

# Application Form

## Firetrail Investment Funds

This application form relates to the class A units of the Firetrail S3 Global Opportunities Fund (Managed Fund), Firetrail S3 Global Opportunities Fund (Hedged) and the Firetrail Australian Small Companies Fund – Active ETF issued by Pinnacle Fund services Limited (ABN 29 082 494 362, AFSL 238371) as the Responsible Entity ('RE'). The general information of the Fund can be found in each Product Disclosure Statement ('PDS').

Fund	APIR	ARSN
Firetrail S3 Global Opportunities Fund (Managed Fund) – Class A units	<b>WHT7794AU</b>	<b>653 717 625</b>
Firetrail S3 Global Opportunities Fund (Hedged) – Class A	<b>WHT4609AU</b>	<b>657 902 880</b>
Firetrail Australian Small Companies Fund – Active ETF	<b>WHT3093AU</b>	<b>638 792 133</b>

# APPLICATION FORM

## IMPORTANT INFORMATION

Defined terms in this Application Form have the definition given to them in the PDS.  
THE PDS FOR EACH OF THE FUNDS MUST BE READ PRIOR TO COMPLETING THIS APPLICATION FORM.

The Registry service provider is Automic Group ('Registry').

## REGISTRY MAILING INFORMATION

### Initial Investments

Initial applications can be made online at <https://apply.automic.com.au/S3GO>

### Or via post

Firetrail Investments Pty Limited  
c/- Automic Group  
GPO Box 2629  
SYDNEY NSW 2001

## APPLICATION PAYMENT INFORMATION

### Electronic Funds Transfer (EFT)

The Registry will contact you with a Request for Payment once the paper application form has been received. This will enable your application and the incoming cash to be reconciled.

### Additional Investment Information

Once you have made an initial application, the Registry will provide you with a standing BPAY reference. If an additional investment is made using the BPAY reference, no further instruction is required.

Alternatively, you may find your BPAY details by logging onto your investor portal at: <https://apply.automic.com.au/S3GO>

# APPLICATION FORM CHECKLIST

## IMPORTANT INFORMATION

If you are not able to provide the **Anti-Money Laundering/Counter-Terrorism Financing (AML/CTF)** information requested in the Application Form, please refer to the **FAQ** or contact us for a list of alternative information you may supply.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Section 1 - Investment Details**  
Nominate to open a new account or invest additional funds to an existing account

**Section 2 – Investor Details**  
Provide your details depending on the type of customer you are. Please complete only the pages that are relevant to you.

- (A)  Individual (including Sole Trader, or adults acting as trustee for a Minor) or Joint Account
- (B)  Partnership
- (C)  Australian Company
- (D)  Foreign Company
- (E)  Self Managed Superannuation Fund (SMSF)
- (F)  Australian Regulated Trust (other than SMSF)
- (G)  Unregulated Trust (including foreign trusts)
- (H)  Association or Registered Cooperative
- (I)  Government Body

*Note 1: If you believe the above investor categories do not adequately represent your legal structure or disposition, please contact us on 1300 010 311 or by e-mail at: service@pinnacleinvestment.com.*

**Section 3 – Application Amount and Payment Details**  
Indicate the amount you wish to invest in the Fund and the payment details for your investment for the Fund

**Section 4 – Distribution Election**  
Select your distribution payment method

**Section 5 – Fund Information**  
The information you may receive from us

**Section 6 – Adviser Access**  
Provide your adviser's details, if applicable, for access to your statements

**Section 7 – Tax File Number Notification or Exemption**  
Provide tax file number(s)

**Section 8 – Consumer Attributes**  
Indicate your consumer attributes to assist the RE in meeting its obligations under the Treasury Laws Amendments (Design and Distribution Obligations and Product Intervention Powers) Act 2019 (the Design and Distribution Obligations)

**Section 9 – Declaration and Application Signatures**  
Read the declaration, elect the account operating authority, and provide the appropriate signatures

### Section 1 – Do you have an existing account within a Firetrail investment fund?

Yes  The investment in this application will be in a *different* Firetrail investment fund but it will have the same name and capacity as my existing account, and there are no changes to any of my other details.

My current account number is \_\_\_\_\_ Please go to Section 3.

If there are any changes to your other details, please to go Section 2.

No  Go to Section 2

### Section 2 – Investor Details

#### A. INDIVIDUAL OR JOINT APPLICANTS

Investor 1 Title \_\_\_\_\_ Given name/s \_\_\_\_\_

Surname \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your residential address.

Phone no. (\_\_\_\_) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Facsimile no. (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

Are you a sole trader?: NO  / YES  then, please provide ABN/ARBN \_\_\_\_\_

Full business name: \_\_\_\_\_

Principal place of business (if any)(street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**TAX CERTIFICATIONS**

Are you a US citizen? NO  / YES

Are you a resident of a country other than Australia for tax purposes? NO  / YES

(Note: please select "Yes" if you are a dual resident in Australia and another country).

If "Yes", please complete the table below for the countries outside of Australia in which you are a tax resident:

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

**ACCOUNT OPENING FOR A MINOR OR JOINT ACCOUNT**

Are you opening an account on behalf of a minor (i.e. acting as trustee for a child under the age of 18)?

NO  / YES  - If 'Yes', please provide details of the minor in the section below.

Are you opening a joint account?

NO  / YES  - If 'Yes', please provide details of Investor 2 in the section below.

**ATTACH: Certified copy of the current Australian driver's licence or passport of Investor 1.**

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

If this is joint application, please complete details for Investor 2. Otherwise, please proceed to Section 3.

