile than growth investments (this may include cash or fixed income securities).        |
|     | Income Distribution - You seek to invest in a product designed or expected to distribute regular and/or tax-effective income earned by the Trust. For example, exposure to income-generating assets (this may include high dividend-yielding equities, fixed income securities and money market instruments). |
| b)  | How do you intend to use the investment in the relevant portion of your portfolio?*   |
|     | Solution/standalone - up to 100%  |
|     | Major allocation - up to 75%  |
|     | Core component - up to 50%  |
| F   | Minor allocation - up to 25%  |
|     | Satellite component - up to 10%   |
| C)  | What is your investment timeframe in relation to this investment?*  |
|     | Short-term - less than or equal to 2 years  |
|     | Medium-term - more than 2 years and less than or equal to 6 years   |
|     | Long-term - greater than 6 years  |
| q)  | In relation to this investment, which investment risk and return profile best describes you?*   |
| (d) |   |
|     | <b>Low risk &amp; return</b> - You are looking for an investment that is low risk in nature e.g. you have the ability to tolerate up to 1 negative return over a 20-year period and you are comfortable with a low target return from this investment.  |
|     | Medium risk & return - You are looking for an investment that is moderate or medium risk in nature, e.g. you have the ability to tolerate up to 4 negative returns over a 20-year period and you are comfortable with a moderate target return from this investment.  |
|     | High risk & return - You are looking for an investment that is higher risk in nature e.g. you have the ability to tolerate up to 6 negative returns over a 20-year period in order to achieve a higher target return from this investment.  |
|     | Very high risk & return - You are looking for an investment that is very high risk in nature e.g. you have the ability to tolerate 6 or more negative returns over a 20 year period as you are seeking to maximise returns and you can accept higher potential losses.  |
|     | Under normal circumstances, within what period do you expect to be able to access your funds for this investment?*  Within one week   |
|     | Within one month Within one year  |
| f)  | I have received financial advice on the investment that took into account my personal circumstances.*   |
|     | Yes - please ensure the details of your financial adviser are completed in Step 7.  |
|     | No  |

### Warning

If your investment objective(s), intended use, investment timeframe and/or investment risk and return profile are inconsistent with this investment, then you should think again about applying for the investment and it is strongly recommended that you seek financial advice that takes into account your personal circumstances.

# Step 4: Initial investment details

You can use this form to invest in one or more Trusts in the MLC MultiSeries range. The minimum investment amount is \$25,000 for

| each Trust.   |   |   |  |
|---|---|---|--|
| Name of Trust   | Amount to be invested                   | How would you lil   | ke your income distributed?^   |
|   |   | OPTION A  | OPTION B#  |
|   |   | Reinvested as additional units ( </td <td>Deposited directly into your nominated financial institution account (/)</td> | Deposited directly into your nominated financial institution account (/) |
| MLC MultiSeries 30  | \$                                      |   |  |
| MLC MultiSeries 50  | \$                                      |   |  |
| MLC MultiSeries 70  | \$                                      |   |  |
| MLC MultiSeries 90  | \$                                      |   |  |
| Total   | \$                                      |   |  |
|   |   |   |  |
| Important note:   |   |   |  |
| For any initial deposit equal to or more tha<br>ioof.com.au/forms | n \$2 million you must also complete tl | he High Threshold Tr  | ansaction form available at  |
| ^ Please note:  |   |   |  |

- If you do not select a distribution method this will be taken as a direction to reinvest your income distribution as additional units in the Trust from which the income was derived.
- If you select Option B and a payment is rejected by your financial institution, this will be taken as a direction to reinvest that income distribution and all future income distributions as additional units in the Trust from which the income was derived.

#### # Income distribution account details

Only complete the section below if you have selected to have your distribution paid directly into your nominated financial institution account, and you have not previously provided us with your financial institution account details, or if you wish to change your nominated financial institution account.

| Financial institution |                |
|-----------------------|----------------|
| Branch                | Account name   |
| BSB                   | Account number |

#### Alternative ways of adding to your investment - BPAY facility (optional)

Additional investments can be easily made to your existing investment via Bpay. Further information on utilising the Bpay facility is included on page 3 of this forms booklet.

If you would like to set up your account for future BPAY investments directly through your nominated financial institution account, please tick the box below:

I/We would like to receive a Customer Reference Number (CRN) for making additional investments using BPAY.

The BPAY biller code for each Trust is listed in this forms booklet on page 3.

