

# Wholesale Global Equity - Value Fund **Application form**

Issuer and Responsible Entity ipac Asset Management Limited (ABN 22 003 257 225, AFSL 234655) referred to in this form as 'the Responsible

Fund Services Provider National Mutual Funds Management Ltd (ABN 32 006 787 720, AFSL 234652) referred to in this form as 'NMFM', 'we'

Please ensure that you have read the most up-to-date Product Disclosure Statement (PDS) for the relevant fund and any PDS updates where applicable, prior to completing this application form. To ensure that you have the most up-to-date PDS please check with your financial adviser, visit amp.com.au/investments or call us on 133 267.

Please use a black pen and print in CAPITAL LETTERS.

# Notes to the application form

# 1. Completing the application form

All applicants must complete the following sections of the application form:

Section 1: Applicant details Section 2: Investment amount(s)

Section 3: Distributions

Section 6: Acknowledgements & applicant signature(s)

We cannot knowingly accept an application from a person under the age of 18.

# 2. Applicant details and signature

### Individuals

Applications must be signed personally or under a power of attorney. A certified copy of the power of attorney (including confirmation from the attorney that it has not been revoked) must be provided.

## Joint applicants

Joint applicants must each provide their full names and sign the application form. All correspondence regarding the investment (including the payment of distributions and withdrawals) will be sent to the first named applicant.

Joint applicants are treated as joint tenants. This means that if one of the joint applicants dies, only the other joint applicants will be recognised as having any claim to the investment.

### Companies

A company must sign the application form in one of the following

- two directors, or
- one director and one secretary, or
- the sole director who is also the sole secretary, or
- otherwise in accordance with its constitution (in this case a certified copy of the relevant sections of the company's constitution must be provided).

### **Trustees**

Applications by trustees on behalf of a partnership, superannuation fund, other trust or person under the age of 18 must be made in the name of the trustee and signed by the trustee. Only the trustee will be recognised as having any claim to the investment.

### 3. Payment

Please see Section 2 for the details of payment and investment amount. If you are paying by cheque and applying for units in more than one fund, a separate cheque for each fund must be provided. Your cheque must be:

- made out to 'ipac Wholesale Global Equity Value <investor name>', and
- crossed 'Not negotiable'.

All applications must be denominated in Australian dollars.

Please refer to **Section 2 - Investment amounts** for direct deposit options.

Issue date: 30 September 2022

Issued by: ipac Asset Management Limited

### 4. Tax file number

If you are an Australian resident you can choose whether or not to quote your tax file number (TFN) on the application form. If you do not quote your TFN or do not claim an exemption from quoting your TFN, the taxation laws require us to withhold tax from distributions paid to you and that tax be paid at the maximum marginal rate (plus Medicare levy).

Collection, use and disclosure of this information is authorised and strictly regulated by the tax laws and the Privacy Act.

If you are providing TFN information, it must be provided by the holder of the TFN or a person authorised to do so. Joint applicants must provide the TFNs of at least two applicants. If the applicant is a company, the company's TFN must be provided. Trustees must quote the TFN of the relevant trust.

We recommend that non-resident investors seek taxation advice.

Further information about the TFN requirements can be obtained from the Australian Taxation Office.

### 5. Delivery

Please send your completed application form and cheque to us at:

National Mutual Funds Management Ltd Reply Paid 125 Parramatta NSW 2124

# Type of application

The Product Disclosure Statement (PDS) contains important information about investing in the Fund. Please read the PDS and online updates where applicable, before applying for units in the Fund. If you give another person access to this application form, you must at the same time and by the same means give the other person access to the PDS and any online updates. We will send you a paper copy of the PDS, any supplementary documents and the application form on request and free of charge.

When completing this application form please refer to the instructions in 'Notes to the application form' on page 1.

