

Acclaim Invest Application Form Guide

To open an account all investors must have an adviser, online access, and provide their email address and mobile telephone number for the purposes of accessing their account and receiving notices and information about their account.

You must ensure your email and mobile phone number are up to date. If your details change, please update your details through Acclaim Online or let us know as soon as possible by contacting us on 1300 264 264 or by email at info@acclaimwealth.com.au.

How to invest

1. Read the Product Disclosure Statement (PDS) and other disclosure documents for Acclaim Invest
2. Read and complete all relevant sections of this application form.
3. Read the declaration and sign the application form.
4. Provide certified copies of supporting identification and documents, including any power of attorney authorisations.
5. Lodge the application form together with the supporting identification and documents. We recommend that you keep copies for future reference.
6. All individual and beneficial owners that are party to this application must complete Section 13: FATCA, CRS, Self-certification.

How to lodge your application

Provide this signed application form and supporting identification documents to Acclaim Wealth. You can upload supporting documentation through Acclaim Online, by email, or post to the address outlined below.

Contact Details

Acclaim Wealth
PO Box 3528 Tingalpa DC QLD 4173
info@acclaimwealth.com.au
1300 264 264

Supporting identification documents

Australian anti-money laundering and counter-terrorism financing laws oblige Acclaim to ask for supporting identification documents from prospective investors in order to meet our obligations under Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) laws (AML/CTF). AML/CTF Act includes any business that provides any of the designated services set out in the AML/CTF Act.

By opening an Acclaim Invest account, you agree that:

- You are not applying for an interest in the Scheme under an assumed name
- Any money invested by you in the Scheme is not derived from or related to any criminal activities
- Any proceeds from your investment in the Scheme will not be used in relation to any criminal activities
- If we ask, you will provide us with additional information we reasonably require for the purposes of AML/CTF laws (including information about you, any beneficial interest in the Scheme, or the source of funds)

- We may obtain information about you or any beneficial owner who has an interest in the Scheme from third parties if we believe this is necessary to comply with AML/CTF laws
- In order to comply with AML/CTF laws we may be required to take action, including:
 - Delaying or refusing the processing of any application or withdrawal
 - Disclosing information that we hold about you (or any holder of a beneficial interest in the Scheme) to our related bodies corporate or service providers, or relevant regulators of AML/CTF laws (whether in or outside of Australia).

Automatic exchange of information

Australia participates in Automatic Exchange of Information (AEOI) regimes concerning the automatic exchange of financial account information with a number of foreign jurisdictions. These regimes are known as the Foreign Account Tax Compliance Act (FATCA). In the case of exchange by Australia with the United States of America and the Common Reporting Standard (CRS) in the case of exchange by Australia with other countries that have implemented the CRS Standard.

CRS and FATCA obligations are imposed on Australian financial institutions (AFIs) through the operation of the Taxation Administration Act 1953. A requirement of the legislation implementing FATCA and CRS is that AFIs must collect and report specified information to the Australian Taxation Office (ATO).

Acclaim is subject to the FATCA and CRS obligations. Section 13 sets out the information required to be collected by Acclaim and all applicable applicants must provide responses to the questions in this section as appropriate. If you do not provide the information requested, we will not be able to process your application.

Acclaim is not able to provide tax advice and cannot determine the impact or compliance obligations of FATCA or CRS on investors. Acclaim strongly encourages investors to seek the advice of an experienced tax advisor to determine what actions, if any, investors need to consider.

Beneficial ownership

In accordance with AML/CTF laws, Acclaim Wealth must collect additional information on for the following investor types:

- Companies where individual shareholders control or own 25% or more of the issued capital; and
- Unregulated trusts (e.g. family trusts) where individual beneficiaries control or are entitled to a 25% or more interest by membership class in the Trust.
- For partnerships, this includes, but is not limited to, partners who hold 25% or more beneficial interest in the partnership.
- For associations, this includes, but is not limited to, the Chairman (or equivalent), secretary, or treasurer who holds 25% or more beneficial interest in the association.

What type of investor am I?

The following table sets out your investor type that will determine the form(s) of identification required.

Type of Investor and Description	
Person(s)	Investing in your personal capacity.
Individual trustee Individual(s) acting as a trustee(s) of a trust or superannuation fund	Investing in your personal capacity as a trustee on behalf of a trust or superannuation fund. A trust will be established pursuant to a trust deed. Trusts can include: <ul style="list-style-type: none"> • Superannuation funds (including self-managed superannuation funds) • Family trusts • Charitable trusts • Testamentary trusts
Corporate trustee Australian company acting as a trustee(s) of a trust or superannuation fund	Company incorporated in Australia, acting in the capacity of trustee on behalf of a trust or superannuation fund. A trust will be established pursuant to a trust deed, examples of which are listed in the section above.
Company	Company incorporated in Australia including: <ul style="list-style-type: none"> • Proprietary company (ending in "Pty Ltd") • Public company (ending in "Limited") - listed on a securities exchange or unlisted. • Companies limited by guarantee
Partnership	Established pursuant to a partnership agreement/deed.
Association	Incorporated association is registered by the State or Territory in which the association is based and involves formal appointments of a public officer and committee. Unincorporated association does not have a legal identity and cannot hold assets in its own name. Appointment of individuals as trustees who own the assets, but hold them for the benefit of the association.

