



Ausbil Investment Management Limited

Client Services contact details

Phone

1800 287 245 or 02 9259 0200

Email

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Website

www.ausbil.com.au

## Application Form

Please use this form if you are a new investor and wish to invest in an Ausbil Investment Management fund by making an initial application.

**Read and ensure you understand the Product Disclosure Statement (PDS) and the Additional Information Guide.**

The PDS and Additional Information Guide are available at [www.ausbil.com.au](http://www.ausbil.com.au) or from your financial adviser. The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS. We will provide on request and without charge a paper or electronic copy of the current PDS and its incorporated documents.

**Complete all relevant sections of this application form either:**

- **online** - then print and sign in the relevant fields using a black pen; or
- **manually** - please write in BLOCK letters, using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

**Individuals:** complete section 1, section 2 and then section 5 onwards.

**Companies:** complete section 1, section 3 and section 5 onwards.

**Trusts/Superannuation funds:**

- if you are an individual trustee - complete section 1, section 2 and then section 4 onwards.
- if you are a trust with a company as a trustee – complete section 1 and then section 3 onwards.

**Certify and collect the identification documents.**

Please refer to section 9 'Identification and verification' and complete the relevant identification document form.

**Tell us your tax status.**

Please complete the Tax information form.

**Send your documents to us.**

You can return your forms by post to:

Ausbil Investment Management Limited  
GPO Box 804  
Melbourne VIC 3001

**Make your payment.**

Please refer to section 6 'Payment of application amount'.

Your application cannot be processed until all relevant identification documents and cleared funds are received.

## 1 Are you an existing investor?

**No**, complete section 2 onwards.

**Yes**, the account number is  Complete from section 5 onwards.

## 2 Individuals and sole traders

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

**Note:** You are also required to complete the relevant Identification Form.

### Investor 1 – Personal details

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)

/  /

### Residential address

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

Property/Building name (if applicable)

Unit  Street number

Street name

Suburb  State

Postcode  Country

### Postal address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit  Street number

Street name

Suburb  State

Postcode  Country

### Contact details

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

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

ABN

### Are you a sole trader?

No  Yes

If yes, what is your business name?

If yes, what is your ABN?

### Tax details — Australian residents

If you are an Australian resident for tax purposes please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

### Tax details — Non Australian residents

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

### Investor 2 – Personal details

Title  Full given names

Surname

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

### Residential address

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

Property/Building name (if applicable)

Unit  Street number

Street name

Suburb  State

Postcode  Country

**Postal address** (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit  Street number

Street name

Suburb  State

Postcode  Country

**Contact details**

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

All correspondence will be sent to the address provided for investor 1.

**Tax details — Australian residents**

If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

**Tax details — Non Australian residents**

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

**If there are more than two individual investors or trustees, please provide the full name, date of birth, and residential address of each on a separate sheet and attach to this form.**

**3 Companies**

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

**Note:** You are also required to complete the relevant Identification Form.

**Company details**

Full name of company (as registered by ASIC)

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

TFN

Country of residency (if a foreign company)

**Registered office address**

A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company, write the address of your Australian registered agent (if you have one) or else write your principal place of business.

Name of Australian registered agent (if applicable)

Property/Building name (if applicable)

Unit  Street number

Street name

Suburb  State

Postcode  Country

**Postal address** (if different to above)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

**Contact person at company**

Name

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

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

**4 Trusts or superannuation funds**

Please complete if you are investing as a trust or superannuation fund. Individuals and non-corporate trustee(s) must also complete sections 2. Corporate trustees must also complete sections 3.

**Note:** You are also required to complete the Identification Form - Trusts and Trustees.

**Trust or superannuation fund details**

Name of trust or superannuation fund

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

TFN

**5 Investment details and distribution instructions****Please specify your initial application amount.**

There is a minimum investment amount of \$20,000 per Fund.

**Please also indicate your distribution choice below. If you do not make an election, distributions will be reinvested.**

FUND NAME	APIR CODE	INVESTMENT AMOUNT AUD\$	DISTRIBUTION OPTION (indicate preference with an X)	
			Pay to my bank a/c	Reinvest
Ausbil Australian Active Equity Fund	AAP0103AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Balanced Fund	AAP0101AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Emerging Leaders Fund	AAP0104AU		<input type="checkbox"/>	<input type="checkbox"/>
Candriam Sustainable Global Equity Fund	AAP0001AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil Australian Geared Equity Fund	AAP0002AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil 130/30 Focus Fund (Wholesale)	AAP0008AU		<input type="checkbox"/>	<input type="checkbox"/>
Ausbil MicroCap Fund	AAP0007AU		<input type="checkbox"/>	<input type="checkbox"/>
MacKay Shields Unconstrained Bond Fund	AAP0020AU		<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the source and origin of funds being invested:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> savings                      | <input checked="" type="checkbox"/> inheritance   |
| <input checked="" type="checkbox"/> investment                   | <input checked="" type="checkbox"/> normal course of business                           |
| <input checked="" type="checkbox"/> superannuation contributions | <input checked="" type="checkbox"/> asset sale  |
| <input checked="" type="checkbox"/> commission                   | <input checked="" type="checkbox"/> other – write the source and origin of funds below: |
| <input checked="" type="checkbox"/> donation/gift                | <input type="text"/>  |