**Minor** Given name/s: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address (Street Address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**TAX CERTIFICATIONS**

Is the minor a US citizen? NO  / YES

Is the minor a resident of a country other than Australia for tax purposes? NO  / YES

(Note: please select "Yes" if the minor is a dual resident in Australia and another country).

If "Yes", please complete the table below for the countries outside of Australia in which the minor is a tax resident:

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

**ATTACH: Certified copy of the current Australian driver's licence or passport of the Minor.**

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 3.

**Section 2 – Investor Details (continued)**

**Investor 2** Title \_\_\_\_\_ Given name/s \_\_\_\_\_  
Surname \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential address (street address only) \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_  
Phone no. (\_\_\_\_) \_\_\_\_\_ Mobile no. \_\_\_\_\_  
Facsimile no. (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
What is your occupation? Retired Other - please describe: \_\_\_\_\_

**TAX CERTIFICATIONS**

Are you a US citizen? NO  / YES

Are you a resident of a country other than Australia for tax purposes? NO  / YES

*(Note: please select "Yes" if the minor is a dual resident in Australia and another country).*

If "Yes", please complete the table below for the countries outside of Australia in which the minor is a tax resident:

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number: \_\_\_\_\_

**ATTACH: Certified copy of the current Australian driver's licence or passport of Investor 2**

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 3.**

**B. PARTNERSHIP**

**B.1 PARTNERSHIP DETAILS**

Full name of partnership: \_\_\_\_\_

Registered business name of partnership (if any): \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

Country where partnership is established: Australia YES  / NO  If 'No', then please name country: \_\_\_\_\_

Describe the partnership's principal business activity: \_\_\_\_\_

Registered address (street address only): \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different from above): \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. (\_\_\_\_) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Facsimile Phone no. (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the partnership regulated by a professional association?

**YES**  Provide name of association: \_\_\_\_\_

Provide membership details: \_\_\_\_\_. Please provide the details requested for Partner 1 in B.2 below.

**NO**  How many partners are there? \_\_\_\_\_. Please provide details of ALL partners in B.2 below.

## B.2 PARTNER DETAILS

### Partner 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential address (street address only) \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

### Partner 2:

Given name/s \_\_\_\_\_ Surname \_\_\_\_\_  
Residential address (street address only) \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

### Partner 3:

Given name/s \_\_\_\_\_ Surname \_\_\_\_\_  
Residential address (street address only) \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

(If there are more partners, provide details on a separate sheet and tick this box )

## B.3 BENEFICIAL OWNER DETAILS

### Category A Beneficial Owners

Please provide details for each individual who:

- ultimately owns 25% or more of the issued capital of the partnership through direct or indirect shareholdings, or
- is entitled (directly or indirectly) to exercise 25% or more of the voting rights of the partnership, including power to veto

### Category B Beneficial Owners

If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls\* the partnership. If no such person can be identified then the most senior managing official(s) of the partnership (such as the Managing Partner) is/are taken to be the beneficial owner(s) of the partnership.

\*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices.

### Beneficial Owner 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential address (street address only) \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner): \_\_\_\_\_

### Beneficial Owner 2:

Full given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential address (street address only) \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner): \_\_\_\_\_

### Beneficial Owner 3:

Full given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential address (street address only) \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner): \_\_\_\_\_

### Beneficial Owner 4:

Full given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Senior Managing Partner): \_\_\_\_\_

(If there are more beneficial owners, provide details on a separate sheet and tick this box )

**B.4 TAX CERTIFICATIONS**

1. Is the partnership’s place of effective management situated outside of Australia? NO  / YES  If ‘Yes, please complete table below.

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

\_\_\_\_\_

2. Please select ONE of the following categories and provide the information requested:

- United States Partnership**  
 (The partnership was created in the US, established under the laws of the US or is a US tax payer)  
 Is the partnership an exempt payee for US tax purposes?  
 YES  - please provide the exemption code: \_\_\_\_\_  
 NO

**Proceed to B.5 of Section 2.**

- Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

Provide the partnership’s Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_

If the partnership does not have a GIIN, please advise of FATCA status:

\_\_\_\_\_

**Proceed to B.5 of Section 2.**

- Financial Institution – Investment Entity**

Provide the partnership’s Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_

If the partnership does not have a GIIN, please advise of FATCA status:

\_\_\_\_\_

Is the partnership located outside of Australia and managed by another Financial Institution?

- YES  - please also tick ‘Other’ below and provide the information requested.
- NO  - **Proceed to B.5 of Section 2.**

- Active Non-Financial Entity**

(During the previous reporting period, less than 50% of the partnership’s gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.  
**Proceed to B.5 of Section 2.**

- Other**

(None of the above applies to the partnership)

Is any one of the Beneficial Owners or partners of the partnership, a US citizen? NO  / YES

Is any one of the Beneficial Owners or partners of the partnership, a resident of a country other than Australia for tax purposes?

NO  / YES

(Note: please select “Yes” if they are a dual resident in Australia and another country).

If “Yes”, please complete the table below for the countries outside of Australia in which they are a tax resident:

Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

(If more space is required, please use a separate sheet and tick this box ) **Proceed to B.5 of Section 2.**

**B.5 DOCUMENTS TO PROVIDE**

- ATTACH: Certified copy of Partnership Agreement; and**
- ATTACH: Certified copy of the current Australian driver’s licence or passport for Partner Number 1; and**
- ATTACH: Certified copy of the current Australian driver’s licence or passport of each Beneficial Owners listed in B.3 of Section 2; and**
- ATTACH: For partnerships regulated by a professional association, provide an original current membership certificate OR membership details independently sourced from the relevant association**



*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 3.**

### C. AUSTRALIAN COMPANY

#### C.1 COMPANY DETAILS

Full company name as registered by ASIC: \_\_\_\_\_

Full business name (if any): \_\_\_\_\_

Country where registered / incorporated: Australia YES  / NO  - If 'No', please go to D. Foreign Company of section 2.

