Global Investment Service Account Application Form

Mason Stevens Pty Limited, ABN 91 141 447 207, AFSL 351578

Important information

We can only accept your account application form if it is completed in full and is correct. Please do not use correction fluid. If you make an error, please cross it out and have changes initialed by all investors.

If you open an account in more than one name or with more than one person, you will all be jointly and severally liable for your account including transaction fees and costs.

Accepted certified proof of identification:[1]

One of the following:

» Current Australian driver's licence, or
» Australian passport (current or has expired within the past two years), or
» State or Territory proof of age card, or
» Foreign passport or similar travel document containing your photograph, date of birth and signature,

If one of the above documents cannot be provided, please provide:

» Birth/Citizenship certificate, AND
» Rates notice issued by a local government body OR utility bill less than three months old or income tax assessment notice less than two years old.

⚠ Application check list:

Account type	Mandatory sections	Signatures required	Have you provided	✓
Individual & joint linvestors	Sections 1, 2A-10	All applicants to sign	Certified identification	☐
			TFN all investors	☐
Company	Sections 1, 2A, 2D-10	All directors to sign	Certified identification documents	☐
			TFN declaration form	☐
Super fund with a corporate trustee	Sections 1, 2A, 2B, 2D-10	All directors to sign	Certified identification documents	☐
			Certified trust deed and all amendments[2]	☐
			TFN and ACN of the super fund	☐
Super fund with individual trustee	Sections 1, 2A, 2B-10	All trustees to sign	Certified identification documents	☐
			Certified trust deed and all amendments[2]	☐
			TFN and ACN of the super fund	☐

Account type	Mandatory sections	Signatures required	Have you provided	✓
Trust with corporate trustees	Sections 1, 2A, 2C, 2D-10	All directors to sign	Certified identification documents	☐
			Certified trust deed and all amendments[2]	☐
			TFN and ACN of the trust	☐
Trust with individual trustees	Sections 1, 2A, 2C-10	All trustees to sign	Certified identification documents	☐
			Certified trust deed and all amendments[2]	☐
			TFN and ACN of the trust	☐

Additional information (optional)

Please select one of the options listed below. You do not need to provide a statement of advice if you are only investing in a Self Directed Portfolio.

As part of my/our application, I/we have provided:

☐ a **statement of advice** (You only need to provide a statement of advice if you are investing in a Managed Discretionary Account (MDA).

☐ an **accountant's certificate** confirming I/we have aggregate net assets of $2.5mil or have had an aggregate gross income of $250,000 over the last two years **(Note that this certificate cannot be more than six months old. As it is only valid for two years, you must provide an updated certificate every two years)**, or

☐ a **professional investor's certificate** and any supporting evidence.

☐ **Direct Debit Service Request Agreement form**

It is not compulsory to provide a TFN, but investors who do not provide a TFN (or ABN for non-individual investors), or alternatively provide exemption details, may have tax deducted from any income at the highest marginal tax rate.

FATCA & CRS information (refer to Section 6)

To comply with the United States Foreign Account Tax Compliance Act (FATCA) and the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard we need to verify if you are a US citizen, US resident or entity for tax purposes or resident of another country or jurisdiction (excluding Australia) for tax purposes. You are required to complete the taxation, FATCA & CRS sections as part of your account application.

The completed account application form and supporting documentation should be sent to:

Mason Stevens Pty Limited
Level 26, 420 George Street
Sydney, NSW 2000

If you require any assistance, please contact us on **1300 988 878**, Monday to Friday 8:30am - 5:30pm (Sydney time).

Please retain a copy of the form for your records.

[1] Certified copies (no more than 12 months old) of these documents must have the certifier's signature, printed name, date, qualification and the following statement: "I, [full name], as [category of persons listed below], certify that this [name of document] is a true and correct copy of the original".

Documents may be certified by a lawyer, judge, magistrate, a chief executive officer of a Commonwealth court, justice of the peace, notary public, police officer, an agent of the Australian postal corporation who is in charge of an office supplying postal services to the public with two or more years' experience), an Australian consular officer or an Australian diplomatic officer, an officer with two or more continuous years of service with a financial institution, an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees, a member of the Institute of Chartered Accountants Australia & New Zealand, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

Where any document relied on as part of the procedure is in a language that is not English, it must be accompanied by an English translation prepared by an accredited translator.

Any certified documents must be clear and legible to be accepted.

[2] Only the cover page and signatures page of the trust deed must be certified.

Please use BLOCK LETTERS when completing this form.
All fields are MANDATORY unless otherwise indicated.

Adviser details 1

Dealer group name

Practice name

Adviser name

Adviser email

☐ Receive trade advice

Is the adviser an authorised person? ☐ Yes ☐ No

Authorised person will have the same level of authority as the investor (excluding changing nominated bank account in Section 8).

Signature of adviser

Partner (ie accountant)

Account type 2

Planning approach (optional): ☐ Traditional ☐ Goals based

Risk profile (optional): ☐ Conservative ☐ Moderately conservative

☐ Balanced ☐ Growth ☐ High growth

☐ Individual (including individual trustees/directors) - complete **Part A**

☐ Joint application - complete **Part A**

☐ Super fund - complete **Part A** and **Part B** (and **Part D** if corporate trustee)

☐ Company - complete **Part A** and **Part D**

☐ Trust - complete **Part A** and **Part C** (and **Part D** if corporate trustee)

Do you have client approval to send their account information to a nominated accounting data feed? ☐ Yes ☐ No

Accounting platform ☐ CLASS ☐ BGL

Individuals

2A

Note: You only have to select this designation once - however, please ensure information is entered in consistent fields - ie Individual 1 remains as Individual 1 throughout form.