Certifying copies of supporting identification and documents

A certified document is a document that has been certified as a true copy of the original document by an eligible certifier. To certify a document, take the original document and the photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document.

Originally certified identification documentation must have been certified within the last 12 months.

Sample wording or similar to be used by the certifier is provided below.

I, [full name], certify that this is a true and correct copy of the original [name, occupation, licence number (if any), signature and date].

The person providing the certification must date and sign the identification documents and clearly write information about their name, occupation and licence number (if any). Alternatively, if they have a stamp that includes this information they may stamp the document.

All identification documentation provided must be in the name of the investor.

Non-English documents must be accompanied with a translation prepared by an accredited translator.

An accredited translator is a person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator, or above, to translate from a language other than English into English; or a person who currently holds an accreditation that is consistent with this standard.

Eligible certifiers: who can certify copies of documents?

When having copies of documents certified, you should show both the original document and a copy to the eligible certifier.

Legal

- A person who is enrolled on the roll of the supreme court of a state or territory, or the high court of australia, as a legal practitioner (however described)
- A judge of a court
- A magistrate
- A public notary
- A justice of the peace (please include registration number (or equivalent))
- A commissioner of declarations (please include registration number (or equivalent))

Police

- A police officer (please include registration number (or equivalent))

Post Office

- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- A permanent employee of the Australian Postal Corporation, with two or more years of continuous service, who is employed in an office supplying postal services to the public

Finance corporations (bank, building society, credit union)

- A bank / building society / credit union / finance company officer with 2 or more continuous years of service
- An officer with, or authorised representative of a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees

Pharmacist

- A pharmacist (please include registration number (or equivalent))

Accountant

- A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Privacy notice

Acclaim is committed to respecting your privacy and complying with laws regulating how organisations deal with personal information. A copy of our Privacy Policy and Collection Statement is available on our website at www.acclaimwealth.com.au which sets out how we handle personal information.

Certified identification and personal details

This section outlines the types of documents that you will need to provide. We will collect these documents before processing your application, but may request additional information at a later date. If you do not provide the documents we request, we will not be able to process your application.

The following table is a guide to the certified ID requirements and personal details required by financial institutions before opening an Acclaim Invest account. The Anti-Money Laundering (AML) and Counter-Terrorism Financial (CTF) Act 2006 requires that financial institutions collect and verify specific information about their clients.

Certified copies of ID must be clear and legible with a certification date of less than 12 months ago. Please refer to page 3 of this document for a guide to who is authorised to certify and how this should be done. If your identification is written in a language other than English, you must provide a translation into English by a translator who is accredited by the National Accreditation Authority for translators and interpreters.

Certified identification for individuals

The minimum certified ID is as follows:

- One item from 'Primary Photo ID', or
- One item from 'Primary NON-Photo ID' AND one from 'Secondary ID'

GROUP A		
Primary photographic ID	Primary NON-photographic ID	Secondary ID
<input type="checkbox"/> Australian passport (current or expired less than two years)	<input type="checkbox"/> Birth Certificate issued by Births, Deaths & Marriages (Please provide evidence of name change where required)	<input type="checkbox"/> Tax Assessment Notice in client's name with their residential address (less than 12 months) – P.O. Box not accepted
<input type="checkbox"/> Foreign passport (must be current and accompanied by evidence of Australian residency)	<input type="checkbox"/> Australian citizenship certificate	<input type="checkbox"/> Government Benefits Notice in client's name with their residential address (less than 12 months old) – P.O. Box not accepted
<input type="checkbox"/> Australian driver licence or learner permit (current)	<input type="checkbox"/> Foreign citizenship certificate	<input type="checkbox"/> Utility bill in client's name with their residential address (less than three months old) – P.O. Box not accepted
One of the following photographic ID (current): <input type="checkbox"/> Card issued under state or territory for the purpose of providing a persons age <input type="checkbox"/> Foreign national ID card issued by a foreign government, the UN or agency of the UN	One of the following current Centrelink pension cards: <input type="checkbox"/> Health care card <input type="checkbox"/> Commonwealth seniors health card <input type="checkbox"/> Pensioner concession card <input type="checkbox"/> Interim concession card	<input type="checkbox"/> Local government rates notice in client's name with their residential address – P.O. Box not accepted (less than three months old)
	<input type="checkbox"/> Foreign birth certificate	<input type="checkbox"/> Notice issued by approved Australian Aged Care facility (less than 12 months old). Include name, residential address and registration number – P.O. Box not accepted

Certified identification for other entity types

For all other entity types, please see ID requirements in the tables below.