Everyday savings (eg frequent deposits and withdrawals)

Type of application - Please tick:		
New application - cor	- complete section below and then go to <b>Section 1, Part A</b>	
Additional application - cor	mplete section below and then go to <b>Section 1, Part B</b>	
Existing investors only - Investor number: T		
Individual investor/Joint investor/Sole trader		
Investor 1 (Individual/Sole trader)	Investor 2 (Joint investors)	
What is the nature and purpose of your business relationship NMFM? (Choose the one most relevant option)	with What is the nature and purpose of your business relationship with NMFM? (Choose the one most relevant option)	
Building wealth (eg a large initial deposit, using invest returns to grow your wealth over time)	ment Building wealth (eg a large initial deposit, using investment returns to grow your wealth over time)	
Business income (eg regular deposits and withdrawals expenses - mostly for non-individuals)	Business income (eg regular deposits and withdrawals for expenses - mostly for non-individuals)	
Savings (eg regular deposit with few withdrawals, earn interest to grow your balance)	ning Savings (eg regular deposit with few withdrawals, earning interest to grow your balance)	
Everyday savings (eg frequent deposits and withdrawa	Everyday savings (eg frequent deposits and withdrawals)	
OR		
Non-individual investors - Company/Trust/Supera	nnuation fund or other entity	
What is the nature and purpose of your business relationship with NMFM? (Choose the one most relevant option)		
Building wealth (eg a large initial deposit, using investment returns to grow your wealth over time)		
Business income (eg regular deposits and withdrawals for expenses - mostly for non-individuals)		
Savings (eg regular deposit with few withdrawals, earning interest to grow your balance)		

# Verifying your identity

If you do not have an adviser, after completing this application form, please ensure that you also complete and attach the relevant 'Know your client' form (and identification documents), to enable us to verify your identity and meet our legal obligations (including those under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006).

Please tick to indicate		Please complete the following 'Know your client' form and submit all relevant documents with your application
	Individual, Joint Investors and Sole Trader	Available online at amp.com.au/identification-investments
	Australian Company	Available online at amp.com.au/identification-investments
	Foreign Company	Available online at amp.com.au/identification-investments
	Partnerships	Available online at amp.com.au/identification-investments
	Trust and Superannuation Fund	Available online at amp.com.au/identification-investments
	Government Body	Available online at amp.com.au/identification-investments
	Association and Registered Co-Operative	Available online at amp.com.au/identification-investments
	Charity	Please contact our Client Services Team on 133 267 for the forms you will need to complete.

# Section 1 - Application details

Complete Part 1A if you are a new investor. Existing investors go to Part 1B.

Existing and new investors (or their agents or attorneys, if applicable) must then complete the remainder of this section.

1A. New investor details				
INDIV	/IDUAL INVESTOR/JOINT INVESTOR/SOLE TRADER			
Inves	tor 1 (Individual/Sole trader)	Investor 2 (Joir	t investors)	
Title	Surname	Title	Surname	
Giver	Date of birth (dd/mm/yyyy)	Given name(s)		Date of birth (dd/mm/yyyy)
TFN (	(or exemption code)	TFN (or exemp	tion code)	
Source of wealth Select how you have built your wealth in order to invest with NMFM (choose the <b>one</b> most relevant response).		Source of wealth Select how you have built your wealth in order to invest with NMFM (choose the one most relevant response).		
	Business income	Busines	s income	
	Investment income (eg rent, dividends, pension)	Investm	ent income (eg rent, div	ridends, pension)
	Sale of assets (eg property, company)	Sale of assets (eg property, company)		
	Income from employment - regular and/or bonus	Income	from employment - reg	ular and/or bonus
Windfall (eg gift, lottery winnings, gambling)		Windfall (eg gift, lottery winnings, gambling)		
One-off payment (eg matured investment, court settlement, redundancy, inheritance)		One-off payment (eg matured investment, court settlement redundancy, inheritance)		
	INDIVIDUAL INVESTORS - COMPANY/TRUST/SUPERANNUATION ame of company/trust/superannuation fund/custodian or othe		ENTITY	
	re of wealth t how you have built your wealth in order to invest with NMFM (	choose the <b>one</b> r	nost relevant response).	
	Business income			
	Investment income (eg rent, dividends, pension)			
	Sale of assets (eg property, company)			
	Income from employment - regular and/or bonus			
	Windfall (eg gift, lottery winnings, gambling)			
	One-off payment (eg matured investment, court settlement, re	edundancy, inher	itance)	

If you have a financial adviser, please ensure your financial adviser completes Section 7. If you do NOT have a financial adviser, please refer to page 3 for the 'Know your client' form which you also need to complete and attached and provide to us with the relevant supporting documentation.