☐ Individual 1 ☐ Trustee 1 ☐ Director 1 (and primary contact)

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address (PO Box is not acceptable)

Suburb | State | Postcode

Country | Mobile (mandatory)

Email[3]

☐ Receive trade advice emails

Preferred contact method

☐ Email ☐ Phone ☐ Mail ☐ SMS

Platform access (Full transact access is only available if you are a wholesale investor)

☐ No transact ☐ Full transact ☐ Read-only

Trust only

☐ Is this client also a beneficiary of the trust?

Postal address

Suburb | State | Postcode

Country

☐ Individual 2 ☐ Trustee 2 ☐ Director 2

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address (PO Box is not acceptable)

Suburb | State | Postcode

Country | Mobile (mandatory)

Email[3]

☐ Receive trade advice emails

Preferred contact method

☐ Email ☐ Phone ☐ Mail ☐ SMS

Platform access (Full transact access is only available if you are a wholesale investor)

☐ No transact ☐ Full transact ☐ Read-only

Trust only

☐ Is this client also a beneficiary of the trust?

Postal address

Suburb | State | Postcode

Country

☐ Individual 3 ☐ Trustee 3 ☐ Director 3

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address (PO Box is not acceptable)

Suburb | State | Postcode

Country | Mobile (mandatory)

Email[3]

☐ Receive trade advice emails

Preferred contact method

☐ Email ☐ Phone ☐ Mail ☐ SMS

Platform access (Full transact access is only available if you are a wholesale investor)

☐ No transact ☐ Full transact ☐ Read-only

Trust only

☐ Is this client also a beneficiary of the trust?

Postal address

Suburb | State | Postcode

Country

☐ Individual 4 ☐ Trustee 4 ☐ Director 4

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address (PO Box is not acceptable)

Suburb | State | Postcode

Country | Mobile (mandatory)

Email[3]

☐ Receive trade advice emails

Preferred contact method

☐ Email ☐ Phone ☐ Mail ☐ SMS

Platform access (Full transact access is only available if you are a wholesale investor)

☐ No transact ☐ Full transact ☐ Read-only

Trust only

☐ Is this client also a beneficiary of the trust?

Postal address

Suburb | State | Postcode

Country

☐ Individual 5 ☐ Trustee 5 ☐ Director 5

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address (PO Box is not acceptable)

Suburb | State | Postcode

Country | Mobile (mandatory)

Email[3]

☐ Receive trade advice emails

Preferred contact method

☐ Email ☐ Phone ☐ Mail ☐ SMS

Platform access (Full transact access is only available if you are a wholesale investor)

☐ No transact ☐ Full transact ☐ Read-only

Trust only

☐ Is this client also a beneficiary of the trust?

Postal address

Suburb | State | Postcode

Country

[3] Email address listed will have the authority to issue account instructions and receive correspondence. To list additional email addresses, please refer to Section 3.

Section 2A is complete

Self-managed superannuation fund **2B**

Name of super fund (Please ensure the super fund name matches your trust deed)

If a regulated super fund, provide name of regulator (eg ASIC, APRA, ATO)

No of Members

List the full name of each member

Member 1

Member 2

Member 3

Member 4

Type of trustee

☐ Corporate trustee - complete **2D** ☐ Individual trustees - complete **Section 2A** (attach additional pages if required)

Section 2B is complete

Trust **2C**

Name of trust (Please ensure the trust fund name matches your trust deed)

Account name ☐ Use trust name

Type of trust (please select one of the following trust types and provide the relevant information:

☐ Regulated trust – provide name of regulator (eg ASIC, APRA, ATO)

☐ Government superannuation fund – provide name of the legislation establishing the fund

☐ Other trust type – provide description (eg family, unit)

Type of trustee

☐ Corporate trustee - complete **2D** ☐ Individual trustees - complete **Section 2A** (attach additional pages if required)

Settlor information

The settlor is the person who made the initial contribution to the trust and will appear in the trust deed.

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name Middle Surname

At the time the trust was established, was the contribution made by the settlor more than $10,000? ☐ Yes ☐ No

If 'Yes', please provide supporting documentation for AML and please complete **Section 6 Part C** Beneficiaries and other parties

Is there any other person or entity that exercises control (directly or indirectly) over the trust eg the appointer or the protector? ☐ Yes ☐ No

If 'Yes', please provide supporting documentation for AML and please complete **Section 6 Part C** Beneficiaries and other parties

If you are no longer in contact with the settlor, please select the appropriate response below. If you are in contact with the settlor, options below are not applicable.

☐ The settlor's identity is unknown.

☐ The settlor is deceased.

☐ The settlor is known, but has no connection to the trust (other than the original settlement that created the trust) and I have no knowledge of the foreign tax residency of the settlor.

☐ There is no settlor (eg due to an insolvent estate, the trust is a bare trust or the trust is an informal trust)..

Section 2C is complete

Company and corporate trustee

2D

Name of the company (Please ensure the company name matches your company registration)

The company is:

Australian:

☐ Australian proprietary ☐ Australian public

Foreign:

☐ Foreign private ☐ Foreign public

Registered address

Suburb | State | Postcode

Country

Postal address (if different to registered address)

Suburb | State | Postcode

Country

No of directors

Note: The full name of each director should be listed in Section 2A (attach additional page(s) if necessary).

PART D(I) AUSTRALIAN PROPRIETARY COMPANY

A. Shareholders - Directors with 25% shareholdings

List the details of each shareholder who owns 25% or more of the issued capital of the company in the boxes below (attach additional pages if necessary). The relevant supporting documentation on page 1 must be provided for each shareholder. If the details are the same as the director details already provided, simply complete shareholder name and tick the box where indicated.