Group B	Group C	Group D	Group E
Superannuation fund	Company (including trustee companies)	Trust	Testamentary trust
<input type="checkbox"/> Individual ID for each trustee* <input type="checkbox"/> Certified trust deed (can certify on the title page) showing: <ul style="list-style-type: none"> • Members • Signatories • Trustees • Execution date <input type="checkbox"/> Superannuation fund ABN <input type="checkbox"/> Provide personal details of all members	<input type="checkbox"/> Personal details and Individual ID for ALL directors, including non-signing ones* <input type="checkbox"/> ASIC company extract or statement (to verify the directors, shareholders and company details) <input type="checkbox"/> Company ACN <input type="checkbox"/> Shareholders/beneficial owners with 25% or more ownership (needs to be verified and identified)* <input type="checkbox"/> Registered address <input type="checkbox"/> Principal place of business	<input type="checkbox"/> Individual ID for each trustee* <input type="checkbox"/> Certified Trust Deed (can certify on the title page) showing: <ul style="list-style-type: none"> • Execution date • Settlor or appointor • Trustees • Controlling persons (needs to be verified and identified)* • Beneficiaries or class of beneficiaries <input type="checkbox"/> Personal details are required for all beneficiaries (with the exception of classes)	<input type="checkbox"/> Individual ID for each trustee* <input type="checkbox"/> Certified trust deed or will and probate (can certify on the title page) showing: <ul style="list-style-type: none"> • Execution date • Settlor or appointor or trustees • Controlling persons (need to be verified and identified)* • Beneficiaries or class of beneficiaries <input type="checkbox"/> Personal details are required for all beneficiaries (with the exception of classes)

Group F	Group G	Group H	Group I
Estate	Partnership	Association (incorporated)	Association (unincorporated)
Estate <input type="checkbox"/> Individual ID for each executor* <input type="checkbox"/> Certified copy of the will and probate <input type="checkbox"/> Personal details are required for all beneficiaries (with the exception of classes)	<input type="checkbox"/> Individual ID for each partner* <input type="checkbox"/> Partnership agreement; and <input type="checkbox"/> Minutes of a partnership agreement; or <input type="checkbox"/> A notice issued by the ATO within the last 12 months; or <input type="checkbox"/> Membership details of a relevant professional association; or <input type="checkbox"/> A search of the relevant ASIC or other regulators database	<input type="checkbox"/> Individual ID for officers/signatories* <input type="checkbox"/> Certificate of incorporation <input type="checkbox"/> Certified, signed meeting minutes showing which officers can operate the account/signatories <input type="checkbox"/> Certified copy of the constitution/rules of the entity <input type="checkbox"/> Full name of chairman, secretary and treasurer or equivalent	<input type="checkbox"/> Individual ID for officers/signatories* <input type="checkbox"/> Certified, signed meeting minutes showing which officers can operate the account/signatories <input type="checkbox"/> Certified copy of the constitution/rules of the entity <input type="checkbox"/> Full name of chairman, secretary and treasurer or equivalent

*Please note, in order to be verified and identified as an Individual, we require the following:

- Accepted Identification documents. Please refer to page 4 of this document
- Personal details including name, residential address, date of birth, citizenship, nationality, occupation, US citizen or resident for tax purposes

Application Form

Acclaim Invest FINANCIAL ADVISER USE ONLY



Please ensure ALL information is completed as indicated in this form for the relevant customer type. If information is incomplete, your application will not be processed. Before signing this application form, please ensure that you have read the latest Acclaim Invest Product Disclosure Statement (PDS), available from www.acclaimwealth.com.au or on request by phoning 1300 264 264.

Section 1: Introduction

Only complete the sections relevant to you, as indicated below:

Select one	Account type	Sections to complete	Identification requirements (see pages 4 and 5)
<input type="checkbox"/>	Individual(s)	2	Group A
<input type="checkbox"/>	Partnership	3	Group A & G
<input type="checkbox"/>	Trust/Superannuation fund with individual trustee(s)	2, 4	Group A &, B or D or E or F
<input type="checkbox"/>	Trust/Superannuation fund with corporate trustee	4, 5	Group A &, C, D or F
<input type="checkbox"/>	Company	5	Group A & C
<input type="checkbox"/>	Association	6	Group A, & H or I
<input type="checkbox"/>	Power of attorney or agent	The sections relevant to the account type noted above plus section 7	Group A

MANDATORY: In addition to the sections noted above, please complete the following sections. 8, 9, 10, 11, 12, 13, 14

Section 2: Individual(s) or individual trustee(s)

Complete this section if you are investing individually, jointly, or as an individual trustee.

See Group A AML/CTF identify requirements on page 4.