ACN \_\_\_\_\_

Describe the company's principal business activity: \_\_\_\_\_

Registered office address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Postal address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Principal place of business (if different from registered address)(street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Phone no. (\_\_\_\_) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Facsimile Phone no. (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### C.2 COMPANY TYPE

Select only ONE of the following categories:

Public company (companies whose name does not include Pty or Proprietary) – **proceed to C.3 of Section 2**

Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as private company) – provide the director details below:

Number of directors of the company: \_\_\_\_\_

**Director 1:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 2:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 3:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 4:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

(If there are more directors, please provide details on a separate sheet and tick this box )

**Proceed to C.3 of Section 2**

### C.3 REGULATORY/LISTING DETAILS

Please select any of the following category that applies to the company, and provide the information requested. *If none applies, please proceed to C.4 of Section 2.*

- Australian public listed company**  
(companies that are listed on an Australian financial market such as the ASX)

Name of market/exchange: \_\_\_\_\_ . *Proceed to C.5 of Section 2.*

- Majority-owned subsidiary of an Australian listed company**  
(companies that are majority owned by an Australian company that is listed on an Australian Financial market such as the ASX)

Australian listed company name: \_\_\_\_\_

Name of market/exchange: \_\_\_\_\_ . *Proceed to C.5 of Section 2.*

- Australian regulated company**

(The company is **licensed** and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company's registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees).

Regulator's Name: \_\_\_\_\_

Licence details (e.g. AFSL No. , ACL No., RSE No.): \_\_\_\_\_ . *Proceed to C.5 of Section 2*

#### C.4 BENEFICIAL OWNER DETAILS

This section to be completed for all companies that are NOT an Australian regulated companies, listed public company, or majority owned by an Australian public listed company as per C.3 of Section 2.

##### Category A Beneficial Owners

Please provide details for each individual who ultimately owns 25% or more of the company's issued share capital. This includes individuals with indirect ownership of 25% or more of the company.

##### Category B Beneficial Owners

If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls\* the company. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or other directors) is/are taken to be the beneficial owner(s) of the company.

\*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.

##### Beneficial Owner 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

##### Beneficial Owner 2:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

##### Beneficial Owner 3:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

##### Beneficial Owner 4:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (Street Address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

(If there are more beneficial owners, provide details on a separate sheet and tick this box )

**Proceed to C.5 of Section 2.**

**C.5 TAX CERTIFICATIONS**

1. Is the company also a tax resident of a country outside of Australia? NO  / YES  If 'Yes, please complete table below.

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

---

2. Please select only ONE of the following categories that apply to the company and provide the information requested:

**Financial Institution**  
 (The company is a custodial or depository institution, an investment entity or a specified insurance company)

Provide the company's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_  
 If the company does not have a GIIN, please advise of FATCA status:

---

**Proceed to C.6 of Section 2.**

**Public Listed Company, Majority Owned Subsidiary of an Australian Listed Company or an Australian Registered Charity**

**Proceed to C.6 of Section 2.**

**Active Non-Financial Entity**  
 (During the previous reporting period, less than 50% of the company's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

**Proceed to C.6 of Section 2.**

**Other**  
 (None of the above applies to the company)  
 Is any one of the company's Beneficial Owners a US citizen? NO  / YES

Is any one of the company's Beneficial Owners, a resident of a country other than Australia for tax purposes? NO  / YES

*(Note: please select "Yes" if they are a dual resident in Australia and another country).*

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

*(If more space is required, please use a separate sheet and tick this box )*

**Proceed to C.6 of Section 2.**

**C.6 DOCUMENTS TO PROVIDE**

Australian regulated company, Australian listed public company, or majority owned by an Australian public listed company as per C.3 of Section 2.

**NO ATTACHMENT REQUIRED**

*Please proceed to Section 3.*

For all other companies

**ATTACH: Certified copy of the current Australian driver's licence or passport of each of Beneficial Owner listed in C.4 of Section 2.**

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 3.**

**D. FOREIGN COMPANY**

**D.1 COMPANY DETAILS**

Full name of foreign company : \_\_\_\_\_

Full business name (if any): \_\_\_\_\_

Country where formed/ registered / incorporated: \_\_\_\_\_

Describe the company's principal business activity: \_\_\_\_\_

Registered by a foreign body? **NO**  / **YES**  If 'Yes', provide name of registration body: \_\_\_\_\_

**Is the foreign company registered with ASIC?**

**Yes** Provide the Australian Registered Body Number (ARBN): \_\_\_\_\_

Provide EITHER :  principal place of business address in Australia, OR  local agent's name and address details

Address (street address only): \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Full name of local agent in Australia: \_\_\_\_\_

**No** Provide company identification number (if any) issued by the foreign registration body: \_\_\_\_\_

Date of company registration or incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide principal place of business in the company's country of formation or incorporation

Address (street address only): \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Registered address**

Provide the registered address as registered with ASIC. If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. (\_\_\_\_) \_\_\_\_\_

Facsimile Phone no. (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Proceed to D.2 of Section 2**

**D.2 COMPANY TYPE**

Select only ONE of the following categories:

Public company (companies whose name does not include Pty or proprietary) – **proceed to D.3 of Section 2**

Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as private company) – provide the details of all directors below:

List the number of directors for the company: \_\_\_\_\_

**Director 1:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 2:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 3:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 4:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