**6 Payment of application amount**

**Please select your payment method and complete the relevant section if applicable. All payments must be made in AUD.**

**Electronic Funds Transfer (EFT)**

EFT  
 Account name: NNLACF – Ausbil Application Account  
 BSB: 083-043  
 Account number: 718512670  
 Your reference: [please use the name of the investor and investor number]

**BPAY - telephone and internet banking**



You can make your payment using telephone or internet banking.  
 You will need to quote the biller code and your account number (for reference) when making this payment. Biller codes are listed below.

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account.

More info: [www.bpay.com.au](http://www.bpay.com.au)

® Registered to BPAY Pty Ltd ABN 69 079 137 518.

**Cheque**

Cheque  
 Make your cheque payable to NNL-Ausbil Application Account and complete the cheque details below.

Cheque number

BSB number    -    Account number

Cheque drawer

**Fund BPAY biller codes**

If you'd like to make a payment to this Fund	Your BPAY biller code	Reference number
Ausbil Australian Active Equity Fund	636845	Your account number
Ausbil Balanced Fund	636860	Your account number
Ausbil Australian Emerging Leaders Fund	636878	Your account number
Candriam Sustainable Global Equity Fund	636894	Your account number
Ausbil Australian Geared Equity Fund	636886	Your account number
Ausbil 130/30 Focus Fund (Wholesale)	636829	Your account number
Ausbil MicroCap Fund	636852	Your account number
MacKay Shields Unconstrained Bond Fund	636902	Your account number

**7 Financial institution account details**

**Australian bank account details**

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Financial institution name

Branch name

BSB number    -    Account number

Account name

## 8 Communication

Please indicate below your preferred method of communication for investment materials and marketing information:

Email  Mail

Please tick this box if you would like your adviser to receive copies of all communications regarding your account such as distribution statements, transaction advices, etc.

## 9 Identification and verification

**Please tick one box only:**

I have not previously invested in any Ausbil Investment Management fund and will complete the relevant investor identification forms.

I am an existing investor in an Ausbil Investment Management fund and am not required to complete the investor identification forms located at the end of this application form.

## 10 Financial adviser details

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Email address

**Notice to financial adviser:** by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

### Financial adviser details

Dealer group name

Adviser name

AFSL number      Authorised representative number (if any)

 

ABN

### Address

Property/Building name (if applicable)

Unit      Street number

 

Street name

Suburb      State

 

Postcode      Country

 

**Postal address** (if different to above)

Property/Building name (if applicable)

Unit      Street number

 

Street name

Suburb      State

 

Postcode      Country

 

### Contact details

Business number (include country and area code)

Mobile number (include country code)

### Adviser signature

### Performance of client identification and verification procedures

Please confirm whether client identification and verification procedures have been performed:

#### Select on option

- Financial adviser has **NOT** performed identification and verification procedures **OR**
- Financial adviser has performed the required identification and verification procedures for the client and has provided duly completed Client ID Form(s) with this application.

#### Adviser Declaration

I represent and warrant to Ausbil that:

- I have undertaken the applicable identification and verification procedure in relation to the client;
- I will make available to Ausbil, on request, original verification and identification records in respect to the client and will keep those records for a period of seven years after my relationship with the client has ended;

- I will use reasonable efforts to obtain additional information from the client if Ausbil requests me to do so;
- I will not knowingly do anything to put Ausbil in breach of AML/CTF Laws; and
- I will notify Ausbil immediately if I become aware of anything that would put Ausbil in breach of AML/CTF Laws.

AFS Licensee name

Representative/Employee name

AFSL No

Phone No

Signature

## 11. Declarations and acknowledgments

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

- you have received, read and understood the current PDS
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association,
- you are not bankrupt or a minor

- you agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time, and
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and relevant privacy policies.

## 12 Signing instructions

**Individual** — where the investment is in one name, the sole investor must sign.

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

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

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

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

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director  
 Sole director and company secretary  
 Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director  
 Company secretary  
 Authorised signatory

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

- Yes  No

Your application cannot be processed until all relevant identification documents and cleared funds are received