2.1 Type of investor

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

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

2.2 Investor 1 (individual account holder, first joint investor, director, individual trustee, partner 1)

Existing customer number (if applicable):

Title: Given name(s): Surname:

Date of birth (DDMMYYYY): Email: Telephone:

Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous occupation & industry)

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No Yes, please give details:

TFN or exemption code: Reason for TFN exemption:
Citizenship: Nationality:
Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

2.3 Investor 2 (second joint investor, director, individual trustee, partner 2)

Existing customer number (if applicable):
Title: Given name(s): Surname:
Date of birth (DDMMYYYY): Email: Telephone:
Residential address (not a PO Box):
Town/suburb: State: Postcode: Country:
Occupation: Industry: Retired (provide previous occupation & industry)

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No Yes, please give details:

Tax file number (TFN) or exemption code: Reason for TFN exemption:
Citizenship: Nationality:
Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

2.4 Signing authority

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

One investor required to sign Two to sign All investors must sign

If there are more than 2 applicants, please provide the additional details as an attachment.

Section 3: Partnerships

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

See AML/CTF identity verification requirements on page 5.

3.1 General information

Full name of partnership:
Registered business names of partnership (if any):
Country where partnership established: Nature of business:
Tax file number (TFN) or exemption code: Reason for TFN exemption:
Contact person title: Given names: Surname:

Telephone number (+ country code): Email:

Registered office street address (not a PO Box):

Town/suburb: State: Postcode: Country:

3.2 Type of partnership

Is the partnership regulated by a professional association?

Yes – Provide details below No

Name of professional association:

Provide membership details:

3.3 Full partnership details

Provide the names of and details of all partners.

Partner 1

Title: Given name(s): Surname:

Date of birth (DDMMYYYY): Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

Partner 2

Title: Given name(s): Surname:

Date of birth (DDMMYYYY): Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

3.4 Beneficial ownership

Are there any individuals who ultimately own 25% or more of the Partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the Partnership, including power of veto?

Yes – Complete 3.5 No – Complete 3.6

3.5 Beneficial owners

Beneficial owner 1

Title:	<input type="text"/>	Given name(s):	<input type="text"/>	Surname:	<input type="text"/>		
Date of birth (DDMMYYYY):	<input type="text"/>	Residential address (not a PO Box):	<input type="text"/>				
Town/suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>	Country:	<input type="text"/>
Occupation:	<input type="text"/>	Industry:	<input type="text"/>	<input type="checkbox"/>	Retired (provide previous occupation & industry)		
Citizenship:	<input type="text"/>	Nationality:	<input type="text"/>				
Town of birth:	<input type="text"/>	Country of birth:	<input type="text"/>				

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

Beneficial owner 2

Title:	<input type="text"/>	Given name(s):	<input type="text"/>	Surname:	<input type="text"/>		
Date of birth (DDMMYYYY):	<input type="text"/>	Residential address (not a PO Box):	<input type="text"/>				
Town/suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>	Country:	<input type="text"/>
Occupation:	<input type="text"/>	Industry:	<input type="text"/>	<input type="checkbox"/>	Retired (provide previous occupation & industry)		
Citizenship:	<input type="text"/>	Nationality:	<input type="text"/>				
Town of birth:	<input type="text"/>	Country of birth:	<input type="text"/>				

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

If there are more than 2 beneficial owners please provide the additional details as an attachment.

3.6 Other beneficial owners

If there are no beneficial owners, provide the names of the individuals who directly or indirectly control* the Partnership.

*Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices. If no such person can be identified then the most senior managing official/s of the Partnership (such as the Managing Partner or Senior Managing Official).

Title:	<input type="text"/>	Given name(s):	<input type="text"/>	Surname:	<input type="text"/>
Title:	<input type="text"/>	Given name(s):	<input type="text"/>	Surname:	<input type="text"/>

3.7 Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

No Yes – Provide details:

Section 4: Trust / Superannuation fund

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

See AML/CTF identity verification requirements on page 5.

4.1 General information

Full name of trust or superannuation fund:			
Full name of business (If any):			
Country where established:		Nature of business:	
Australian business number (if obtained):			
Tax file number (TFN) or exemption code:		Reason for TFN exemption:	
Contact person title:	Given name(s):	Surname:	
Telephone number (+ country code):	Email:		
Registered office street address (not PO Box):			
Town/suburb:	State:	Postcode:	Country:

4.2 Trustee details

Number of trustees:

- Individual - trustee(s) must complete Section 2 of this form, Investor details - Individuals/Joint
- Company - trustee(s) must complete Section 5 of this form, Investor details - Companies/Corporate Trustee
- Combination - trustee(s) from each investor type must complete the relevant section of this form

4.3 Type of trust

Registered managed investment scheme

Australian Registered Scheme Number (ARSN):

Regulated trust (including self-managed superannuation funds and registered charities that are trusts)

Name of regulator (e.g. ASIC, APRA, ATO, ACNC):

Australian Business Number (ABN) or registration licensing details:

Please proceed to Section 5

Other trust (unregulated) (also complete Section 4.4)

Please describe:

4.4 Beneficiaries of an unregulated trust

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

Does the trust deed name beneficiaries?