(If there are more directors, please provide details on a separate sheet and tick this box )

**Proceed to D.3 of Section 2**

### D.3 REGULATORY/LISTING DETAILS

Please select any of the following category that applies to the company and provide the information requested. **If none applies, please proceed to D.4 of Section 2.**

**Public listed company**  
(The company is a listed company on a financial market that is subject to disclosure requirements to ensure transparency of beneficial ownership comparable to similar public listing requirements in Australia)  
Name of market/exchange/ disclosure regime: \_\_\_\_\_  
Country: \_\_\_\_\_ *Proceed to D.5 of Section 2.*

**Majority-owned subsidiary of an Australian public listed company**  
(The company that is majority owned by an Australian company that is listed on an Australian financial market, such as the ASX)  
Australian listed company name: \_\_\_\_\_  
Name of market/exchange: \_\_\_\_\_ *Proceed to D.5 of Section 2.*

**Regulated in Australia**  
(The company is *licensed* and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company's registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.)  
Regulator Name: \_\_\_\_\_  
Licence details (e.g. AFSL No. , ACL No., RSE No.): \_\_\_\_\_ *Proceed to D.5 of Section 2.*

### D.4 BENEFICIAL OWNER DETAILS

This section is to be completed by a companies that is NOT public listed companies, majority owned by an Australian public listed company or company regulated in Australia as per D.3 of section 2.

#### Category A Beneficial Owners

Please provide details for each individual who ultimately owns 25% or more of the company's issued share capital. This includes individuals with indirect ownership of 25% or more of the company.

#### Category B Beneficial Owners

If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly control\* the company. If no such person can be identified then the most senior managing official(s) of the company (such as the managing director or other directors) is/are taken to be the beneficial owner(s) of the company.

\*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.

#### Beneficial Owner 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Beneficial Owner Category: A  or B

For Category B beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

#### Beneficial Owner 2:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Beneficial Owner Category: A  or B

For Category B beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

**Beneficial Owner 3:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Beneficial Owner Category: A  or B

For Category B beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

**Beneficial Owner 4:**

Full given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Beneficial Owner Category: A  or B  Role (e.g. Managing Director): \_\_\_\_\_

*(If there are more beneficial owners, provide details on a separate sheet and tick this box )*

**Proceed to D.5 of Section 2.**

**D.5 TAX CERTIFICATIONS**

Please select only ONE of the following categories that apply to the company, and provide the information requested:

1. Is the company a tax resident of a country outside of Australia? NO  / YES  If 'Yes, please complete table below.

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

---

2. Please select only ONE of the following categories that apply to the company, and provide the information requested:

- United States Company**  
 (The company was created in the US, established under the laws of the US or is a US tax payer)

Is the company an exempt payee for US tax purposes? YES  - please provide the exemption code: \_\_\_\_\_  
 NO

**Proceed to D.6 of Section 2.**

- Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

Provide the company's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_  
 If the company does not have a GIIN, please advise of FATCA status: \_\_\_\_\_

**Proceed to D.6 of Section 2.**

- Financial Institution – Investment Entity**

Provide the company's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_  
 If the company does not have a GIIN, please advise of FATCA status: \_\_\_\_\_

Is the company located outside of Australia and managed by another Financial Institution?  
 YES  - please also tick 'Non-US Passive NFE' below and provide the information requested.  
 NO  - **Proceed to D.6 of Section 2.**

- Public Listed Company, Majority Owned Subsidiary of a Public Listed Company or International Organisation**

**Proceed to D.6 of Section 2.**

- A Charity or an Active Non-Financial Entity**  
 (The company is a non-profit organisation; or during the previous reporting period, less than 50% of the company's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

**Proceed to D.6 of Section 2.**

- Passive Non-Financial Entity**  
 (None of the above applies to the company)

Is any one of the company's Beneficial Owners a US citizen? NO  / YES   
 Is any one of the company's Beneficial Owners, a resident of a country other than Australia for tax purposes? NO  / YES   
 (**Note: please select "Yes" if they are a dual resident in Australia and another country.**)

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

(If more space is required, please use a separate sheet and tick this box )

**D.6 DOCUMENTS TO PROVIDE**

- ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in D.4 of Section 2.**  
 **ATTACH: For a company that is not registered with ASIC, provide a certified copy of the registration certificate**



*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 3.**

**E. SELF MANAGED SUPERANNUATION FUND (SMSF)**

**E.1 FUND DETAILS**

Full Name of the fund: \_\_\_\_\_

ABN: \_\_\_\_\_

Registered office address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. (\_\_\_\_) \_\_\_\_\_

Facsimile no. (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

## E.2 BENEFICIARY (MEMBER) DETAILS

Please provide details of all members of the SMSF

### Beneficiary 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation:  Retired  Other - please describe: \_\_\_\_\_

### Beneficiary 2:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation:  Retired  Other - please describe: \_\_\_\_\_

### Beneficiary 3:

Full given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation:  Retired  Other - please describe: \_\_\_\_\_

### Beneficiary 4:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation:  Retired  Other - please describe: \_\_\_\_\_

## E.3 TRUSTEE TYPE

SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED

INDIVIDUAL TRUSTEES – complete E.4 of Section 2

CORPORATE TRUSTEE – complete E.5 of Section 2

## E.4 INDIVIDUAL TRUSTEES

I/we confirm that the member(s) listed in E.2 of Section 2 is/are also the trustee(s) of the SMSF.