# Step 5: Tax file number (TFN) or Australian business number (ABN) notification or exemption

Important information regarding your TFN or ABN:

- Collection of your TFN or ABN information is authorised by law, and their use and disclosure are regulated by tax laws. Any personal information we collect including your TFN will be handled in accordance with our privacy policy available at ioof.com.au/privacy.
- Quotation of your TFN or ABN is not compulsory<sup>7</sup> and it is not an offence if you decide not to provide us with this information.
- If you do not provide us with your TFN or ABN, tax will be deducted from your investment earnings at the highest marginal tax rate plus Medicare Levy and forwarded to the Australian Taxation Office (ATO).
- If you are exempt from quoting your TFN or ABN, you must indicate this below or tax will be deducted from your investment earnings..
- An investor who is not an Australian resident for tax purposes is not required to provide a TFN or ABN.

For more information about the use of TFN or ABN, please contact the ATO.

An ABN may be used as an alternative to a TFN if your investment is undertaken in the course of a business or an enterprise. If you are investing on behalf of a superannuation fund, please use the TFN of the superannuation fund.

I/We authorise the use of this TFN or ABN in respect of the investment for which I/we are applying.

| Investor 1  |
|---|
| TFN <b>OR</b> ABN   |
| OR I authorise IISL to use the TFN or ABN already held on file.   |
| OR I am not an Australian resident for tax purposes.  |
| OR I claim an exemption from quoting my TFN or ABN.   |
| Reason for exemption  |
|   |
|   |
| Investor 2  |
| Investor 2 TFN OR ABN   |
|   |
| TFN OR ABN  |
| TFN OR ABN  I authorise IISL to use the TFN or ABN already held on file.  |
| OR I authorise IISL to use the TFN or ABN already held on file.  OR I am not an Australian resident for tax purposes. |

# Step 6: Proof of identity requirements

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act), your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IISL's compliance with AML/CTF legislation). AML/CTF legislation obligates IISL to verify the identity of each of its investors before providing financial services to them.

Please note, generally existing investors within the Insignia Financial Group, do not need to provide the proof of identity listed below.

### Individual investor applicants

If you are a new individual investor in MLC MultiSeries, making a new investment application, you will need to provide originals or original certified copies of one or more of the following documents. The proof of identity documents are required to be submitted with your application form.

| Type of investor (please √ appropriate box)                    | Proof of identity – please provide the relevant document(s).  |
|--|---|
| (a) Individuals acting for                                     | Either one of the following Acceptable Primary Photographic ID documents:   |
| themselves <b>Note,</b> for joint investors,                   | Current driver's licence (issued under Australian State/Territory, or a foreign country equivalent, containing a photograph of the individual). Please copy front and back of licence.  |
| the necessary proof of identity is required for each investor. | Australian passport (an Australian passport that has expired within the preceding 2 years is acceptable).   |
| OR   | Foreign passport or an international travel document issued by a foreign government, the United Nations (UN) or an agency of the UN, containing a photograph and signature of the person whose name the document is issued*.  |
| Individuals acting as a sole trader                            | Card issued under Australian State or Territory law for the purposes of providing a person's age containing a photograph.   |
|  | A National Identity Card issued by a foreign government, the UN or an agency of the UN, containing a photograph and signature of the person whose name the card is issued*.   |
|  | OR (Acceptable Secondary ID documents):   |
|  | A notice issued to an individual (showing the current residential address such as a tax notice within last 12 months or a utilities bill within last 3 months) that contains their residential address and records the provision of financial benefits/services or the debt owed by the individual. |
|  | AND one of the following documents:   |
|  | Birth certificate or birth extract issued under Australian State/Territory.   |
|  | Birth certificate issued by a foreign government, the UN or an agency of the UN.  |
|  | Citizenship certificate issued by the Commonwealth.   |
|  | Citizenship certificate issued by a foreign government.   |
|  | A concession (health or pension) card issued by the Department of Human Services or<br>Centrelink.  |
| (b) Individuals who have                                       | Either one of the following documents:  |
| been nominated as Power of Attorney                            | For verification of the identity of the Power of Attorney, refer to the proof of identity requirements listed in Section (a) above.   |
|  | Please note:  |
|  | Where a <b>Power of Attorney</b> has been granted, a certified copy of the Power of Attorney must be provided.  |

<sup>\*</sup>Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

### Who can certify your documents?

The 'Completing Proof of Identity' document provides a list of persons authorised to certify copies of original documents. To obtain a copy please contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand). Alternatively, you can download a copy from our website at **ioof.com.au/forms**.

#### All non-individual investor applicants (eg companies, trusts, partnerships and other types of investors)

When completing the relevant FSC/FPA Identification form(s), the identification requirements are included in these forms (if you have a financial adviser). An Additional Tax Information Form must be completed if you do not have a financial adviser. As a guide you can refer to the proof of identity requirements included in the 'Completing Proof of Identity' document. To obtain a copy please contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand). Alternatively, you can download a copy from our website at ioof.com.au/forms.