Director 1

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

☐ Tick if details are the same as director details already provided in **Section 2A**

Director 2

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

☐ Tick if details are the same as director details already provided in **Section 2A**

Director 3

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

☐ Tick if details are the same as director details already provided in **Section 2A**

Director 4

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

☐ Tick if details are the same as director details already provided in **Section 2A**

Director 5

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

☐ Tick if details are the same as director details already provided in **Section 2A**

B. Additional shareholders (other than directors)

List each shareholder who owns 25% or more of the issued capital of the company in the boxes below and attach additional page(s) if necessary. The relevant supporting documentation on **page 1** must be provided for each shareholder.

Shareholder 1

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address (PO Box is not acceptable)

Suburb | State | Postcode

Country | Mobile (mandatory)

Identity verification

☐ **Photo identity document**

Document type

☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from

☐ Original document ☐ Certified copy

Licence/passport number | Expiry date DD / MM / YYYY

☐ **Non-photo identity document**

First document type

☐ Birth certificate ☐ Citizenship certificate

AND

Second document type

☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

Please also complete **Section 5A** Tax Information

Shareholder 2

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name Middle Surname

Date of birth DD / MM / YYYY Town/City of birth

Country of birth

Residential address (PO Box is not acceptable)

Suburb State Postcode

Country Mobile (mandatory)

Identity verification **Document type**

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from

☐ Original document ☐ Certified copy

Licence/passport number Expiry date DD / MM / YYYY

First document type

☐ **Non-photo identity document** ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type

☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

Please also complete **Section 5A** Tax Information

SUB-SECTION D(II) - FOREIGN PRIVATE / FOREIGN PUBLIC COMPANY

Country of formation, incorporation or registration

Business address in Australia

Name of foreign registration body

Suburb

Foreign body registration number

State

Postcode

Additional roles 3

Please designate the role settings for each person associated with the account.

Parties authorised to operate the account are required to present full identification as set out on **page 1** (if not already supplied) but are not required to complete **Section 6**.

Role

Platform Access

☐ No transact ☐ Full transact ☐ Read-only

First Name Middle Surname

Email

Contact number

Role

Platform Access

☐ No transact ☐ Full transact ☐ Read-only

First Name Middle Surname

Email

Contact number

Role

Platform Access

☐ No transact ☐ Full transact ☐ Read-only

First Name Middle Surname

Email

Contact number

Investment purpose

4

Please add additional pages if necessary as we will be unable to process your application unless this section is complete.

Individual 1 / Trustee 1 / Director 1

1. What is your source of wealth? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

2. What is your source of funds for the investment in **Section 9**? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

Individual 2 / Trustee 2 / Director 2

1. What is your source of wealth? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

2. What is your source of funds for the investment in **Section 9**? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

Individual 3 / Trustee 3 / Director 3

1. What is your source of wealth? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

2. What is your source of funds for the investment in **Section 9**? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

Individual 4 / Trustee 4 / Director 4

1. What is your source of wealth? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

2. What is your source of funds for the investment in **Section 9**? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

Individual 5 / Trustee 5 / Director 5

1. What is your source of wealth? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

2. What is your source of funds for the investment in **Section 9**? (Choose the one most relevant response)

- ☐ Income from employment
- ☐ Investment income
- ☐ Business income
- ☐ Sale of assets (eg Property, business, stock)
- ☐ One-off payment (eg Redundancy, inheritance, court settlement)
- ☐ Windfall (eg Gift, lottery winnings)
- ☐ Other (please specify)

Tax information

5A

IMPORTANT: We are not able to provide you with tax or professional advice in respect of your tax residency status regarding FATCA or CRS and we strongly encourage you to seek advice from an experienced tax or professional adviser in relation to information in this section.

In addition, whilst it is not compulsory to provide your Australian TFN, investors who do not provide a TFN (or ABN for non-individual investors), or alternatively provide exemption details, may have tax deducted from any income at the highest marginal tax rate.

If you need to complete information for more than two individuals, please photocopy this page.

1. Are you an Australian resident for taxation purposes?

Individual 1 / Trustee 1 / Director 1 / Additional shareholder 1

☐ **No**

☐ **Yes** Please enter tax file number or exemption code below.

☐☐☐☐☐☐☐☐☐

2. Are you a US citizen or a resident of another country/jurisdiction (excluding Australia) for tax purposes?

☐ **No** No further action required. Entities go to **Section 5B**, otherwise go to **Section 7**.

☐ **Yes** Please list all the jurisidictions and provide your taxpayer idenitifcation number (TIN) in the table below. Please do not list your TFN if you have already provided your TFN above. If a TIN is not available please provide reason A, B or C where appropriate.

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

Reason **B** The account holder has not been issued with a TIN

Reason **C** The country of tax residency does not require the TIN to be disclosed (according to domestic law of the relevant country/jurisdiction).

	Country/jurisdiction of tax residence	TIN	Reason	If you selected Reason B, please explain.
1				
2				
3				

☐ Please tick this box if the account holder is a tax resident in more than three countries and provide details on a separate sheet.

1. Are you an Australian resident for taxation purposes?

Individual 2 / Trustee 2 / Director 2 / Additional shareholder 2

☐ **No**

☐ **Yes** Please enter tax file number or exemption code below.

☐☐☐☐☐☐☐☐☐

2. Are you a US citizen or a resident of another country/jurisdiction (excluding Australia) for tax purposes?

☐ **No** No further action required. Entities go to **Section 5B**, otherwise go to **Section 7**.

☐ **Yes** Please list all the jurisidictions and provide your taxpayer idenitifcation number (TIN) in the table below. Please do not list your TFN if you have already provided your TFN above. If a TIN is not available please provide reason A, B or C where appropriate.

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

Reason **B** The account holder has not been issued with a TIN

Reason **C** The country of tax residency does not require the TIN to be disclosed (according to domestic law of the relevant country/jurisdiction).

	Country/jurisdiction of tax residence	TIN	Reason	If you selected Reason B, please explain.
1				
2				
3				

☐ Please tick this box if the account holder is a tax resident in more than three countries and provide details on a separate sheet.