<b>Existing investors:</b> If you wish to change the cor	ntact details previously prov	ided to us, please indica	ite by ticking this box
otherwise go to Part 1C.			
New investors: Please provide one set of contac	t details that we can use fo	all communications wi	ith you.
Contact name			
Unit number Street number	PO Box No.	Street name	
Suburb/Town		State	Postcode
Country			
Phone	Fax		
( )			
Mobile	Email		
<b>Please note:</b> By providing your email address, yo circumstances, we may still need to send you let us.			
Fund annual reports			
Fund annual reports are made available online a would prefer to receive a copy, free of charge, ple			e financial year end for the Fund. If you
email address shown in Part 1B above	address sh	own in Part 1B above	
Please note that the election above will be appli please contact us.	ied to your current and futu	re holdings in any fund	we manage. To change your preference,
1C. Tax residency of applicant			
Is any:			
<ul> <li>individual investor</li> <li>entity investor (eg company, trust, partner</li> <li>director of any investor, or</li> <li>beneficial owner or controlling person of a</li> </ul>	·		
making this application a foreign tax resident? (	US citizens, and tax residen	ts should answer ' <b>Yes</b> ')	
Yes - you will need to complete an addition	nal form - see notes below*		
No			
Please note: We cannot accept and process a	pplications if this question	is unanswered, and if yo	ou have not provided the information

1B. Contact details

<sup>\*</sup> If 'Yes', and you are a **new investor**, please ensure you also complete the relevant 'Know Your Client' form and sign and submit this with your application/subscription form. The forms are available at **amp.com.au/identification-investments**.

<sup>\*</sup> If 'Yes', and you are investing in a new fund or opening a new account, (ie you have already been identified by us for Anti-Money Laundering and Counter-Terrorism Financing purposes), please ensure you complete the relevant 'Tax Status Declaration' form and sign and submit this with your application/subscription form. The forms are available at amp.com.au/identification-investments.

# 1D. Foreign investment identity

Is any:

- individual investor
- entity investor (eg company, trust, partnership)
- beneficial owner or controlling person of any investor,

making this application:

- an individual that is not ordinarily resident in Australia
- a foreign government or foreign government investor
- a corporation, trustee of a trust or general partner of a limited partnership where an individual not ordinarily resident in Australia, foreign corporation or foreign government holds a substantial interest of at least 20%, or
- a corporation, trustee of a trust or general partner of a limited partnership in which two or more foreign persons hold an aggregate substantial interest of at least 40%?

	substantial interest of at least 40%?
	Yes*
	No
*If ' <b>Y</b> (	es', please select the response that best describes your circumstances below:
	I am/We are an individual that is not ordinarily resident in Australia
	I am/We are a foreign government or foreign government investor
	I am/We are a corporation, trustee of a trust or general partner of a limited partnership where an individual not ordinarily resident in Australia, foreign corporation or foreign government holds a substantial interest of at least 20%, or
	I am/We are a corporation, trustee of a trust or general partner of a limited partnership in which two or more foreign persons hold an aggregate substantial interest of at least 40%.

Section 2 -	maractus of	at amagumte
Section 2 -	III Wasii III (a	III amiovinis

# **Investment details** Please indicate the amount you are investing and the payment method. Investment by Investment by direct Amount\* cheque deposit \$ \*minimum initial investment \$25,000, minimum additional investment \$1,000 Source of funds Select how you have sourced these funds to invest with NMFM (choose the one most relevant response). Borrowed funds Business income Investment income (eg rent, dividends, pension) Windfall (eg gift, lottery winnings, gambling) Income from employment - regular and/or bonus Government benefits (eg childcare rebate, family tax benefit) One-off payment (eg matured investment, court settlement, Sale of assets (eg property, company) redundancy, inheritance) Direct deposit Account name Bank BSB No. Bank Account No. 401038 ipac Asset Management Ltd Westpac 033-230 Please ensure the full name of the investor is provided and use the Fund name as reference.

### Cheques

Postal address for cheques

National Mutual Funds Management Ltd Reply Paid 125 Parramatta NSW 2124

Cheques should be crossed 'Not negotiable' and made payable to 'ipac - Wholesale Global Equity - Value - <Investor name>'

# Distributions are to be (please tick one box): reinvested in the Fund in the form of additional units in the same class units paid to the first named applicant's Australian bank or financial institutional account (if you select this option you must provide account details below). If you do not select either of the above your distributions will be automatically reinvested in the Fund. Account details Account name BSB Account number Branch address

**Section 3 - Distributions** 

Please note that your nominated account must be an Australian bank, building society or credit union account, not a credit card account.