# Step 7: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

- the applicant is not residing in Australia

• holds a current Australian Financial Services (AFS) Licence

| Financial adviser details  |     |
|--|-----|
| Dealer group   |     |
|  |     |
| License name Financial adviser name  |     |
|  |     |
| Financial adviser number  AFS licence number   |     |
| A 3 lice for fulfiber  |     |
|  |     |
| If you are a new financial adviser* please also complete the following details:  |     |
| Business name  |     |
|  |     |
| Business address   |     |
|  |     |
| Suburb State Postcode  |     |
|  |     |
| Mailing address (if different from above)  |     |
|  |     |
| Suburb State Postcode  |     |
|  |     |
| Phone (bh)  Phone (ah)   |     |
|  |     |
| Phone (mobile) Fax   |     |
|  |     |
| Email  |     |
|  |     |
| * An email notifying you of your new financial adviser number will be forwarded to your office shortly after receipt of this application.  |     |
| An email hourshing you or your new interiors advisor number will be forwarded to your office shortly after receipt of this application.  |     |
| Declaration by financial adviser   |     |
| In submitting this application form:   |     |
| I declare that I hold a current AFS Licence  |     |
| • I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the  |     |
| PDS (and any SPDS)   |     |
| <ul> <li>I consent to provide IISL access to all proof of identification records for the purposes of this application if requested (pursuant to the<br/>AML/CTF Act Part 7.2)</li> </ul> | 9   |
| • I confirm that I have conducted the relevant customer identification procedures in line with the obligations under the AML/CTF Act, and  |     |
| I have attached a certified copy of the applicant's identification document(s) for an individual/sole trader with this application for   | orm |
| Please note: Compulsory where:   |     |
| - initial contribution is equal to or more than \$2 million or   |     |
| - the applicant is a Politically Exposed Person or   |     |

# Step 7: Financial adviser details (financial adviser to complete, if applicable) continued OR I have completed and signed the relevant FSC/FPA identification form(s), which is attached to this Application (and retained a certified copy of the applicant's identification document(s)), OR I have sighted and retained a certified copy of the applicant's identification document(s) recorded in the following 'Record of proof of identity' table (please complete the table and declaration below). Record of proof of identity (ID)^ **ID** document 1 ID document 2 Verified from Certified copy Original Certified copy Original Document issuer Issue date Expiry date Document number Accredited English translation N/A Sighted N/A Sighted ^ For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Completing proof of identity' document which is located on our website at ioof.com.au. This document also includes a list of persons authorised to certify copies of original documents. Signature Dealer stamp Date (DD/MM/YY)

For assistance, financial advisers can contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand).

# **Step 8: Applicant declaration**

I/We wish to invest in MLC MultiSeries as described in the PDS (and any SPDS). I/We have personally received the PDS (and any SPDS) or paper print out of the electronic version of the PDS (and any SPDS) accompanied by, or attached to, this application form before applying for an investment in the Trust(s).

#### I/We declare that:

- all details in this application form are true and correct
- I/we have received and accepted this offer in Australia or New
- I/we acknowledge that I/we will promptly advise my/our financial adviser and/or IISL if any of my/our details change at any time
- I/we certify that I/we am/are the applicant(s) named in Step 2 of this application form OR I/we am/are authorised to provide information and complete this application form on their behalf (ie by way of Power of Attorney)
- I/we am/are aware that information provided about me/us and my/our accounts will be provided to the relevant tax authority within Australia and internationally
- I/we agree to provide any information that may be required for the identification purposes of AML/CTF, FATCA and CRS laws (as applicable).

I/We confirm that I/we have read and understood:

- that an investment made in MLC MultiSeries does not represent an investment in IISL, nor any related body corporate within the Insignia Financial Group, nor any investment Services company appointed to manage the investment assets of the Trusts
- that neither IISL nor any related body corporate within the Insignia Financial Group, nor any investment management company appointed to manage the investment assets of the Trusts guarantees the performance of any Trust or the return or repayment of capital or income
- the PDS (and any SPDS) and acknowledge that on becoming a unitholder, I/ we will hold our interest in the Trust subject to the constitution of the relevant Trust in the MLC MultiSeries
- that investments in the Trusts are subject to investment risks including possible delays in repayment and loss of income and principal invested.