1. Are you an Australian resident for taxation purposes?

Individual 3 / Trustee 3 / Director 3 / Additional shareholder 3

☐ **No**

☐ **Yes** Please enter tax file number or exemption code below.

☐☐☐☐☐☐☐☐☐

2. Are you a US citizen or a resident of another country/jurisdiction (excluding Australia) for tax purposes?

☐ **No** No further action required. Entities go to **Section 5B**, otherwise go to **Section 7**.

☐ **Yes** Please list all the jurisidictions and provide your taxpayer idenitifcation number (TIN) in the table below. Please do not list your TFN if you have already provided your TFN above. If a TIN is not available please provide reason A, B or C where appropriate.

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

Reason **B** The account holder has not been issued with a TIN

Reason **C** The country of tax residency does not require the TIN to be disclosed (according to domestic law of the relevant country/jurisdiction).

	Country/jurisdiction of tax residence	TIN	Reason	If you selected Reason B, please explain.
1				
2				
3				

☐ Please tick this box if the account holder is a tax resident in more than three countries and provide details on a separate sheet.

1. Are you an Australian resident for taxation purposes?

Individual 4 / Trustee 4 / Director 4 / Additional shareholder 4

☐ **No**

☐ **Yes** Please enter tax file number or exemption code below.

☐☐☐☐☐☐☐☐☐

2. Are you a US citizen or a resident of another country/jurisdiction (excluding Australia) for tax purposes?

☐ **No** No further action required. Entities go to **Section 5B**, otherwise go to **Section 7**.

☐ **Yes** Please list all the jurisidictions and provide your taxpayer idenitifcation number (TIN) in the table below. Please do not list your TFN if you have already provided your TFN above. If a TIN is not available please provide reason A, B or C where appropriate.

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

Reason **B** The account holder has not been issued with a TIN

Reason **C** The country of tax residency does not require the TIN to be disclosed (according to domestic law of the relevant country/jurisdiction).

	Country/jurisdiction of tax residence	TIN	Reason	If you selected Reason B, please explain.
1				
2				
3				

☐ Please tick this box if the account holder is a tax resident in more than three countries and provide details on a separate sheet.

1. Are you an Australian resident for taxation purposes?

Individual 5 / Trustee 5 / Director 5 / Additional shareholder 5

☐ **No**

☐ **Yes** Please enter tax file number or exemption code below.

☐☐☐☐☐☐☐☐☐

2. Are you a US citizen or a resident of another country/jurisdiction (excluding Australia) for tax purposes?

☐ **No** No further action required. Entities go to **Section 5B**, otherwise go to **Section 7**.

☐ **Yes** Please list all the jurisidictions and provide your taxpayer idenitifcation number (TIN) in the table below. Please do not list your TFN if you have already provided your TFN above. If a TIN is not available please provide reason A, B or C where appropriate.

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

Reason **B** The account holder has not been issued with a TIN

Reason **C** The country of tax residency does not require the TIN to be disclosed (according to domestic law of the relevant country/jurisdiction).

	Country/jurisdiction of tax residence	TIN	Reason	If you selected Reason B, please explain.
1				
2				
3				

☐ Please tick this box if the account holder is a tax resident in more than three countries and provide details on a separate sheet.

Tax information for entities **5B**

SUPER FUND

1. **Is the super fund a regulated complying superannuation fund?**

☐ **Yes** ☐ **No**

Super fund ABN

Corporate trustee ABN (if applicable)

Corporate trustee ACN (if applicable)

Super fund TFN (optional)

2. **Is the super fund or any Controlling Persons[6] a US entity or resident of another country/jurisdiction (excluding Australia) for tax purposes?**

☐ **Yes** ☐ **No**

If 'Yes', please complete FATCA & CRS in **Section 6** for entities. Note: If you have completed the tax information in **Section 5A** you do not need to complete **Section 6C** Controlling Persons.

If 'No', go to **Section 7**.

TRUST

1. **Was the trust established in Australia?**

☐ **Yes** ☐ **No**

Trust ABN

Corporate trustee ABN (if applicable)

Corporate trustee ACN (if applicable)

Trust TFN (optional)

If 'No', please list country where the trust was established and complete FATCA & CRS in **Section 6** for entities.

Country

2. **Is the trust or any Controlling Persons[6] a US entity or resident of another country/jurisdiction (excluding Australia) for tax purposes?**

☐ **Yes** ☐ **No**

If 'Yes', please complete FATCA & CRS in **Section 6** for entities. Note: If you have completed the tax information in **Section 5A** you do not need to complete **Section 6C** Controlling Persons.

COMPANY (corporate trustees excluded)

ABN

Australian company number (ACN)

TFN or exemption code

Australian registered body number (ARBN)

1. **Is the company or any of the Controlling Persons[4] a US company or resident of another country/jurisdiction (excluding Australia) for tax purposes?**

☐ **Yes** ☐ **No**

If 'Yes', please complete FATCA & CRS in **Section 6** for entities. Note: If you have completed the tax information in **Section 5A** you do not need to complete **Section 6C** Controlling Persons.

[4] Controlling Persons
The term 'Controlling Persons' means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or classes of beneficiaries, and any other natural persons exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust (eg a company), the Controlling Persons would be persons in equivalent or similar positions such as directors or beneficial owners who ultimately own 25 per cent or more of the company.

Please refer to page 28 for key definitions.

FATCA & CRS (for entities only ie super fund, trust or companies) 6

IMPORTANT: We are not able to provide you with tax or professional advice in respect of your tax residency status regarding FATCA or CRS and we strongly encourage you to seek advice from an experienced tax or professional adviser in relation to information in this section.

In addition, whilst it is not compulsory to provide your Australian TFN, investors who do not provide a TFN (or ABN for non-individual investors), or alternatively provide exemption details, may have tax deducted from any income at the highest marginal tax rate.

