

Ausbil Investment Management Limited

Client Services contact details

Phone

1800 287 245 or 02 9259 0200

Email

ausbil_transactions@unitregistry.com.au

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 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 Additional Application form.	
Tes, the decount number is	Complete Additional Application form.	
2 Individuals and sole traders		
Please complete if you are investing individually, jointly or you are an individual or joint trustee.	Mobile number (include country code)	
Note : You are also required to complete the relevant Identification Form.	Email address	
Investor 1 – Personal details	This email address is the default address for all investor	
Title Full given names	correspondence (such as transaction confirmations, statements,	
	reports and other material). ABN	
Surname		
Data of high (DD (AAA 00000		
Date of birth (DD/MM/YYYY)	Are you a sole trader?	
DD/MM/YYYY	X No X Yes	
Residential address	If yes, what is your business name?	
A PO Box/RMB/Locked Bag is not acceptable.		
Property/Building name (if applicable)	If yes, what is your ABN?	
Unit Street number		
	Tax details — Australian residents	
Street name	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	
Suburb State	exemption, you will be taxed at the highest marginal tax rate plus	
	the Medicare levy.	
Postcode Country	TFN	
Postal address (if different to residential address)	Reason for exemption	
A PO Box/RMB/Locked Bag is acceptable.		
Property/Building name (if applicable)	Tax details — Non Australian residents	
Linite Change to provide an	If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.	
Unit Street number	indicate your country of residence for tax purposes.	
Street name	Investor 2 – Personal details	
Street name	Title Full given names	
Suburb State		
	Surname	
Postcode Country		
	Date of birth (DD/MM/YYYY)	
Contact details	DD/MM/YYY	
Home number (include country and area code) Residential address		
	A PO Box/RMB/Locked Bag is not acceptable.	
Business number (include country and area code)	Property/Building name (if applicable)	

Unit Street number	Mobile number (include country code)				
Street name	Empil adduses				
Street name	Email address				
Suburb State	All correspondence will be sent to the address provided for investor 1.				
Postcode Country	Tax details — Australian residents				
	If you are an Australian resident for tax purposes, please provide				
Postal address (if different to residential address) A PO Box/RMB/Locked Bag is acceptable.	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				
Property/Building name (if applicable)	the Medicare levy.				
	TFN				
Unit Street number					
Street name	Reason for exemption				
Street Hame					
Suburb State	Tax details — Non Australian residents				
	If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.				
Postcode Country					
	If there are more than two individual investors or trustees,				
Contact details please provide the full name, date of birth, and residen address of each on a separate sheet and attach to this to					
Home number (include country and area code)					
Business number (include country and area code)					
basiness namber (include country and area code)					
3 Companies					
Please complete if you are investing as a company or as a trust	Registered office address				
with a corporate trustee.	A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign				
Note: You are also required to complete the relevant	company, write the address of your Australian registered agent (if you have one) or else write your principal place of business.				
Identification Form.	Name of Australian registered agent (if applicable)				
Company details Full name of company (as registered by ASIC)	Name of Australian registered agent (if applicable)				
Tuil hame of company (as registered by ASIC)	Property/Building name (if applicable)				
ACN or ABN (for foreign companies, provide your Australian					
Registered Body Number (ARBN) if you have one)	Unit Street number				
TFN	Street name				
	Suburb State				
Country of residency (if a foreign company)					
	Postcode Country				

Postal address (if different to above) A PO Box/RMB/Locked Baq is acceptable.	Contact person at company Name		
Property/Building name (if applicable)			
	Home number (include country and area code)		
Unit Street number	Business number (include country and area code)		
Street name	Mobile number (include country code)		
Suburb State	Email address		
Postcode Country	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.	Trust or superannuation fund details Name of trust or superannuation fund		
Note : You are also required to complete the Identification Form - Trusts and Trustees.	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	DISTRIBUTION OPTION (indicate preference with an X)	
FUND MAIVIE	APIR CODE		Pay to my bank a/c	Reinvest
Ausbil Australian Active Equity Fund	AAP0103AU	\$		
Ausbil Australian Concentrated Equity Fund	AAP9227AU	\$		
Ausbil Active Sustainable Equity Fund	AAP3940AU	\$		
Ausbil Active Dividend Income Fund	AAP3656AU	\$		
Ausbil Australian Geared Equity Fund	AAP0002AU	\$		
Ausbil 130/30 Focus Fund - Wholesale Class	AAP0008AU	\$		
Ausbil Australian Emerging Leaders Fund	AAP0104AU	\$		
Ausbil MicroCap Fund	AAP0007AU	\$		
Ausbil Australian SmallCap Fund	AAP5529AU	\$		
Ausbil Balanced Fund	AAP0101AU	\$		
Ausbil Global Resources Fund	AAP5928AU	\$		
Ausbil Global SmallCap Fund	AAP8285AU	\$		
Ausbil Global Essential Infrastructure Fund - Unhedged	AAP3254AU	\$		
Candriam Sustainable Global Equity Fund	AAP0001AU	\$		
MacKay Shields Multi-Sector Bond Fund	AAP0020AU	\$		
Other		\$		