#### AML/CTF, FATCA and CRS

- I/We have provided the appropriate documents, as outlined in the 'Completing Proof of Identity' document on ioof.com.au/forms, that may be required for the purposes of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)<sup>7</sup>
- I/We confirm that I/we have correctly indicated any applicable foreign or United States tax residency status, for Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) laws in Part A of this application form and during the customer identification process.
- If I/we are an applicant under Part B or Part C of this application form I/we confirm that I/we have correctly declared our identification and tax residency information in the FSC/ FPA Identification forms (if investing with the assistance of a financial adviser) or the Additional Tax Information Form (if investing without the assistance of a financial adviser).
- If I/we previously have opened an MLC product and my/ our adviser has not conducted the customer identification procedure under AML/CTF FATCA and CRS laws in conjunction with this application, I/we confirm that I/we are not a foreign resident or US citizen(s) or resident(s)) for tax purposes, or are not purchasing this product on behalf of another foreign resident, and/or US citizen or resident for tax purposes.
- Proof of identity requirements are generally not required for existing investors within the Insignia Financial Group as detailed in the PDS.

#### **Privacy**

Any personal information provided by me/us to IISL is used for the purpose of opening an investment account and for other related purposes. IISL may disclose my/our personal information to its related bodies corporate, a person with whom I/we have a joint investment, my/our financial adviser, professional advisers, businesses that have referred me/us to IISL, banks and other financial institutions, or to provide me/us with information about other products or services that may be of interest to me/us.

IISL is required to collect my/our personal information under the Corporations Act 2001, the AML/CTF, FATCA and CRS laws. If I/we do not provide all of the requested information, IISL may not be able to action my/our request. To verify my/our identity for Know Your Customer (KYC) purposes, IISL may also solicit personal information about me/us from reliable identity verification service providers.

My/Our personal information will be handled in accordance with IISL's privacy policy. The privacy policy contains information about how I/we may access or correct my/our personal information held by IISL and how I/we may complain about a breach of my privacy. I/We understand that it is generally unlikely that IISL will disclose my/our personal information overseas. However, any overseas disclosure will not affect IISL's commitment to safeguarding my/our personal information and that they will take reasonable steps to ensure any overseas recipient complies with Australian privacy law. I/We may request a copy of the privacy policy by contacting 1800 002 217 or at ioof.com.au/privacy.

### Marketing material

By ticking this box, I/we confirm that I/we do not want IISL or related bodies corporate to use or disclose my/our personal information for marketing purposes.

# Step 8: Applicant declaration continued

# **Financial report**

A financial report is available online at **ioof.com.au** by 30 September each year, detailing the financial position of the Trusts at the financial year ending 30 June. Alternatively, you may choose to receive a hard copy of the financial report by ticking this box:

### **Power of Attorney**

If your application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents required in Step 5 ('Proof of identity requirements') with your application form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

### **Corporate investors**

This application form must be signed either:

- under common seal
- by two directors or a director and company secretary or
- by the sole director (where applicable).

# Important reminder – Identification and tax residency requirements

(Only if you are a Company, Trust, or Other type of investor eg Partnerships and Associations)

If you have a financial adviser and are investing as Company, Trust or Other Investor, you will need to complete and return with your application form, the additional FSC/ FPA Identification Form relevant to your investor type.

If I do not have a financial adviser you will need to complete the relevant Additional Tax Information Form if you are investing as a Company, Trust or Other investor. Refer to the separate 'Completing Proof of Identity' document to help you understand what you will need to provide us relevant to your investor type.

All relevant forms can be downloaded from our web site at **ioof.com.au/forms**, or alternatively you can request a copy from Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand).

| If not signing under common seal, eg Director, Company Secretary o Company Secretary. |                      |  |  |  |
|---|----------------------|--|--|--|
| Signatory 1   |                      |  |  |  |
| Y   | Date (DD/MM/YY)      |  |  |  |
|   |                      |  |  |  |
| Title (such as Director/Sole Director   | r/Company Secretary) |  |  |  |
| Full name   | 1                    |  |  |  |
|   |                      |  |  |  |
| Signatory 2   |                      |  |  |  |
| X   | Date (DD/MM/YY)      |  |  |  |
|   |                      |  |  |  |
| Title (such as Director/Sole Director   | r/Company Secretary) |  |  |  |
|   |                      |  |  |  |
| Full name   |                      |  |  |  |
|   |                      |  |  |  |
| Signatory 3 (for additional Trustee   | es if applicable)    |  |  |  |
| V   | Date (DD/MM/YY)      |  |  |  |
| ^   |                      |  |  |  |
| Title (if applicable)   |                      |  |  |  |
|   |                      |  |  |  |
| Full name   |                      |  |  |  |
|   |                      |  |  |  |
| Signatory 4 (for additional Trustee   | es if applicable)    |  |  |  |
| The additional matter   | Date (DD/MM/YY)      |  |  |  |
| X   |                      |  |  |  |
| Title (if applicable)   |                      |  |  |  |
| ппе (паррпсавте)  |                      |  |  |  |
| Full name   |                      |  |  |  |
|   |                      |  |  |  |
| Common coal (of company) if requi   | irod                 |  |  |  |
| Common seal (of company) if requ  | ii eu                |  |  |  |
|   |                      |  |  |  |
|   |                      |  |  |  |
|   |                      |  |  |  |
|   |                      |  |  |  |
|   |                      |  |  |  |