FATCA 6A

1. Is the entity a United States entity (created/incorporated/established in the US or a US taxpayer)?

☐ **No** Go to **Question 2**

☐ **Yes** Provide the US taxpayer identification number (TIN) below

If the entity is an exempt payee for US tax purposes, please provide reason below

2. Is the entity a Financial Institution (or managed by a Financial Institution that is an Investment Entity) for the purposes of FATCA?

☐ **No** Go to **Question 3**

☐ **Yes** Provide your Global Intermediary Identification Number (GIIN) below

If you do not have a GIIN, please provide your FATCA status below

☐ Exempt Beneficial Owner Type

☐ Deemed-Compliant FFI (other than a Sponsored FI or a Trustee Documented Trust) Type

☐ Non-Participating FFI Type

☐ Sponsored Financial Institution. Please provide the Sponsoring Entity's name and GIIN

Sponsoring Entity's name

Sponsoring Entity's GIIN

☐ Trustee Documented Trust. Please provide your Trustee's name and GIIN

Trustee's name

Trustee's GIIN

☐ **Other** Details

3. Are any of the Controlling Persons of the entity US citizens or US residents for tax purposes?
(Please refer to page 20 for the definition of Controlling Persons).

☐ **Yes** Go to **Question 4**

☐ **No** Go to **Section 6B CRS**

4. In the preceding calendar year, did the entity a) earn more than 50% of its gross income from investment sources deriving distributions, dividend, rental, interest or other investment income AND b) hold more than 50% of its assets in shares, properties, bonds or similar investment assets?

☐ **Yes** Go to **Section 6B CRS**

☐ **No** Go to **Section 6B CRS**

1. For tax purposes, is the entity a resident of any other country/jurisdiction outside of Australia?

☐ **No** Go to **Question 2**

☐ **Yes** Provide the details below. If resident in more than one jurisdiction, please include details for all.

	Country/jurisdiction of tax residence	Tax identification number (TIN) or equivalent	Reason	If you selected Reason B, please explain
1				
2				
3				

If TIN or equivalent is not provided, please provide reason from the following options:

Reason **A** The country/jurisdiction where the entity is resident does not issue TINs to its residents.

Reason **B** The entity is otherwise unable to obtain a TIN or equivalent number. (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason.)

Reason **C** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.)

2. Is the entity a Financial Institution for the purposes of CRS?

☐ **No** Go to **Question 4**

☐ **Yes** Specify the type of Financial Institution below and continue to **Question 3**

- ☐ Reporting Financial Institution
- ☐ Non-Reporting Financial Institution: Specify the type of Non-Reporting Financial Institution below:
  - ☐ Trustee Documented Trust
  - ☐ Other: Please specify

3. Is the entity an Investment Entity resident in a Non-Participating jurisdiction/country for CRS purposes and managed by another Financial Institution?

☐ **No** Go to **Section 7**

☐ **Yes** Go to **Section 6C Beneficiaries and other parties**

4. Is the entity an Active Non-Financial Entity (Active NFE)?

☐ **No** You are a Passive Non-Financial Entity (Passive NFE). Continue to **Section 6C Beneficiaries and other parties**

☐ **Yes** Specify the type of Active NFE below, then go to **Section 7**

- ☐ Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income.
- ☐ Company that is regularly traded or a related entity of a regularly traded company
- ☐ Governmental Entity, International Organisation or Central Bank
- ☐ Other: Please specify

Beneficiaries and other parties (trust and SMSF only) 6C

The term Controlling Persons means the natural persons who exercise control over an Entity. In the case of a trust, such term means the **settlor**, the **trustees**, the **protector** (if any), the **beneficiaries** or classes of beneficiaries, and any other natural persons exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust (eg a corporation), the Controlling Persons would be persons in equivalent or similar positions such as directors or beneficial owners who ultimately own 25% or more of the company.

Note: If you have indicated in Section 2A an individual who is a beneficiary of the trust and there are no further controlling persons you do not need to complete this section.

☐ **Settlor**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address

Suburb | State | Postcode

Country

Mobile (mandatory) | Email

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from **Licence/passport number** **Expiry date**

☐ Original document OR ☐ Certified copy DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

☐ **Protector**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address

Suburb | State | Postcode

Country

Mobile (mandatory) | Email

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from | **Licence/passport number** | **Expiry date**

☐ Original document OR ☐ Certified copy | DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

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☐ **Appointer**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address

Suburb | State | Postcode

Country

Mobile (mandatory) | Email

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from | **Licence/passport number** | **Expiry date**

☐ Original document OR ☐ Certified copy | DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

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☐ **Beneficiary** **OR** ☐ **Member**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address

Suburb | State | Postcode

Country

Mobile (mandatory) | Email

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from **Licence/passport number** **Expiry date**

☐ Original document OR ☐ Certified copy DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

☐ **Beneficiary** **OR** ☐ **Member**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First Name | Middle | Surname

Date of birth DD / MM / YYYY | Town/City of birth

Country of birth

Residential address

Suburb | State | Postcode

Country

Mobile (mandatory) | Email

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from **Licence/passport number** **Expiry date**

☐ Original document OR ☐ Certified copy DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

Key definitions

If you have any questions about your entity's classification, please contact your tax adviser. Certain capitalised terms are not defined herein, for the meaning of these terms please see the relevant tax regulations.

Please note:
If you are a complying self-managed super fund (SMSF), APRA regulated superannuation fund, government superannuation fund or pooled superannuation trust. For the purposes of FATCA such accounts are treated as an Exempt Beneficial Owner and for CRS are treated as a Non-Reporting Financial Institution.

Active NFE

The term 'Active NFE' means any NFE that meets any of the following criteria:

a. Less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income.

b. The stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market.

c. The NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing.

d. Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes. In these circumstances, the Entity will be a Passive NFE.

e. The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE.

f. The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution.

g. The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution.

h. The Entity is a Non-Profit Organisation.