Yes - How many?

Provide the full name of each beneficiary who directly or indirectly is entitled to an interest of 25% or more in the trust:

1.	2.
3.	4.

No - If there are no beneficiaries of the trust, describe the class of beneficiary (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name):

4.5 Settlor details

Please provide the full name and last known address of the settlor of the trust where the initial asset contribution to the trust was greater than \$10,000.

This information is not required if the initial asset contribution was less than \$10,000, and/or

This information is not required if the settlor is deceased

Settlor's full name and last known address:

Title: Given name(s): Surname:

Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

4.6 Beneficial owner of an unregulated trust

Please provide details below of any beneficial owner of the trust. A beneficial owner is any individual who directly or indirectly has a 25% or greater interest in the trust or is a person who exerts control over the trust. This includes the appointer of the trust who holds the power to appoint or remove the trustees of the trust.

All beneficial owners will need to provide Group A AML/CTF Identity Verification Requirements in Section 13.

Beneficial owner 1 or controlling person 1

Beneficial owner 1 OR

Controlling person What is the role (e.g. Appointer):

Title: Given name(s): Surname:

Date of birth (DDMMYYYY): Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

Beneficial owner 2 or controlling person 2

Beneficial owner 2 OR

Controlling person What is the role (e.g. Appointer):

Title: Given name(s): Surname:

Date of birth (DDMMYYYY): Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

If there are more than 2 beneficial owners or managing officials, please provide the additional details as an attachment.

4.7 Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

No Yes - Provide details:

Section 5: Company / Corporate trustee

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

See AML/CTF identity verification requirements on page 5.

5.1 Company Type

Australian listed public company - complete 5.2

Australian proprietary company or non-listed public company - complete 5.2 and 5.3

Foreign company - complete all sections

5.2 Company details

Date of establishment: Nature of business:

Full company name (as registered with ASIC or other foreign registered body) Australian Company Number:

Australian Business Number (if registered in Australia) or equivalent foreign company identifier

Tax file number (TFN) or exemption code: Reason for TFN exemption:

Contact person title: Given names: Surname:

Telephone number (+ country code): Email:

Registered office street address (not a PO Box):

Town/suburb: State: Postcode: Country:

Principal place of business in Australia

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

Tick if the same as above, otherwise provide:

Registered street address (not a PO Box):

Town/suburb: State: Post code:

Registration details

Tick if the company is registered with a foreign regulatory body

Name of regulatory body: Australian Registered Body Number (ARBN):

Country of formation or registration: Company identification number issued (if any):

5.3 Controlling Persons, Directors and Beneficial Owners

All beneficial owners who own, hold or control either directly or indirectly 25% or more of the issued capital of a proprietary or private company that is not regulated (i.e. does not have an AFSL or ACLN etc), will need to provide Group A AML/CTF Identity Verification Requirements. In the case of an unregulated public company not listed on a securities exchange, provide the details of the senior managing official(s) as controlling person(s) (e.g. managing director, senior executive(s) etc who is/are authorised to sign on the company's behalf, and make policy, operational and financial decisions) in the following sections. All proprietary and private companies, whether regulated or unregulated, must provide the names of all of the directors.

Names of the directors of a proprietary or private company, whether regulated or unregulated.

1.	2.
3.	4.

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

Beneficial owner or senior managing official

Beneficial owner 1 of an unregulated or private company **OR**
 Senior managing official of an unregulated, unlisted, public (e.g. Limited) company

Title: Given name(s): Surname:

Date of birth (DDMMYYYY): Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

Additional beneficial owner or senior managing official

Beneficial owner 2 of an unregulated or private company **OR**
 Senior managing official of an unregulated, unlisted, public (e.g. Limited) company

Title: Given name(s): Surname:

Date of birth (DDMMYYYY): Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

If there are more than 2 beneficial owners or managing officials, please provide the additional details as an attachment.

5.4 Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

No Yes – Provide details:

Section 6: Association

Complete this section if you are investing for an association.

See AML/CTF identity verification requirements on page 5.

6.1 Association type

Incorporated Unincorporated ABN (if applicable):

Nature of business/
industry type:

6.2 Association details

Full name of association:

Tax file number (TFN) or
exemption code: Reason for TFN exemption:

Contact person title: Given names: Surname:

Telephone number
(+ country code): Email:

Registered office street
address (not a PO Box):

Town/suburb: State: Postcode: Country:

Principal place of business in Australia

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

Tick if the same as above, otherwise provide:

Registered street address
(not a PO Box):

Town/suburb: State: Postcode:

Country of establishment: Identification number (if any):

Chairman
(or equivalent officer): Secretary
(or equivalent officer):

Treasurer
(or equivalent officer): Public officer:

Residential address of chairman, secretary or treasurer (if no public officer)

Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous
occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Beneficial owners

Beneficial owner 1

Title: Given name(s): Surname:

Date of birth
(DDMMYYYY): Residential address
(not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous
occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

Beneficial owner 2

Title: Given name(s): Surname:

Date of birth (DDMMYYYY): Residential address (not a PO Box):

Town/suburb: State: Postcode: Country:

Occupation: Industry: Retired (provide previous occupation & industry)

Citizenship: Nationality:

Town of birth: Country of birth:

Foreign tax residence and related taxpayer identification number (TIN)

Are you a tax resident of any country other than Australia? Yes No

If you answered 'Yes' above, please complete the following:

TIN: Country:

If there is more than one country of foreign tax residency, please provide the additional details as an attachment.