Issued by: IOOF Investment Services Ltd (IISL) ABN 80 007 350 405 AFS Licence No. 230703



# **MLC MultiSeries**

# DECEMBER 2024

# Additional investment instruction form

If you are investing in the Trusts via an Investor Directed Portfolio Service (IDPS) or master trust, you must complete the documents that the IDPS or master trust requires. **You do not need to fill out this form**.

For assistance please call Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand).

Complete this form if you wish to make an additional investment into one or more of your existing investments in MLC MultiSeries.

# Important information

- Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and √ boxes where provided.
- The minimum additional investment amount is \$5,000 for each Trust.
- If this instruction has previously been made under a Power of Attorney, please complete PART A or PART B (as applicable) as well as the 'Power of Attorney' section below.

| Step 1: Investor details                 |                        |                          |                            |
|--|------------------------|--------------------------|----------------------------|
| Account number                           |                        |                          |                            |
| Part A – Individual Inves                | tor or Joint In        | vestors                  |                            |
| Investor 1 (all the notes and correspond | dence will be forwarde | d to the address of Inve | estor 1)                   |
| Title (Dr/Mr/Mrs/Ms/Miss)                |                        | Surname                  |                            |
| Mr Mrs Miss Ms                           | Other                  |                          |                            |
| Given name(s)                            |                        |                          |                            |
| Mailing address                          |                        |                          |                            |
| Suburb                                   | State                  | Postcode                 | Date of birth (DD/MM/YYYY) |
| Investor 2 (if applicable)               |                        |                          |                            |
| Title (Dr/Mr/Mrs/Ms/Miss)                |                        | Surname                  |                            |
| Mr Mrs Miss Ms                           | Other                  |                          |                            |
| Given name(s)                            |                        |                          |                            |
|  |                        |                          |                            |
| Mailing address                          |                        |                          |                            |
| Suburb                                   | State                  | Postcode                 | Date of birth (DD/MM/YYYY) |
| Subulb                                   |                        | 1 0310008                |                            |

| Part B – Non-individual investors                                       |  |
|---|--|
| (eg companies, trusts, partnerships, associations, registered co-opera  | atives, government entities)               |
| Name of Entity/Company  |  |
|   |  |
| Name of Trust (if applicable)   |  |
|   |  |
| Name of contact person or identified trustee^                           |  |
|   | Surname                                    |
| Mr Mrs Miss Ms Other  |  |
| Given name(s)   |  |
|   |  |
| Mailing address   |  |
|   |  |
| Suburb State Postco   | de Date of birth (DD/MM/YYYY)              |
| ^ As previously nominated for MLC MultiSeries account provided.         |  |
| Power of attorney^^   |  |
| Title (Dr/Mr/Mrs/Ms/Miss)   | Surname                                    |
| Mr Mrs Miss Ms Other  |  |
| Given name(s)   |  |
|   |  |
| ^^ As previously nominated in writing and accepted by IISL as authority | o act on MLC MultiSeries account provided. |
|   |  |

# Step 2: Additional investment instruction

Please specify the additional investment(s) you would like to make to your existing investment in the MLC MultiSeries Trust(s):

| Name of Trust      | Amount to be invested |
|--------------------|-----------------------|
| MLC MultiSeries 30 | \$                    |
| MLC MultiSeries 50 | \$                    |
| MLC MultiSeries 70 | \$                    |
| MLC MultiSeries 90 | \$                    |
| Total              | \$                    |

# Please note:

For any additional investment equal to or more than \$2 million you must also complete the High Threshold Transaction form available at **ioof.com.au/forms** 

Please make your cheque(s) payable to 'IOOF Applications Trust Account - Applicant(s) Name' marked 'Not Negotiable'.

Post to: MLC MultiSeries, Reply Paid 264, Melbourne, VIC 8060

Enquiries: 1800 002 217 (or +613 8614 4966 if calling from New Zealand)

Fax 1800 558 539

# Step 2: Additional investment instruction continued

# Alternative ways of adding to your investment - BPAY facility (optional)

Additional investments can be easily made to your existing investment via BPAY. Further information on utilising the BPAY facility is included on page 3 of this forms booklet.