Controlling Persons

The term Controlling Person means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor the trustees, the protector (if any), the beneficiaries or classes of beneficiaries, and any other natural persons exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust (eg a corporation), the Controlling Person would be persons in equivalent or similar positions such as directors or beneficial owners who ultimately own 25% or more of the corporation.

Entity

The term Entity means a legal person or legal arrangement, such as corporation, organisation, partnership, trust or foundation.

Financial Institution

A Financial Institution means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company. Please see the relevant domestic guidance and the FATCA/CRS regulations for further classification definitions that apply to Financial Institutions.

Investment Entity

The term 'Investment Entity' means any Entity:

a. which primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:

   i. trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading,

   ii. individual and collective portfolio management, or

   iii. otherwise investing, administering, or managing Financial Assets or money on behalf of other persons.

b. the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets, if the entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or an Investment Entity described in (a) above. An entity is treated as primarily conducting as a business one or more of the activities described in (a) above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in Financial Assets for the purposes of (a) above, if the Entity's gross income attributable to the relevant activities equals or exceeds 50% of the Entity's gross income during the shorter of:

   i. the three-year period ending on 31 December of the year preceding the year in which the determination is made, or

   ii. the period during which the Entity has been in existence.

The term 'Investment Entity' does not include an Entity that is an Active NFE because that Entity meets any of the criteria in subparagraphs (d) through (g) of the definition of Active NFE above.

Non-Financial Entity (NFE)

The term NFE means any Entity that is not a Financial Institution.

Passive NFE

The term Passive NFE is (a) any NFE that is not an Active NFE, or a (b) Non-Participating Jurisdiction Managed Investment Entity.

Identity verification 7

Requirements: All entity and/or individuals identity verification (AML/CTF) requirements have been met in accordance with the Mason Stevens AML/CTF Client Verification Procedure.

If you need to complete information for more than two individuals, please photocopy this page.

☐ **Individual 1** ☐ **Trustee 1** ☐ **Director 1**

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from **Licence/passport number** **Expiry date**

☐ Original document OR ☐ Certified copy DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

☐ **Individual 2** ☐ **Trustee 2** ☐ **Director 2**

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from **Licence/passport number** **Expiry date**

☐ Original document OR ☐ Certified copy DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

☐ **Individual 3** ☐ **Trustee 3** ☐ **Director 3**

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from **Licence/passport number** **Expiry date**

☐ Original document OR ☐ Certified copy DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

☐ **Individual 4** ☐ **Trustee 4** ☐ **Director 4**

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from **Licence/passport number** **Expiry date**

☐ Original document OR ☐ Certified copy DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

☐ **Individual 5** ☐ **Trustee 5** ☐ **Director 5**

Verification method

☐ **Photo identity document** ☐ Passport ☐ Drivers licence ☐ State or territory proof of age card

Verified from **Licence/passport number** **Expiry date**

☐ Original document OR ☐ Certified copy DD / MM / YYYY

☐ **Non-photo identity document**

First document type ☐ Birth certificate ☐ Citizenship certificate

AND

Second document type ☐ Rates notice issue by a local government body ☐ Utility bill less than three months old ☐ Income tax assessment notice less than three months old

Identity verification

☐ By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the capacity of an AFSL holder or their authorised representative.

Nominated bank account details 8

The following account will be credited when cash withdrawals are requested. Nominated bank details must be in the name of the investor and not a third party. **Note: Signatures are required from ALL authorised parties (individuals, trustees or directors) for any changes or adding bank account details. This supercedes the 'Account action authority' selected in Section 10 for 'Any to sign'.**

Domestic bank account and direct debit 8A

Account name

BSB

Account Number

Bank name (must be an Australian bank account)

Make this account the nominated account for withdrawals ☐ Yes ☐ No

Only one domestic or foreign bank account can be selected

Direct debit

Do you want to set up a Direct Debit facility on the account? ☐ Yes ☐ No

If you would like to add a Direct Debit for this client, please ask the client to sign the Direct Debit Service Request Agreement form. Please then attach this to the application.

One-off payment

Amount

$

Date

DD / MM / YYYY

Does your client authorise a top up facility via Direct Debit? ☐ Yes ☐ No

Regular payment schedule

Frequency

☐ Monthly

☐ Quarterly

☐ Semi annually

☐ Annually

First payment date

DD / MM / YYYY

DD / MM / YYYY

DD / MM / YYYY

DD / MM / YYYY

Amount

$

Please ensure that the nominated bank account is in the name of the investor/s in the relevant sections:

Part A – Name of the individual or joint investors

Part B – Name of the trustee/s of the super fund or trustee/s <ATF super fund name>

Part C – Name of the trustee/s of the trust or trustee/s <ATF trust name>

Part D – Name of the company

We do not facilitate withdrawals to a bank account in the name of a third party, known as a third party payment.

Foreign currency account 8B

Currency

☐ EUR ☐ GBP ☐ HKD ☐ NZD ☐ USD

Beneficiary bank country

Beneficiary bank name

Beneficiary account name

Beneficiary bank account number

Please complete one of the following:

Beneficiary bank SWIFT code | Beneficiary bank BIC | Beneficiary bank IBAN

Beneficiary address (optional)

Suburb | State | Postcode

Country

Make this account the nominated account for withdrawals ☐ Yes ☐ No

Only one domestic or foreign bank account can be selected

Intermediary details (Optional)

Intermediary bank country

Intermediary bank name

Intermediary bank account number

Intermediary bank BIC

Cash and investments 9

Are you a client wishing to invest in an MDA service? If you are retail client please provide the SOA. If you are a wholesale or professional investor, please provide evidence of your client investor status.