If there are more than 2 beneficial owners or managing officials, please provide the additional details as an attachment.

6.3 Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

No Yes – Provide details:

Section 7: Authorised representative or agent

Complete this section if you are completing this application form as an agent under a direct authority such as a power of attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.

See AML/CTF identity verification requirements on pages 4 and 5.

7.1 Appointment of power of attorney or other authorised representative

I am an agent under power of attorney or the investor's legal or nominated representative - complete 7.2

Full name of authorised representative/agent: Title of role held with applicant:

Signature: Date:

7.2 Documentation

You must attach a valid authority such as a power of attorney, guardianship order, grant of probate, appointment of bankruptcy trustee etc:

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

Section 8: Adviser details

Adviser name:	<input type="text"/>	AFSL Number:	<input type="text"/>
Dealer group:	<input type="text"/>		
Name of advisory firm:	<input type="text"/>		
Postal address:	<input type="text"/>		
Town/suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
		Country:	<input type="text"/>
Email address of advisory firm (required):	<input type="text"/>		
Email address of adviser:	<input type="text"/>		
Business telephone:	<input type="text"/>	Facsimile:	<input type="text"/>

Section 9: Consent to deduct one-off advice fee

The Scheme must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent.

You may vary or withdraw your consent at any time by notifying your adviser or the Scheme in writing.

If you sign this form, you will pay the following ongoing advice fee from your account from the start date indicated below.

One-off advice fee \$ Inclusive of GST

As part of the advice, the dealer group will provide you with a Statement of Advice (SOA), which outlines what this fee includes. Refer to your SOA for detailed information about what services are associated with this fee.

Your consent expires once the amount is deducted from your super account. This means the dealer group will have to ask for your consent again if the Scheme wants to deduct fees from your super account for further advice from the dealer group in future.

You can withdraw your consent to the deduction of fees from your account by contacting the Scheme. However, your withdrawal must be received before the Scheme deducts the one-off fee from your account.

Section 10: Consent to deduct ongoing advice fees

The Scheme must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent.

You may vary or withdraw your consent at any time by notifying your adviser or the Scheme in writing.

If you sign this form, you will pay the following ongoing advice fee from your account from the start date indicated below.

Ongoing advice fee type	Fee estimate [^]	Start date*	Anniversary date*
\$ Based fee	\$ <input type="text"/> Inclusive of GST p.a.	<input type="text"/>	<input type="text"/>
% Based fee	<input type="text"/> % Up to 2.2%, inclusive of GST p.a.	\$ <input type="text"/> Estimated p.a.	<input type="text"/>

Cease date – Your consent expires 150 days after the anniversary date of the ongoing advice fee. After this date, the dealer group will have to ask for your consent again if it wants to continue deducting ongoing advice fees from your account in return for ongoing services.

You can vary or withdraw your consent at any time by contacting your adviser or the Scheme directly.

[^] This amount is a fee estimate only based on your current balance and an agreed percentage fee stated above which is to be applied at the time the deduction is processed.

* You must provide a start date and anniversary date for the fee to be applied. The anniversary date must be a maximum of 12 months from the start date.

Section 11: Account instructions

Note that account instructions can also be established through Acclaim Online.

11.1 Initial investment amount

Amount to be deposited \$ *The minimum initial investment in the Scheme is \$5,000 including transferred investments*

11.2 Investment instructions – Listed securities and term deposits

If you elect to invest in listed securities or term deposits or to sweep any excess cash or future investment in listed securities or term deposits, a cash management account (CMA) will be established and linked to your Acclaim Invest account. The CMA is used to facilitate the settlement of listed securities or term deposit buys and sells. For further information regarding CMAs, please see the Acclaim Invest PDS.

Yes – I would like to open a share trading account which will result in a CMA being opened No

11.3 Automatic buy instructions

When the cash amount exceeds the target cash balance and trade minimums have been met, invest the excess cash as follows:

- Invest as per buy profile
- Leave excess funds in cash account
- Move excess funds to CMA

Once your account is established, you will be able to login to Acclaim Online to establish your Buy Profile and Rebalance Profile for managed funds investment (if applicable).