Please indicate the source	and origin of funds being invested:			
savings		inherita	nce	
investment		normal	course of business	
superannuation	contributions			
	Contributions	asset sa		
commission		other –	write the source and	d origin of funds below:
donation/gift				
6 Payment of a	application amount			
Please select your payment method and complete the relevant section if applicable. All payments must be made in AUD. Contact your bank or financial institution to make this payment from your check savings, debit or transaction account.				
Electronic Funds Transfer	(EFT)	More info: www.b		
X EFT			BPAY Pty Ltd ABN 69 0	079 137 518.
Account name:	NNLACF – Ausbil Application Account	Cheque		
BSB:	083-043	X Cheque		
Account number:	718512670			sbil Application Account and complete the
Your reference:	[please use the name of the investor and investor number]	cheque details be		son Application Account and complete the
BPAY - telephone and internet banking		Cheque number		
BPAY®		BSB number Account number		
PAY You say make your payment using telephone or interact hanking			-	
You can make your payment using telephone or internet banking. You will need to quote the biller code and your account number (for reference)		Cheque drawer		
when making this payment. Biller codes are listed below.				
Fund BPAY biller cod	es			
If you'd like to make a p	ayment to this Fund	Your BPA	AY biller code	Reference number
Ausbil Australian Ad	ctive Equity Fund	636845		Your account number
Ausbil Australian Co	oncentrated Equity Fund	636969		Your account number
Ausbil Active Sustai	nable Equity Fund	989111		Your account number
Ausbil Active Divide	end Income Fund	249623		Your account number
Ausbil Australian Ge	eared Equity Fund	636886		Your account number
Ausbil 130/30 Focus Fund - Wholesale Class		636829		Your account number
Ausbil Australian En	nerging Leaders Fund	63	36878	Your account number
Ausbil MicroCap Fu	nd	63	36852	Your account number
Ausbil Australian Sr	nallCap Fund	29	99966	Your account number
Ausbil Balanced Fur	nd	636860		Your account number
Ausbil Global Resou	urces Fund	30	06464	Your account number
Ausbil Global Small	Cap Fund	29	90056	Your account number
Ausbil Global Essen	tial Infrastructure Fund - Unhedged	29	99958	Your account number

636894

636902

Your account number

Your account number

Candriam Sustainable Global Equity Fund

MacKay Shields Multi-Sector Bond Fund

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	Address Property/Building name (if applicable) Unit Street number
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.	Street name Suburb State
Financial adviser details	Postcode Country
Dealer group name	
Adviser name	Postal address (if different to above) Property/Building name (if applicable)
AFSL number Authorised representative number (if any)	Unit Street number
ABN	Street name

Subur	·b	State	Adviser Declaration	
			I represent and warrant to Ausbil	that:
Postco	ode Country		• I have undertaken the appli verification procedure in rel	
Contact details Business number (include country and area code)		 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; 		
Mobil	le number (include country code)		I will use reasonable efforts from the client if Ausbil req	to obtain additional information uests me to do so;
Advis	ser signature		 I will not knowingly do anything to put Ausbil in breach AML/CTF Laws; and 	
			I will notify Ausbil immediate that would put Ausbil in bre	tely if I become aware of anything each of AML/CTF Laws.
	rmance of client identification and verificati edures	ion	AFS Licensee name	
	e confirm whether client identification and verif dures have been performed:	ication	Representative/Employee name	
Select	t on option			
	Financial adviser has NOT performed identific verification procedures OR	cation and	AFSL No	Phone No
	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.			
		•		

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)				
X Director				
Sole director and company secretary				
X Authorised signatory				
Signature of investor 2, director/company secretary or authorised signatory				
Please print full name				
Date (DD/MM/YYYY) D D / M M / Y Y Y				
Company officer (please indicate company capacity)				
X Director				
X Company secretary				
X Authorised signatory				
If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.				
X Yes X No				

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