☐ Yes ☐ No

Cash management plan 9A

Please input either a dollar value **or** percentage for your Cash Target and Auto Sell Trigger. Your Cash Target must be higher than the product minimum cash balance, as outlined in the offer document. New accounts will not be subject to automatic sell down for 90 days from date of account activation. After the account has been activated for more than 90 days, the details you enter below will apply and auto sell down of holdings will be triggered on or around the 5th business day each month if the cash balance breaches the Auto Sell Trigger amount.

Setting	New percentage (%)	New value ($)
Cash target		
Auto sell trigger		

Cash or income sweep 9B

The following options are available (please select one):

Cash sweep – where all available cash, over the minimum amount, is moved from the Self-directed portfolio into the Managed portfolios. It will occur on the 22nd (or next business day) of each month, provided that:

1. The amount being invested in the existing Managed portfolios is at least $5,000; and
2. The Managed portfolios total minimum initial investment have been met.

Income sweep – Where any income generated, such as dividends, is moved from the Managed portfolios back to the Self-directed portfolio.

☐ Cash sweep ☐ Income sweep ☐ Do not sweep

Automatic investment plan 9C

Set up automatic investment plan on this account by entering the allocations below. New funds deposited into the Self-directed portfolio will be automatically invested across the selected Managed Portfolios according to the allocations you indicate below. The plan will run each business day new funds are deposited, provided that the required minimum investment amounts of the Managed portfolios are met.

Any allocations entered for the Self-directed portfolio will be in addition to the required minimum cash balance.

☐ Check this box for the investment plan to commence from account inception.
You can activate the investment plan online at a later date.

Portfolios	Allocation %	Sweep income to Self-directed?
Self-directed Portfolio		N/A
Investment options		

Portfolios	Allocation %	Sweep income to Self-directed?
Managed portfolios		
Total allocated	% 0.0000	

Banking products

9D

Do you want to add a banking product? ☐ Yes ☐ No

Provider ☐ Macquarie Cash Management Account

Account name

Account number BSB

Provider ☐ Rabobank High Interest Savings Account

Account name

Account number BSB

Provider ☐ ANZ V2 Plus Cash Account

Account name

Account number BSB

Initial and one-off advice fees 10A

For the avoidance of doubt, please state the GST exclusive amount and the GST inclusive amount below.

Initial and one-off advice fees will be deducted from your Self-Directed Portfolio as a single deduction upon approval of this instruction.

Initial Advice Fee (ex-GST)	Initial Advice Fee (inc 10% GST)
$	$ 32.7364

One-off fee (ex-GST)	One-off fee (inc 10% GST)
$	$ 32.7455

Fee arrangement 10B

Please specify which legal arrangement this fee will follow.

A. Ongoing advice fee

Reference date for ongoing fee arrangement

Insert the next reference date for the ongoing fee arrangement (which must be no later than 12 months from the date consent is given). Consent and associated fees will automatically cease 150 days after this date if not renewed.

Consent and associated fees will automatically cease 150 days after this date if not renewed. DD / MM / YYYY

OR

B. Fixed term fee

Fixed term fee arrangements cannot exceed 12 months.

Start date DD / MM / YYYY End date DD / MM / YYYY

Advice fee calculation 10C

Based on the arrangement selected in Section 10B, please specify how the ongoing or fixed term fee will be calculated. Fees will be deducted from your Self-Directed Portfolio monthly in arrears.

☐ Charge an annual flat dollar fee

Portfolio	Dollar amount (ex-GST) pa	Dollar amount (inc 10% GST) pa	Estimated monthly fee (inc 10% GST)
Self-Directed Portfolio	$ 0.000	$	$

If you elect to charge a flat dollar amount, you cannot also charge a percentage fee on the Self-Directed Portfolio below.

AND/OR

☐ Charge a percentage fee as outlined below:

(you can only charge a percentage fee on the Self-Directed Portfolio if you have not already charged a flat fee above.)

Portfolio	Rate (ex-GST) pa	Rate (inc 10% GST) pa	Estimated balance	Estimated monthly fee (inc 10% GST)
Self-Directed Portfolio	0.0000 %	%	$	$
Managed Portfolios	0.0000 %	%	$	$
Banking Products	0.0000 %	%	$	$

Total estimated monthly advice fee	$ 0.00
Total estimated annual advice fee	$

OR

☐ Charge a tiered percentage fee on the total balance of the account

Estimated portfolio balance: $

From	To	Rate (ex-GST) pa	Rate (inc 10% GST) pa
$	$	%	%
$	$	%	%
$	$	%	%
$	$	%	%
$	$	%	%
$	$	%	%

Estimated monthly fee $

Estimated annual fee $

Portfolios to exclude from the tiered fee arrangement:

This may include Self Directed Portfolio, Managed Accounts portfolio.

☐ Optional monthly charge in addition to tiered adviser fees:

Fixed monthly fee (ex GST): $ 0.000 Fixed monthly fee (inc GST): $

Types of services 10D

Please select all of the services that the client will be entitled to receive from the adviser for the duration of the fee arrangement specified in section 11B. Please note that we cannot accept instructions to deduct advice fees from a member's account for the provision of general advice.

☐ Review of your portfolio
☐ Strategic superannuation advice
☐ Investment advice
☐ Contribution strategy
☐ Withdrawal advice
☐ Other
☐ Investment/Account management
☐ Settlement planning
☐ Estate planning
☐ Protection strategy
☐ Withdrawals/Benefit payments

Applicant declaration 11

You acknowledge that you have read the Mason Stevens Global Investment Service Guide (**Guide**) if you are establishing a Self-Directed Portfolio with Mason Stevens (**we, us**), and that you have read the Guide and the relevant Investment Mandate if you are also establishing a Managed Discretionary Account (**MDA**) where Mason Stevens is the MDA Provider.