If there is only ONE member in the SMSF, please provide details of the additional trustee below:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation:  Retired  Other - please describe: \_\_\_\_\_

ATTACH: Certified copy of the current Australian driver's licence or passport or each individual trustee

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 3.**

## E.5 CORPORATE TRUSTEE

Full company name as registered by ASIC: \_\_\_\_\_

Full business name (if any): \_\_\_\_\_

ACN \_\_\_\_\_

Describe the company's principal business activity (not applicable if the company only acts as a corporate trustee):  
\_\_\_\_\_

Registered office address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Postal address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Principal place of business (if different from Registered address)(street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

I/we confirm that the member(s) listed in E.2 of Section 2 is/are also the director(s) of the corporate trustee of the SMSF.

If there is only ONE member in the SMSF and there is an additional director of the corporate trustee, please provide their details below:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Occupation:  Retired  Other - please describe: \_\_\_\_\_

**ATTACH: Certified copy of the current Australian driver's licence or passport of each director of the corporate trustee**

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 3.**

## F. AUSTRALIAN REGULATED TRUST (Excluding SMSF)

### F.1 TRUST DETAILS

Full Name of the trust: \_\_\_\_\_

ABN: \_\_\_\_\_

Country where trust was established: Australia YES  / NO  If 'No', then please go to G. Unregulated Trust (including Foreign Trust) of Section 2.

Describe the trust's principal business activity: \_\_\_\_\_

Registered office address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. (\_\_\_\_) \_\_\_\_\_

Facsimile no. (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

## F.2 TYPE OF REGULATED TRUST

Select ONE of the following categories that apply to the trust and provide the information required. **If none applies, then please go to G. Unregulated Trust (Including Foreign Trust) of Section 2.**

**Registered managed investment scheme** – provide Australian Registered Scheme Number (ARSN): \_\_\_\_\_

**Unregistered managed investment scheme** (where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies):

Provide the unregistered managed investment scheme's ABN: \_\_\_\_\_

Please attach a copy of an offer document or trust deed of the unregistered managed investment scheme

**Government superannuation fund** – provide name of the legislation establishing the fund: \_\_\_\_\_

**Other regulated Trust** (i.e. a trust that is registered and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund):

Provide name of regulator (e.g. ASIC, APRA): \_\_\_\_\_

Provide the trust's registration/licensing details (e.g. RSE No.): \_\_\_\_\_

## F.3 TAX CERTIFICATIONS

Select ONE of the following categories that apply to the trust and provide the information required:

**Australian regulated superannuation fund:**

Include government super funds, APRA regulated super funds and pooled superannuation trusts - **please proceed to F.4 of Section 2.**

**Other Australian regulated trust:**

Please provide the trust's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_

If the trust does not have a GIIN, please advise of FATCA status:

\_\_\_\_\_

**Please proceed to F.4 of Section 2.**

## F.4 TRUSTEE TYPE

### SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED

**INDIVIDUAL TRUSTEES** – complete F.5 of Section 2.

**CORPORATE TRUSTEE** – complete C. Australian Company of Section 2 if the corporate trustee is an Australian Company or D. Foreign Company of Section 2 if the corporate trustee is a Foreign Company.

## F.5 INDIVIDUAL TRUSTEE

How many individual trustees does the trust have? \_\_\_\_\_. Please provide details of ALL individual trustees below:

### **Trustee 1:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

### **Trustee 2:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

### **Trustee 3:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

### **Trustee 4:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

**Please proceed to Section 3.**

## G. UNREGULATED TRUST (INCLUDING FOREIGN TRUST)

### G.1 TRUST DETAILS

Full name of the trust: \_\_\_\_\_

ABN: \_\_\_\_\_

Country where trust was established: Australia YES  / NO  If 'No', then please name country \_\_\_\_\_

Describe the trust's principal business activity: \_\_\_\_\_

Registered office address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. (\_\_\_\_) \_\_\_\_\_

Facsimile no. (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

### G.2 TYPE OF UNREGULATED TRUST

Please select only ONE of the following categories:

- Family Trust       Charitable Trust       Testamentary Trust       Unit Trust  
 Other type, please provide description \_\_\_\_\_

Full name of trust settlor\*: \_\_\_\_\_

(\*settlor is the person who settles the initial sum or assets to create the trust)

### G.3 BENEFICIARY DETAILS

Does the trust identifies its beneficiaries by class, e.g. unit holders, family members of named person, charitable organisations/causes?

NO /  YES - If 'Yes, then details of the class(es) of beneficiaries: \_\_\_\_\_

Does the trust identifies its beneficiaries by name?

NO /  YES - If 'Yes, then provide details of all beneficiaries below.

How many beneficiaries are in the trust? \_\_\_\_\_.

#### Beneficiary 1:

Given name(s)/Entity Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

#### Beneficiary 2:

Given name(s)/Entity Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

#### Beneficiary 3:

Given name(s)/Entity Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

#### Beneficiary 4:

Given name(s)/Entity Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

(If there are more beneficiaries, provide details on a separate sheet and tick this box )

**G.4 BENEFICIAL OWNER DETAILS**

**Beneficial Owners**

Are there any individuals who are entitled (directly or indirectly) to 25% or more of the trust income or assets?.

NO /  YES - if 'Yes', then provide details of those individuals below:

**Beneficial Owner 1:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Beneficial Owner 2:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Beneficial Owner 3:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Beneficial Owner 4:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

*(If there are more beneficial owners, provide details on a separate sheet and tick this box )*

**Appointer of the Trust**

Does the trust have an appointer (i.e. an individual who has been granted specific powers by the trust deed to appoint or remove the trustees of the trust; may also be called the 'custodian' or 'principal')?