If you would like to set up your account for future Bpay investments directly through your nominated financial institution account, please tick the box below:

I/We would like to receive a Customer Reference Number (CRN) for making additional investments using BPAY.

The BPAY biller codes for each MLC MultiSeries are detailed below:

| Name of Trust      | BPAY Biller code |
|--------------------|------------------|
| MLC MultiSeries 30 | 959510           |
| MLC MultiSeries 50 | 959528           |
| MLC MultiSeries 70 | 959957           |
| MLC MultiSeries 90 | 959536           |

# Step 3: Financial adviser details (if applicable)

# Financial adviser details

| Dealer group             |                        |
|--------------------------|------------------------|
| Licensee name            | Financial adviser name |
| Financial adviser number | AFS licence number     |
| Dealer stamp             |                        |
|                          |                        |
|                          |                        |
|                          |                        |
|                          |                        |

For assistance, financial advisers can contact Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand).

# Step 4: Investor declaration

I/We wish to add to my existing investment in the Trust(s) as detailed in this additional investment instruction form.

I/We confirm that I/we have personally received the PDS (and any SPDS) or paper print out of the electronic version of the current PDS (and any SPDS) for the Trust(s) in which I/we are requesting to invest.

I/We confirm that I/we have read and understood:

- that an investment made in the Trusts does not represent an investment in IOOF Investment Services Ltd (IISL), ABN 80 007 350 405, AFS Licence No. 230703, nor any related body corporate within the Insignia Financial Group, nor any investment management company appointed to manage the investment assets of the Trusts
- that neither IISL nor any related body corporate within the Insignia Financial Group, nor any investment management company appointed to manage the investment assets of the Trusts, guarantees the performance of any Trust or the return or repayment of capital or income
- the PDS (and any SPDS) and acknowledge that on becoming a unitholder, I/ we will hold our interest in the Trust subject to the constitution of the relevant Trust in the MLC MultiSeries range
- that investments in the Trusts are subject to investment risks including possible delays in repayment and loss of income and principal invested.

### **Privacy**

I/We understand, that:

- IISL is required to collect my/our personal information under the Corporations Act 2001 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006
- information provided to IISL is used for the purpose of operating my/our investment account and for other related purposes as detailed in the PDS (and any SPDS)
- any personal information provided on this form will be handled in accordance with IISL's privacy policy at ioof.com.au/privacy
- if I/we do not provide all of the information requested in this application form, IISL may not be able to action my/our request.

# Who needs to sign?

All original investors registered on the account must sign this section unless previous authority has been provided in writing and accepted by IISL, such that:

- a single joint investor can sign on behalf of a joint investor account or
- a Power of Attorney can sign on your behalf\*, in which case a certified copy of the Power of Attorney must have been previously provided to IISL and retained on file for us to process your additional investment.
- \* If signed under a Power of Attorney, please ensure that the 'Power of Attorney' section in Step 1 is completed.

# **Corporate investors**

This additional investment instruction form must be signed either:

- under common seal or
- by two directors or a director and company secretary or
- by the sole director (where applicable).

If not signing under common seal, please state your title, eg Director, Company Secretary or Sole **Director and Company Secretary.** Signatory 1 Date (DD/MM/YY) Title (such as Director/Sole Director/Company Secretary) Full name Signatory 2 (for joint investors or additional trustees, if applicable) Date (DD/MM/YY) Title (such as Director/Sole Director/Company Secretary) Full name Signatory 3 (for additional Trustees if applicable) Date (DD/MM/YY) Title (if applicable) Full name Signatory 4 (for additional Trustees if applicable) Date (DD/MM/YY) Title (if applicable) Full name Common seal (of company) if required



# **MLC MultiSeries**

# **DECEMBER 2024**

# Switching instruction form

If you are investing in the Trusts via an Investor Directed Portfolio Service (IDPS) or master trust, you must complete the documents that the IDPS or master trust requires. You do not need to fill out this form.

For assistance please call Investor Services on 1800 002 217 (or +613 8614 4966 if calling from New Zealand).

Complete this form if you wish to switch your investment from one Trust to another Trust, within the MLC MultiSeries range.