You acknowledge and agree that:

a. If applying as a natural person, you are over 18 years of age.

b. You have read, understood (or, if applicable, your authorised signatory on your behalf has read and understood) and retained a copy of, and agree to be bound by, the terms.

c. If you have applied as a retail client, you confirm that you have read and understood (or, if applicable, your authorised signatory on your behalf has read and understood) the Financial Services Guide issued by Mason Stevens.

d. You confirm that all information provided by you to Mason Stevens and your financial adviser (as applicable, and whether in this application form or by other means) is accurate, up-to-date and complete.

e. If you do not provide Mason Stevens with information as requested, or if there is a delay in your providing such information, then Mason Stevens may not be able to open your account.

f. Mason Stevens may require further information from you from time to time. You agree to provide such further information as is reasonably required by Mason Stevens promptly after a request.

g. Mason Stevens may use and disclose your personal information in compliance with its privacy policy.

h. Mason Stevens may provide information on the status of your investment to your nominated financial adviser or such other persons as is reasonably necessary for your investment.

i. Mason Stevens is not liable for any loss incurred by you as a result of any action which either delays your account being opened or results in your application being declined.

j. You understand and acknowledge that dealing in exchange traded securities and derivatives will be governed by the applicable rules of the applicable exchange and the Corporations Act 2001 (Cth) as amended, and that investing in leveraged derivative products carries a high level of risk to capital, potential volatility and fluctuations in value which may result in your losing more than your initial investment amount.

k. You acknowledge that you are aware that this application form does not constitute an offer or invitation in any place outside of Australia where or to any person to whom it would be unlawful to make such an offer or invitation.

l. You also acknowledge that the distribution of this application form (electronically or otherwise) in any jurisdiction outside of Australia may be restricted by law and persons who come into possession of this application form should seek advice on and observe any such restrictions.

m. You will comply and will continue to comply with applicable antimoney laundering and counter-terrorism financing laws (AML/CTF Act) and regulations, including but not limited to the law and regulations of Australia in force from time to time.

n. You are not aware and have no reason to suspect that the monies used to fund your investment have been or will be derived from or related to any money laundering, terrorism financing or similar activities illegal under applicable laws or regulations, or that the proceeds of your investment will be used to finance any illegal activities.

o. You will provide Mason Stevens with all additional information and assistance it may request in order for it to comply with any AML/CTF Act, the Common Reporting Standard (CRS), US Foreign Account Tax Compliance Act (FATCA), or any other applicable laws.

p. You are not a politically exposed per person or organisation for the purposes of any AML/CTF Act.

q. The information provided by you in, and in connection with, FATCA and CRS, which forms part of your application to Mason Stevens:

   i. is correct and may be used by Mason Stevens to undertake any action to comply with any applicable regulation, including on behalf of another member of the Mason Stevens Group

   ii. imay be disclosed to any other person, to enable it to be reported and used in compliance with the applicable regulation, and

   iii. will be updated within 30 days when there are any changes.

r. If you are applying for an MDA Service:

   i. you acknowledge that you have read and understood (or, if applicable, your authorised signatory on our behalf has read and understood) the MDA Service Terms which are included in the Investment Program selected by you in this application.

   ii. you confirm that on acceptance of this application you will be bound by the MDA Service Terms in relation to each Investment Program selected by you.

   iii. you acknowledge that your agreement to the MDA Service Terms authorises Mason Stevens with discretion to implement the Investment Program.

s. If you have applied as a retail client for a MDA:

   i. you confirm and agree that your MDA Contract for each Investment Program will comprise the MDA Service Terms in the investment mandate for that investment program and those MDA service terms include and incorporate the investment program in the statement of advice to you for the investment program.

   ii. if you are advised by an external MDA adviser on the Investment Program, you confirm that (even though Mason Stevens receives personal information about you and the MDA Contract includes the investment program in the Statement of Advice provided to you), Mason Stevens:

      » will not separately enquire into or verify your personal financial circumstances, needs or objectives

      » will not assess any (personal or other) information from or about you in relation to any MDA services which is provided to Mason Stevens

      » will not give any personal advice to you on the investment program (including any advice on the MDA Contract, including whether it is appropriate and suitable for your needs), and

      » will not be liable for any personal advice by your external MDA adviser.

   iii. if you are trustee for a self-managed superannuation fund (SMSF) given personal advice by Mason Stevens about the MDA Contract, the advice is only in relation to investment of SMSF funds through the MDA Service and not otherwise in relation to the SMSF.

t. By signing and submitting this application you provide us with your consent to deduct the advice fees indicated on the form and pay them to your adviser. Advice fees you instruct us to pay will be deducted from the Self-Directed Portfolio of your account, for the duration indicated on this form unless you renew your instructions. You can withdraw your consent to pay advice fees at any time by providing us with written instructions..

   Your Mason Stevens account number:

Signed by individuals, trustees or directors for individual, joint and entity applications respectively

Account action authority (If left blank, default is ALL to sign) ☐ Any to sign ☐ All to sign

By selecting 'Any to sign', one person will have the authority to update contact information and provide transaction instructions for the account. All investors (including each trustee or director) must authorise (eg sign) any change to bank account details or addition of new account.

Individual 1 / Trustee 1 / Director 1

Applicant name

Signature

Capacity

Date DD / MM / YYYY

Individual 2 / Trustee 2 / Director 2

Applicant name

Signature

Capacity

Date DD / MM / YYYY

Individual 3 / Trustee 3 / Director 3

Applicant name

Signature

Capacity

Date DD / MM / YYYY

Individual 4 / Trustee 4 / Director 4

Applicant name

Signature

Capacity

Date DD / MM / YYYY

Individual 5 / Trustee 5 / Director 5

Applicant name

Signature

Capacity

Date DD / MM / YYYY

ACCOUNT APPLICATION COMPLETE

Post forms to: Mason Stevens Pty Limited Level 26, 420 George Street Sydney, NSW 2000