NO /  YES - if 'Yes', then provide details of the appointer (or equivalent) below:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

*(If there are more appointers, provide details on a separate sheet and tick this box )*

**Please proceed to G.5 of Section 2.**

**G.5 TAX CERTIFICATIONS**

Please select only ONE of the following categories and provide the information requested:

1. Is the trust a tax resident outside of Australia? NO  / YES  If 'Yes, then please complete table below.

Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

2. Please select only ONE of the following categories and provide the information requested:

**United States Trust**

(The trust was created in the US, established under the laws of the US or is a US taxpayer)

Is the trust an exempt payee for US tax purposes? YES  - please provide the exemption code: \_\_\_\_\_

NO

**Please proceed to G.6 of Section 2.**

**Financial Institution or Trust with a Trustee that is a Financial Institution**

(The trust was primarily established for custodial or investment purposes; or if the trustee of the trust is a Financial Institution)

Please provide the trust's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_

If the trust does not have a GIIN, please advise of FATCA status:

**Please proceed to G.6 of Section 2.**

**Australian Registered Charity or Deceased Estate**

**Please proceed to G.6 of Section 2.**

**A Foreign Charity or an Active Non-Financial Entity**

(The trust is a non-Australian non-profit trust; or during the previous reporting period, less than 50% of the entity's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

**Please proceed to G.6 of Section 2.**

**Other**

(None of the above applies to the trust)

Is any one of the trust's beneficiaries, trustees, settlors or beneficial owners, a US citizen? NO  YES

Is any one of the trust's beneficiaries, trustees, settlors or beneficial owners, a resident of a country other than Australia for tax purposes? NO  / YES

*(Note: please select "Yes" if they are a dual resident in Australia and another country).*

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

*(If more space is required, please use a separate sheet and tick this box )*

**Please proceed to G.6 of Section 2.**

**G.6 DOCUMENTS TO PROVIDE**

**ATTACH:** Certified copy of the current Australian driver's licence or passport of each Beneficial Owner and Appointer listed in G.4 of Section 2); and

**ATTACH:** Certified copy of the Trust Deed. If an extract of the Trust Deed is provided, at a minimum, the certified copy of the following pages must be included:

1. The cover page;
2. The page which documents who the name of the trust and the trustee;
3. The page with the date of the Trust Deed;
4. The signed pages of the Trust Deed;
5. The page that lists the name and/or class of the beneficiaries of the trust; and
6. The page which documents the name of the settlor.

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to G.7 of Section 2.**

**G.7 TYPE OF TRUSTEE**

**SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED**

**INDIVIDUAL TRUSTEES – complete G.8 of Section 2.**

**CORPORATE TRUSTEE – complete C. Australian Company of Section 2 for Australian corporate trustee or D. Foreign Company for foreign corporate trustee.**



## G.8 INDIVIDUAL TRUSTEE

How many individual trustees are there? \_\_\_\_\_. Please provide details of ALL individual trustees below:

### Trustee 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

### Trustee 2:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

### Trustee 3:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

### Trustee 4:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

What is your occupation?  Retired  Other - please describe: \_\_\_\_\_

**ATTACH: Certified copy of current Australian driver's licence or passport of each individual trustee**

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 3.**

## H. ASSOCIATION / REGISTERED CO-OPERATIVE

### H.1 ASSOCIATION / REGISTERED CO-OPERATIVE DETAILS

The investor is a:  incorporated association /  unincorporated association /  registered co-operative

Full name of association/registered co-operative: \_\_\_\_\_

Provide the ID number (if any) issued upon incorporation/registration: \_\_\_\_\_

Describe the objects/purpose/main activity of the association or co-operative: \_\_\_\_\_

Principal place of administration/operations (street address only): \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Registered office address (if different to the principal place of administration/operations) (street address only):

\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Note:** This postal address will be used for all account correspondence.

Phone no. (\_\_\_\_) \_\_\_\_\_

Facsimile no. (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

## H.2 OFFICER DETAILS

Provide details of the following officers (or equivalent member of the governing committee, howsoever described by the association or co-operative):  
**Chairman /President** (or equivalent):

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Secretary** (or equivalent):

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Treasurer** (or equivalent):

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Public Officer of the Incorporated Association** (if any):

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Member of the Unincorporated Association** (only applicable if this Application Form is signed by such member):

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

## H.3 BENEFICIAL OWNER DETAILS

Are there any beneficial owners (i.e. individuals who directly or indirectly control the association or registered co-operative) who are different to the officers listed in H.2?

No /  Yes – if 'Yes', please provide the details of the beneficial owners:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Role: \_\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

(If there are more beneficial owners, provide details on a separate sheet and tick this box )

### H.3 TAX CERTIFICATION

Is the association or registered co-operative a tax resident of a country outside of Australia? NO  / YES  If 'Yes, please complete table below.

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

### H.4 DOCUMENTS TO PROVIDE

#### Associations (incorporated and unincorporated)

- ATTACH: Certified copy of the constitution/rules of the association; and
- ATTACH: Certified copy of the current Australian driver's licence or passport of each officer listed in H.2 of Section 2; and
- ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in H.3 of Section 2.

#### Registered Co-operatives

- ATTACH: Certified copy of the register maintained by the co-operative; and
- ATTACH: Certified copy of the current Australian driver's licence or passport of each officer listed in H.2 of Section 2; and
- ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in H.3 of Section 2.

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 3.**

### I. GOVERNMENT BODY

#### I.1 GOVERNMENT BODY DETAILS

Full name of government body: \_\_\_\_\_

Principal place of operations (street address only): \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**Note:** This postal address will be used for all account correspondence.