11.4 Regular savings plan (if applicable)

Regular investment amount: \$ *The total annual minimum contribution is \$1,200*

Frequency of regular investment plan:

- Fortnightly
- Monthly
- Quarterly
- Half yearly
- Annually

Initial payment date (DDMMYYYY) If monthly frequency, specify day of the month (between 1 and 28), OR Last day of the month

Indexation

- None
- CPI
- Percentage %

Account name (must match applicant name):

Financial institution: Branch:

BSB: Account number:

11.5 Regular withdrawal plan (if applicable)

Regular withdrawal type

- Amount only
- Amount & income distributions
- Income distributions only

Regular income amount: \$

Frequency of regular income plan:

- Fortnightly
- Monthly
- Quarterly
- Half yearly
- Annually

Initial payment date (DDMMYYYY) If monthly frequency, specify day of the month (between 1 and 28), OR Last day of the month

Indexation

- None
- CPI
- Percentage %

Account name (must match applicant name):

Financial institution: Branch:

BSB: Account number:

11.6 Purpose of investment and source of funds

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

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

Section 12: Transaction authority

- I authorise my adviser as nominated in Section 8 to give or carry out instructions regarding the operation of my account (including investments)
- I understand that in giving or carrying out instructions, my adviser may access my account details and transact on my account.
- I acknowledge that the Responsible Entity or its service providers can accept and act on such instructions given by my adviser without requiring my signature, additional proof, instructions or further confirmation from me.
- I understand that the instructions or transactions for which this authority applies are:
 1. Investment of the initial contribution in the Scheme
 2. Switching between investment strategies / underlying investment holdings including purchasing and selling investments
 3. Changing a regular payment amount
 4. Starting, changing, or stopping a regular withdrawal amount (where permissible under relevant law)
 5. Changing the weightings of securities held in respect of your account
 6. Requesting a cash withdrawal to my nominated bank account (full or partial)
- I acknowledge that the Responsible Entity cannot accept my application to the Scheme without this authority in certain circumstances.

Investor 1

Full name:

Signature:

Date:

Investor 2

Full name:

Signature:

Date:

Section 13: Applicant declaration and signature(s)

General

- I understand that I am bound by the provisions of the constitution for the Scheme.
- I have been provided with a copy and have read and understood the relevant PDS issued by the Responsible Entity including any conditions or limitations relating to investment in the Scheme or its investment options.
- I consent to the Responsible Entity accepting and acting on directions, instructions, requests and other communications (including faxes and emails) in relation to investment management and administration in connection with the Scheme, from my adviser as nominated in this application and any duly authorised signatory appointed by my nominated adviser or the dealer group, acting on my nominated adviser's behalf. I authorise the Responsible Entity to continue to accept, rely upon and act on these communications until I notify the Responsible Entity in writing otherwise.
- I understand that the adviser or dealer group nominated in Section 8 is not an employee, partner, joint venturer or agent of the Responsible Entity.
- I agree to indemnify the Responsible Entity against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Responsible Entity, directly or indirectly, in relation to the Responsible Entity (or a person acting on behalf of the Responsible Entity including, but not limited to, the Responsible Entity's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given or transactions made by my adviser as nominated in this application or a duly authorised signatory appointed by my nominated adviser or the dealer group acting on my nominated adviser's behalf.
- The information I have provided in this form is true and correct.
- I acknowledge the important warning in the PDS about the differences between direct and indirect investment via the Scheme.
- I acknowledge that by investing through the Scheme, I do not have access to some of the rights and entitlements that would otherwise be available to me as a retail investor if I invested in the underlying financial products directly. I understand that this includes not having the same rights as direct retail investors or not having access to cooling-off rights, withdrawal rights and voting rights.

Personal information

- I have read, understood and agree to the handling of my personal information as outlined in the Privacy Statement in the PDS.
- I acknowledge that I have read and understood the information about quotation of tax file numbers contained in the PDS.

Investment

- I understand that my account can rise and fall, and that neither the Responsible Entity, nor any of its directors, Acclaim Management Group Limited, nor any of its directors, nor any of the fund managers named in the PDS guarantee the performance of the Scheme or its investment options.
- I acknowledge that the Responsible Entity will invest my account in accordance with the selections made by me in this form (as varied by me from time to time) but that the Responsible Entity reserves the right not to do so where necessary or appropriate without liability to any investor or prospective investor.
- I hereby direct the Responsible Entity to invest my account balance in the investment options in the proportions indicated in this application, based on the declarations and acknowledgments made in this request.
- Where I have selected (or select) an illiquid investment, I acknowledge and accept that a period of longer than 30 days may be required to facilitate redemption or switching requests due to the illiquid nature of the investment.
- I have received (either via the website or from the Responsible Entity, Administrator, <Sponsor> or my adviser), read and understood the investment fund PDS (including any Supplementary PDS) for the single manager investment option/s I have selected or term deposit disclosure document for any term deposits I have selected.

Margin lending

- I understand that further documentation will be required and that my account may be subject to further terms and conditions as may be required by my nominated lender.