### Important information

- Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and √ boxes where provided.
- The minimum switch amount is \$5,000 for each Trust. You must maintain a minimum balance of \$25,000 in each Trust.
- Switching operates as a withdrawal of units in one Trust and the investment of units in another Trust and therefore may have taxation implications. Please contact your financial or taxation adviser for more information.
- If this instruction has previously been made under a Power of Attorney please complete PART A or PART B (as applicable) as well as the 'Power of Attorney' section below.

| Step 1: Investor details                 |                         |                        |                            |
|--|-------------------------|------------------------|----------------------------|
| Account number                           |                         |                        |                            |
| Part A – Individual Inves                | tor or Joint In         | vestors                |                            |
| Investor 1 (all notices and corresponder | nce will be sent to the | address of Investor 1) |                            |
| Title (Dr/Mr/Mrs/Ms/Miss)                |                         | Surname                |                            |
| Mr Mrs Miss Ms                           | Other                   |                        |                            |
| Given name(s)                            |                         |                        |                            |
|  |                         |                        |                            |
| Mailing address                          |                         |                        |                            |
| Suburb                                   | State                   | Postcode               | Date of birth (DD/MM/YYYY) |
| Investor 2 (if applicable)               |                         |                        |                            |
| Title (Dr/Mr/Mrs/Ms/Miss)                |                         | Surname                |                            |
| Mr Mrs Miss Ms                           | Other                   |                        |                            |
| Given name(s)                            |                         |                        |                            |
|  |                         |                        |                            |
| Mailing address                          |                         |                        |                            |
| Suburb                                   | State                   | Postcode               | Date of birth (DD/MM/YYYY) |

| Part B – Non-individual investors  |
|--|
| eg companies, trusts, partnerships, associations (such as incorporated/unincorporated club/body, registered co-operatives, overnment entities) |
| lame of Entity/Company   |
|  |
| lame of Trust  |
|  |
| lame of contact person or identified trustee^  |
| itle (Dr/Mr/Mrs/Ms/Miss)  Surname  |
| 1r Mrs Miss Ms Other   |
| iven name(s)   |
|  |
| failing address  |
|  |
| uburb State Postcode Date of birth (DD/MM/YYYY)  |
| As previously nominated for MLC MultiSeries account provided.  |
| Power of attorney^^  |
| Title (Dr/Mr/Mrs/Ms/Miss)  Surname   |
| Mr Mrs Miss Ms Other   |
| Given name(s)  |
|  |
| ^^ As previously nominated in writing and accepted by IISL as authority to act on MLC MultiSeries account provided.                            |

# **Step 2: Switching instruction**

Please indicate which MLC MultiSeries Trust(s) you wish to be switched out of and into which Trust(s) you wish to invest.

| Name of Trust      | Switch from my<br>existing Trust(s)<br>(\$ or %) | Switch to the<br>following Trust(s)<br>(\$ or %) |   | you like your income<br>stributed?^  |
|--------------------|--|--|---|--|
|                    |  |  | OPTION A Reinvested as additional units (/) | OPTION B# Deposited directly into your nominated financial institution account ( )</th |
| MLC MultiSeries 30 |  |  |   |  |
| MLC MultiSeries 50 |  |  |   |  |
| MLC MultiSeries 70 |  |  |   |  |
| MLC MultiSeries 90 |  |  |   |  |
| Total              |  |  |   |  |

# Step 2: Switching instruction continued

#### \*Please note:

- . Only complete if you wish to switch to a new Trust (in which you currently do not hold units) OR if you wish to change your current distribution instructions relating to your existing Trust(s).
- If you have selected to switch to a new Trust (in which you currently do not hold units) and do not select a distribution method, this will be taken as a direction to reinvest your income distribution as additional units in the Trust from which the income was derived.
- If you select Option B and a payment is rejected by your financial institution, this will be taken as a direction to reinvest that income distribution and all future income distributions as additional units in the Trust from which the income was derived.

#### # Income distribution account details

Only complete the section below if you have selected to have your distribution paid directly into your nominated financial institution account, and you have not previously provided us with your financial institution account details, or if you wish to change your nominated financial institution account.

| Financial institution                          |                        |
|--|------------------------|
|  |                        |
| Branch   | Account name           |
|  |                        |
| BSB  | Account number         |
|  |                        |
| Step 3: Financial adviser details (if applicab | ole)                   |
| Dealer group                                   |                        |
|  |                        |
| Licensee name                                  | Financial adviser name |
|  |                        |
| Financial adviser number                       | AFS licence number     |
|  |                        |
| Dealer stamp                                   |                        |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
|  |                        |

For assistance, financial advisers can contact Investor Services on 1800 002 217

# **Step 4: Investor declaration**

I/We wish to switch investments in the Trusts as described in this switching instruction form. I/We confirm that I/we have personally received the MLC MultiSeries PDS (and any SPDS) or paper print out of the electronic version of the current PDS (and any SPDS) before applying for a switch/investment in the Trusts.