Phone no. (\_\_\_\_) \_\_\_\_\_

Facsimile no. (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Legislation establishing the government body: \_\_\_\_\_

#### I.2 GOVERNMENT INFORMATION

Select ONE of the following categories that apply to the government body.

- Commonwealth of Australia Government Body - **Please proceed to I.4 of Section 2.**
- Australian State or Territory Government Body - Please specify State or Territory: \_\_\_\_\_  
**Please proceed to I.4 of Section 2.**
- Foreign (non-Australian) Government Body - Please specify foreign country: \_\_\_\_\_  
**Please proceed to I.3 of Section 2.**

### I.3 BENEFICIAL OWNER DETAILS

This section is to be completed by a **foreign government body** only.

Please provide details of all individuals that directly or indirectly control the government body, such as the Chairman, President, Treasurer or Secretary of the government body.

**Beneficial Owner 1:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Please describe role: \_\_\_\_\_

**Beneficial Owner 2:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Please describe role: \_\_\_\_\_

**Beneficial Owner 3:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Please describe role: \_\_\_\_\_

**Beneficial Owner 4:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Please describe role: \_\_\_\_\_

*(If there are more beneficial owners, provide details on a separate sheet and tick this box )*

#### I.4 DOCUMENTS TO PROVIDE

##### Australian Government Bodies

**NO ATTACHMENT REQUIRED**

*Please proceed to Section 3.*

##### Foreign Government Bodies

ATTACH: Certified copy of the extract of the legislation establishing the government body; and

ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in I.3 of Section 2.

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

*Please proceed to Section 3.*

### Section 3 – Application Amount and Payment Details

Fund Name	APIR Code	ISIN	Initial investment (\$)
Firetrail S3 Global Opportunities Fund (Managed Fund) – class A units	WHT7794AU	AU60WHT77947	
Firetrail S3 Global Opportunities Fund (Hedged) – class A units	WHT4609AU	AU60WHT46090	
Firetrail Australian Small Companies Fund – Active ETF	WHT3093AU	AU60WHT30938	

Minimum initial investment amount is \$20,000 or as agreed with the Responsible Entity.

#### 3.a Source of Investment

Please identify the source of your investment:

Investor 1:

- Gainful employment/savings   
  Inheritance/gift   
  Financial investments   
  Business activity  
 Superannuation savings   
  Other – please specify: \_\_\_\_\_

Investor 2 (for joint account):

- Gainful employment/savings   
  Inheritance/gift   
  Financial investments   
  Business activity  
 Superannuation savings   
  Other – please specify: \_\_\_\_\_

#### 3.b Payment Details

Please see page 2 of this application form for payment instructions.

**Please note:**

Ensure that the original application is posted in the mail to Registry or you can apply online at <https://apply.automic.com.au/S3GO>

**Post:**

Firetrail Investments Pty Limited  
 c/- Automic Group  
 GPO Box 5193  
 SYDNEY NSW 2001

\*For the purposes of satisfying AML requirements, an existing client is one that currently has an account in a Pinnacle fund held by Registry have not changed. Please complete Section 2 if any details have changed.

#### Section 4 – Distribution Election

##### DISTRIBUTION

Please specify how you would like any distributions from the Fund to be paid. I/we wish to have my distributions\*

- Reinvested as additional units in the Fund\*, or
- Paid in cash (Australian dollars only) into my/our account below\*\*

\* Unless otherwise instructed, distributions will be reinvested in additional units.

\*\* Where distributions are paid directly to a bank account, they will only be paid in Australian (AUD) dollars.  
Bank account details stated on the Application Form should be for an account that will receive and accept AUD payments.

##### 4.a Nominated Bank Account

**Note: We can not transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s).**

**For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.**

Bank account details for **distributions**:

Bank \_\_\_\_\_  
Account Name \_\_\_\_\_  
BSB No \_\_\_\_\_ Account No \_\_\_\_\_

Bank account details for **withdrawals** if different from above:

Bank \_\_\_\_\_  
Account Name \_\_\_\_\_  
BSB No \_\_\_\_\_ Account No \_\_\_\_\_

#### Section 5 – Information you may receive

##### Account information

We are required by law to send information including transaction advices and holding statements in relation to your account.

##### Annual Financial Reports

The Annual Financial Reports of the Fund will be available in a timely, cost effective and environmentally friendly manner via our website at [www.firetrail.com](http://www.firetrail.com) by 30 September each year.

**Section 6 – Adviser Access of your Account Information**

By filling in this section, you consent to give your financial adviser access to your statements (including via email).

Adviser Name \_\_\_\_\_

Name of Advisory Firm and / or Dealer Group \_\_\_\_\_

AFSL Number \_\_\_\_\_ Adviser Number \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone no. (\_\_\_\_) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Facsimile no. (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Section 7 – Tax File Number (TFN) Notification or Exemption**

You may choose to quote your Australian TFN or claim an exemption in relation to your investments in the Fund by completing this section. Collection of your TFN is authorised, and its use and disclosure are strictly regulated by the tax laws and Privacy Act. It is not an offence if you do not quote your Tax File Number or a valid exemption. However, if you do not, and you do not provide appropriate exemption information, we are required to withhold tax at the highest marginal tax rate from all income distributions made to you.

**Note:** For Trusts and Superannuation Funds – provide the TFN of the Trust or Super Fund. TFNs for trustees cannot be accepted.  
 For adults/guardians acting on behalf of a minor – provide the TFN of the adult/guardian AND the minor where indicated.