Sect	tion 4 - Client advice fee	
lient	t advice fee?	No
f yes,	, please specify below the details	of the payments you would like to make to your financial adviser directly from your Fund:
1.	Client advice fee - ongoing	
		Yes No
		Monthly deduction Quarterly deduction
	% of account balance	%
	OR	
	\$ p.a.	\$
	Start date (dd/mm/yyyy)	
		ne payment will be deducted on your quarterly anniversary date. ; is subject to a maximum payment amount equal to 3% of your account balance per annum (calculated
2.	Client advice fee - additional	Yes No
	Your client advice fee - addition	al payment will be deducted within five days of receiving your instruction.
	% of account balance	%
	OR	
	\$ p.a.	\$
	Dollar amount based on a calcu	lation of:
	% of contribution	%
	Contribution amount	\$
	Dollar amount	\$

**Note**: Client advice fees are treated as a redemption and are subject to all the terms and conditions concerning redemptions.

# **Section 5 - Lenders interest**

Enter details of a lender as the mortgagee of your units (these details will be included on the register). Lenders' name (please print) Lender's address Street number and name Town/Suburb State Postcode Country Contact person (if known) Mr Mrs Miss Ms Other (please specify) Surname (please print) Given name(s) Position Telephone

### Section 6 - Acknowledgement and Signature(s)

I/we acknowledge and agree to the following, in relation to the Fund in which I am/we are applying for units:

- I/we have received and read the current PDS and any PDS updates and understand that this application is made subject to the terms and conditions of that PDS. I/we agree to be bound by the terms of that PDS
- this application is made subject to the Fund's constitution as amended from time to time
- if my/our application is not accepted in full, I/we agree to accept the number of units issued to me/us
- to the maximum extent permitted by law I/we release, discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the facilities and options offered
- if any action is taken or payment is made in accordance with the conditions of any facility or option offered, and that action or payment is later found not to have been authorised by me/us or my/our authorised representative, neither I nor anyone claiming through me can claim against the responsible entity
- additional applications are subject to the terms and conditions of the current PDS and application form
- my personal details being provided to my financial adviser and their agents, and
- privacy (applicable to personal investors only): I/we have read and understood the privacy disclosure statement contained in the PDS and agree to information about me/us being collected, used and disclosed as referred to under 'Your privacy' in the PDS (or in the 'Incorporated information' document if available), including for marketing purposes or in connection with any other product or service. I/we acknowledge that I/we can opt out from receiving direct marketing by telephoning 133 267.

INDIVIDUALS ONLY (APPLICANT OR ATTORNEY)	
Signature	Date (dd/mm/yyyy)
X	
^	
Signature	Date (dd/mm/yyyy)
V	
X	
L Signature	Date (dd/mm/yyyy)
V	
X	
L Account operating instructions for joint applican	ts:
any applicant to sign	all applicants to sign
Please note: If you fail to select one of these option	ons then we will require <b>all</b> applicants to sign.
COMPANIES ONLY	
This document was executed by the applicant in	accordance with its constitution and the Corporations Act:
Signature	Date (dd/mm/yyyy)
V	
X	
Print name	Office held (eg director/secretary/attorney/trustee)
Signature	Date (dd/mm/yyyy)
X	
Print name	Office held (eg director/secretary/attorney/trustee)
Please post your completed form to:	
icase post Jour completed form to.	

Applicants should refer to Section 2 of the 'Notes to the application form' for instructions on how to sign this application form.

National Mutual Funds Management Ltd Reply Paid 125 Parramatta NSW 2124

	procedure for the above listed client as required under the AML/CTF shted documents correspond with the client details contained in the
Copy of ID document(s):	
Not attached	
Do not tick this box unless you have confirmed with your lice Group entity that contains the relevant customer identificat	ensee that they have entered into a licensee agreement with an AMP ion obligations.
Attached	
Please provide either:	
<ul> <li>documentation for the Australian company, trust or partnersh</li> <li>documentation for an individual (where required).</li> </ul>	nip, or
Financial adviser's name	Telephone
AFS licensee name	Adviser number
Financial adviser signature	Date (dd/mm/yyyy)
V	
<b>X</b>	

# Contact details

# **Client Services**

**T:** 133 267 8.30am - 5.30pm Sydney time Monday to Friday F: 1800 188 267 E: ampinvestments@amp.com.au W: amp.com.au/investments

Section 7 - Adviser use only