Self certification

- I undertake to provide a suitably updated self-certification within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

Identity verification

- I understand that if I supply Acclaim Wealth with a scanned copy of identification they will also need to electronically verify my identity.
- I understand that if I do not want Acclaim Wealth to identify me electronically that I must supply original certified copies of my identification via post.
- I understand that if I opt for electronic verification, the details of the documents I provide to Acclaim Wealth will be submitted to the Australian government's Document Verification Service (DVS). The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record.
- I understand that Acclaim Wealth is unable to electronically verify identity documents issued from overseas. I understand that the Acclaim Wealth will be unable to make any payment until my identity has been verified either by this method, or by receiving a certified original copy of your identification by post.

If you would like to proceed with electronic verification please tick **ALL** of the consent boxes below:

- You consent to us electronically verifying your identity; AND
- You are authorised to provide the identification documents to us; AND
- You understand that the details of the identification documents will be checked against the Australian government's document verification service and that privacy information is available from the DVS website www.idmatch.gov.au.

Applicant 1

Full name:

Capacity: Individual Director Partner Trustee Authorised signatory

Signature: Date:

Applicant 2

Full name:

Capacity: Individual Director Partner Trustee Authorised signatory

Signature: Date:

Section 14: Adviser declaration

I make the following declarations, undertakings and acknowledgements personally and on behalf of the Dealer Group stated in the section titled 'Adviser details':

- I accept the terms stated in the section titled 'Adviser transaction authority' and agree to act in accordance with this authority and any written instructions I receive from the client. I agree to provide the client with any information or documents that they request in relation to any instructions or transactions generated under this authority.
- I declare that all directions, instructions, requests and other communications I give to the Responsible Entity, or transactions I make on the client's account will only be made after prior consent of the client and will include (where applicable) accurate and full information and disclose any facts or circumstances relevant to the communication or transaction.
- I confirm I am authorised through a holder of a current AFSL.
- I confirm that my authorisation enables me to provide financial services in relation to the Scheme, including the Scheme's financial products and investment and options.
- I have provided the client with a Statement of Advice in relation to any financial product advice I have provided to the client as required by government legislation.
- I have provided the client with access to the current PDS or other disclosure documents for each of the selected investments available for investment through the Scheme.
- I have fully disclosed to the client all fees and costs associated with investing in the Scheme in accordance with government legislation.
- I confirm that any advice fees payable to me as agreed by the client are / will be for financial services relating only to the Scheme or its investments.
- I confirm that any changes to the amount, frequency, method or manner of payment of advice fees will be signed off in writing by the client prior to making such changes and that I will immediately notify the Responsible Entity of such changes.
- I confirm that all emails and other electronic communications containing personal or sensitive information will be sent through a secure site using encryption or other devices to protect the information and that I will ensure the security, confidentiality and privacy of information (including personal information) about the client that I access from the Scheme in accordance with all relevant government legislation.
- Where I have submitted an electronic copy of this form, I confirm that I will retain the original copy of the form for a minimum period of seven years and supply the original to the Responsible Entity as requested by or on behalf of the Responsible Entity.
- I agree to indemnify the Responsible Entity against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Responsible Entity, directly or indirectly, in relation to the Responsible Entity (or a person acting on behalf of the Responsible Entity including, but not limited to, the Responsible Entity's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given, or transactions made, by me or my duly authorised signatory.
- I agree to promptly refund, on request by or on behalf of the Responsible Entity, any advice fees paid out of the Scheme's assets that are not in accordance with the declarations and acknowledgements in this form.
- I agree to provide the Responsible Entity with any information requested by or on behalf of the Responsible Entity in relation to the adviser details and advice fees shown in this form.
- If contacted by or on behalf of the Responsible Entity from time to time to confirm my ongoing adherence to this Adviser Declaration, I will cooperate.
- I agree to immediately notify the Responsible Entity if I breach or am likely to breach any relevant law, the terms of this Adviser Declaration or cease to be authorised to provide financial services relating to the Scheme.
- I agree to immediately notify the Responsible Entity if any of the information provided by me in this form ceases to be true and correct or changes in any way.
- I declare that I am duly authorised to provide the above declarations, undertakings and acknowledgements on behalf of the Dealer Group stated in the section titled 'Adviser details'.
- I declare that all information provided by me in this form is true and correct.

If any advice fee on this form is percentage based, please ensure you have populated the estimated dollar equivalent of this fee under the Advice fee section.

If you do not record this estimated dollar value we will not be able to establish the ongoing advice fee.

Adviser
signature:

Date:

Please return this completed form to Acclaim Wealth PO Box 3528, Tingalpa DC Qld 4173 or email to info@acclaimwealth.com.au.

Phone: 1300 264 264 Fax: (07) 3899 7299 Website: www.acclaimwealth.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of Acclaim Wealth's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.acclaimwealth.com.au.