**Investor 1**

Full Name: \_\_\_\_\_

Tax File Number : \_\_\_\_\_

Basis for Tax File Number exemption (if applicable):

**Investor 2 (if joint account)**

Full Name: \_\_\_\_\_

Tax File Number : \_\_\_\_\_

Basis for Tax File Number exemption (if applicable):

**Minor (if applicable)**

Full Name: \_\_\_\_\_

Tax File Number : \_\_\_\_\_

Basis for Tax File Number exemption (if applicable):

**Section 8 – Consumer Attributes**

To assist the RE in meeting the Design and Distribution Obligations, you are required to indicate your consumer attributes in response to each of the questions set out below. These attributes should reflect your current objectives, financial situation and needs. Please tick only 1 box for each question below.

Further information in relation to these questions can be found in the Target Market Determination (TMD) for the relevant Fund you are investing in, which can be accessed at <https://firetrail.com/>.

What is your primary investment objective?

Capital growth       Capital preservation       Capital guaranteed       Regular income

---

What is your intended use of this investment in your investment portfolio?

Standalone (75-100%)       Core component (25-75%)       Small allocation (0-25%)

---

What is your intended investment timeframe?



<input type="checkbox"/> Short ( $\leq 2$ years) <input type="checkbox"/> Medium ( $> 2$ years) <input type="checkbox"/> Long ( $> 8$ years)
What is your tolerance for risk (your ability to bear loss)? <input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
What do you anticipate your withdrawal needs may be? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Have you received personal advice prior to applying to invest and is your investment consistent with that advice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please note: 1. Failure to complete the above questions may result in your application not being accepted. 2. Acceptance of your application should not be taken as a representation or confirmation that an investment in the relevant Fund you are investing in is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions. 3. For further information on the suitability of this product, please refer to your financial adviser and/or the TMD.

### Section 9 – Declaration and Application Signature

I/We declare that I/we:

- have read and understood in full the relevant PDS and Additional Information to the PDS to which this application relates, which is available at [www.firetrail.com](http://www.firetrail.com);
- agree that the terms and conditions of the PDS and Additional Information to the PDS form part of this declaration;
- have read, understood and agree to all declarations, conditions and acknowledgements contained in the PDS and Additional Information to the PDS, specifically the terms and conditions in the 'Additional Information' section of the PDS or Additional Information to the PDS;
- acknowledge that the Responsible Entity may require us to provide any additional documentation or other information to enable compliance with any laws relating to anti-money laundering and counter terrorism financing ('AML/CTF') or any other law, including the Foreign Account Tax Compliance Act ('FATCA') and OECD Common Reporting Standard ('CRS');
- acknowledge, accept and declare that all the details given in this application are true and correct, and I/we undertake
- to inform you of any changes to the information supplied as and when they occur;
- have received and accepted this offer in Australia or New Zealand;
- have received personally a complete and unaltered latest PDS and Additional Information to the PDS prior to completing the Application Form;
- certify that if we are signing under a Power of Attorney, the Power of Attorney has not been revoked; and
- confirm that the details of my/our investment can be provided to the specified adviser group by the means and format that they direct.

### Section 9A – Account Operating Authority

Please indicate how you wish to operate your Account.

- Any one of us to sign**, or
- All of us to sign**, or
- Any two of us to sign**

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others.

If you do not select an option, we will assume that 'any one of us to sign' option will apply.

### Section 9B - Signatory

#### Signatory Requirements

- **Individual Investor** – the individual investor must sign (if adult is acting as trustee for minor, the adult/guardian must sign)
- **Joint Applicants** – all investors must sign
- **Company** – at least two directors; or a director and company secretary; or by sole director (where applicable), must sign. If signing as authorised signatories of the company, a certified copy of the authorised signatory list must be provided.
- **SMSF** – all individual trustees or directors of the corporate trustee must sign
- **Trusts** – all individual trustees must sign; if a corporate trustee, then sign as for a company
- **Partnership** – each partner must sign
- **Association or registered co-operative** – each office bearer must sign
- **Government Body** – relevant principal officer/authorised signatory must sign
- **Power of Attorney** – If signing under a Power of Attorney, please attach an original certified copy of the Power of Attorney. The front page and the signature pages of the document must be certified at a minimum. Provide an original certified copy of identification documents for the Attorney(s) as required for individuals (i.e. Australian Driver's Licence or photo page of current Passport) or company (refer to C.6 or D.6 of section 2). All Attorneys must be identified.

- **Authorised representatives** – to appoint an individual or company as your authorised representative to: apply for units in the Fund(s) and sign all documents necessary for this purpose; and make requests to redeem all or some of your units, please complete the Authorised Representative Form (Individual or Company) and attach it to this Application Form.

#### Signatory 1

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Surname \_\_\_\_\_  
Given Name/s \_\_\_\_\_  
Capacity  
 Sole Director  Individual  
 Director  Office Holder  
 Partner  Trustee

#### Signatory 2

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Surname \_\_\_\_\_  
Given Name/s \_\_\_\_\_  
Capacity  
 Director  Individual (joint account)  
 Office Holder  Trustee  
 Partner

#### Signatory 3

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Surname \_\_\_\_\_  
Given Name/s \_\_\_\_\_  
Capacity  
 Director  Office Holder  
 Partner  Trustee

#### Signatory 4

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Surname \_\_\_\_\_  
Given Name/s \_\_\_\_\_  
Capacity  
 Director  Office Holder  
 Partner  Trustee

#### Post completed Application Form and accompanying documents to:

Firetrail Investments Pty Limited  
c/- Automic Group  
GPO Box 5193  
SYDNEY NSW 2001

Contact the registry  
Email: [Firetrail@automicgroup.com.au](mailto:Firetrail@automicgroup.com.au)  
Phone 1300 902 587  
International: +61 2 7208 4521