#### I/We declare that:

- all details in this switching instruction form are true and correct and I/we undertake to inform IISL of any changes to the information supplied as and when they occur
- the investor details to be registered against any investments into a new Trust(s) (of which I/we did not previously hold units), will be set up identically to the investor details registered on my/our existing Trust(s) account from which the switch is being processed and
- I/we have previously provided my TFN or ABN (or exemption) in respect of existing investments in the Trusts, and agree to IISL utilising my existing TFN or ABN information (or exemption) for the purposes of switches/investments into any new Trust(s).

I/We confirm that I/we have read and understood:

- that an investment made in the Trusts does not represent an investment in IOOF Investment Services Ltd (IISL), ABN 80 007 350 405, AFS Licence No. 230703, nor any related body corporate within the Insignia Financial Group, nor any investment management company appointed to manage the investment assets of the Trusts
- that neither IISL nor any related body corporate within the Insignia Financial Group, nor any investment management company appointed to manage the investment assets of the Trusts, guarantees the performance of any Trust or the return or repayment of capital or income
- the PDS (and any SPDS) and acknowledge that on becoming a unitholder, I/ we will hold our interest in the Trust subject to the constitution of the relevant Trust in the MLC MultiSeries range
- that investments in the Trusts are subject to investment risks including possible delays in repayment and loss of income and principal invested.

#### **Privacy**

I/We understand, that:

- IISL is required to collect my/our personal information under the Corporations Act 2001 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006
- information provided to IISL is used for the purpose of operating my/our investment account and for other related purposes as detailed in the PDS (and any SPDS)
- any personal information provided on this form will be handled in accordance with IISL's privacy policy at ioof.com.au/privacy
- if I/we do not provide all of the information requested in this application form, IISL may not be able to action my/our request

### Financial report

A financial report is available online at ioof.com.au by 30 September each year, detailing the financial position of the Trusts at the financial year ending 30 June. Alternatively, you may choose to receive a hard copy of the financial report by ticking this box:

### Who needs to sign?

All original investors registered on the account must sign this section unless previous authority has been provided in writing and accepted by IISL, such that:

- a single joint investor can sign on behalf of a joint investor account or
- a Power of Attorney can sign on your behalf\*, in which case a certified copy of the Power of Attorney must have been previously provided to IISL and retained on file for us to process your switch.
- \* If signed under a Power of Attorney, please ensure that the 'Power of Attorney' section in Step 1 is completed.

# Joint investors only

(Note this does not apply to non-individual investors eg companies, trusts, partnerships, associations (such as incorporated/unincorporated club/body, registered co-operatives, government entities)

If each investor is able to operate the account and bind the other joint investor(s) for future transactions (including additional investments, switches and withdrawals) please tick this box:

#### **Corporate investors**

This switching instruction form must be signed either:

- under common seal or
- by two directors or a director and company secretary or
- by the sole director (where applicable).

# Step 4: Investor declaration continued

| Signatory 1              |                                  |
|--------------------------|----------------------------------|
| X                        | Date (DD/MM/YY)                  |
|                          |                                  |
| Title (such as Director/ | Sole Director/Company Secretary  |
|                          |                                  |
| -ull name                |                                  |
|                          |                                  |
|                          | nvestors or additional trustees, |
| f applicable)            |                                  |
| X                        | Date (DD/MM/YY)                  |
|                          |                                  |
| Title (such as Director/ | Sole Director/Company Secretary  |
|                          |                                  |
| -ull name                |                                  |
|                          |                                  |
| Signatory 3 (for additi  | onal Trustees if applicable)     |
| X                        | Date (DD/MM/YY)                  |
|                          |                                  |
| Title (if applicable)    |                                  |
|                          |                                  |
| -ull name                |                                  |
|                          |                                  |
| Signatory 4 (for additi  | ional Trustees if applicable)    |
| V                        | Date (DD/MM/YY)                  |
| ^                        |                                  |
| Title (if applicable)    |                                  |
|                          |                                  |
| -ull name                |                                  |
|                          |                                  |
| Common seal (of com      | pany) if required                |
|                          |                                  |
|                          |                                  |
|                          |                                  |
|                          |                                  |
|                          |                                  |

Issued by: IOOF Investment Services Ltd (IISL) ABN 80 007 350 405 AFS Licence No.  $230703\,$ 



# How to contact us

# Responsible Entity

IOOF Investment Services Ltd ABN 80 007 350 405 AFS Licence No: 230703 A part of the Insignia Financial Group of Companies

# Postal address

GPO Box 264 Melbourne VIC 3001

# Telephone

1800 002 217 (or +613 8614 4966 if calling from New Zealand)

#### Fax

1800 558 539

#### **Email**

investorservices@insigniafinancial.com.au

# Website

ioof.com.au