



Mutual Limited

This booklet contains the Application Form for the Mutual Limited Managed Investment Scheme, MIF Product Disclosure Statement dated 5 March 2020 ('PDS'). An application to invest in MIF ('the Fund') can only be made using this Application Form.

Please ensure you read and understand the PDS before making an application. Mutual Limited (ABN 42 010 338 324, AFS Licence 230347) (Mutual Limited, 'we', 'us', 'our', in this Application Form), is the issuer of units in the Fund.

MIF

ARSN 162 978 181

APPLICATION FORM

If you are investing through an IDPS Scheme, the operator of the Scheme will complete an Application Form for you.

DO NOT COMPLETE THIS APPLICATION FORM

Contact Details

Responsible Entity
Mutual Limited
ABN 42 010 338 324
AFSL 230347

Telephone: + 61 3 8681 1900
Email: mutual@mutualltd.com.au
Website: www.mutualltd.com.au

Fund Administrator
Austock Financial Services Pty Ltd
ABN 51 053 513 438

Postal Address
PO Box 263
Collins Street West Vic 8007
Email: mutual@genlife.com.au
Facsimile: + 61 3 9200 2275



Mutual Limited

Privacy Statement

This Privacy Statement relates to personal investor information collected by Mutual Limited.

We may be contacted as follows:

Telephone: + 61 3 8681 1900

Email: mutual@mutualltd.com.au

How we collect information

Where it is practicable to do so, we will collect investor information directly from the investor to whom the information relates. However, we may need to sometimes, collect information from a third party and it is the third party's responsibility to notify the investor about the disclosure of their personal information to us.

Why we collect information

We collect personal investor information for the primary purpose of providing financial products and services. This may include verifying identity, managing your investment, managing and resolving complaints and providing notices and statements.

Consequences of not collecting personal information

If we are unable to collect personal investor information, it may prevent or delay the processing of the Application Form or other requests, prevent us from contacting you, or cause tax consequences.

Other entities to which personal information may be disclosed

We engage a number of third-party service providers to assist us in providing products and services.

We may disclose personal information to these service providers, which will usually include your financial adviser (if nominated), the fund administrator, our legal advisers, auditors, research companies and information technology providers. When disclosing personal information to third party service providers we will seek to ensure that they comply with the Privacy Act 1988 as amended. We may also disclose personal information to Government bodies, or other entities as required by law.

Our Privacy Policy

More information on our Privacy Policy may be obtained from Mutual's website at www.mutualltd.com.au or by calling our office during business hours. Our Privacy Policy also includes information about how you can get access to information we hold about you, how to seek amendment of that information, how to make complaints about privacy and how we will deal with those complaints.

Anti-Money Laundering and Counter Terrorism Financing Act 2006

Mutual is subject to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF Laws). To comply with AML/CTF Laws, Mutual is required to verify the identity of all new investors. This means we must verify certain information about you, and to do this we need to collect certain identity verification documentation.

For certain types of investors, such as politically exposed persons ('PEPs'), we may need to obtain additional information. In certain circumstances, AML/CTF Laws may require us to seek further information from you in relation to the source of your funds for this investment.

If we do not receive the necessary identity verification documentation with your Application Form, or we are unable to verify your identity, we might be delayed or not able to establish your investment. In addition, withdrawals or transfers may not be processed if we do not receive further information or documents reasonably requested. This also applies to individuals who are authorised third party signatories on your account.

We will be unable to process your Application without completed customer identification details and adequate identification documentation.

We may also ask for further information and documents from you at any time. If you do not provide the documents, we may refuse to accept your investment application or to pay a withdrawal.

You must not knowingly do anything to put us in breach of the AML/CTF Laws and you agree to notify us of anything that would put us in breach of AML/CTF Laws. If requested, you agree to provide additional information and assistance and comply with all reasonable requests to facilitate our compliance with AML/CTF Laws in Australia or an equivalent overseas jurisdiction. You represent and warrant that you are not aware and have no reason to suspect that:

- the money used to fund your investment in the Fund is derived from or related to money laundering, terrorism financing or similar illegal activities; and
- proceeds of investments made pursuant to this Application Form will fund illegal activities.

In making an application pursuant to these terms and conditions and in connection with AML/CTF Laws, you consent to us disclosing any of your personal information (as defined in the Privacy Act 1988 (Cth)) which we may have.



In certain circumstances, Mutual may be obliged to freeze or block access to your investment where it is used in connection with illegal activities or suspected illegal activities. Freezing or blocking can arise as a result of Mutual's account monitoring obligations pursuant to AML/CTF Laws. If this occurs, we are not liable to you for any consequences or losses whatsoever and you agree to indemnify us if we are found liable to a third party in connection with freezing or blocking of your account.

We retain the right not to process any application at our sole discretion.

Key beneficial ownership

Pursuant to AML/CTF Laws, we are required to verify the identity of certain individuals, who ultimately control and/or own (either directly or indirectly) a company or trust that is making an application. We refer to them as 'Key Beneficial Owners' because pursuant to AML/CTF Laws, they:

- have ultimate "control" of the company or trust as a result of, or by means of, trusts, agreements, arrangements, practices, and understandings and this includes them exercising control through the capacity to determine decisions about financial and operating policies; or
- own (either directly or indirectly) 25% or more of the company or trust.

Politically Exposed Persons ("PEPs")

To comply with AML/CTF Laws, Mutual requires you to disclose whether you (or any Key Beneficial Owners) are, or have an association with, a PEP.

A PEP is an individual who:

- holds a prominent public position or function in a government body or an international organisation (such as a government minister or senior government official; a high-ranking member of the armed forces; or a Chairman, CEO or CFO of an international organisation); or
- is an immediate family member of a person referred to above or is a close associate of that person.

Where you identify as a PEP, or you have an association with a PEP, we may request additional information from you and this may cause a delay in us being able to process your Application.

Identity verification documentation

Pursuant to AML/CTF Laws, we may need additional identity verification documentation and/or information about you or anyone acting on your behalf. You should be aware that we may be required to pass information,

that we hold about you or your investment, to relevant Government Authorities.

You have verification options for the kind of identity verification documentation that can be provided. Alternative types of identification may be acceptable under circumstances permitted under AML/CTF Laws. Please contact us for further information.

Identification through a financial adviser

If you have a financial adviser acting for you, they may be able to assist with your identity verification documentation to be lodged with this Application. To do this, your financial adviser may need to sight your original documents or may assist you with making certified copies.

Your financial adviser might also retain the certified copies and send them to us with your Application Form.

Alternatively, they may have entered into arrangements with us, for them to collect and verify your information on our behalf. If these arrangements are in place, you do not have to attach your identity verification documentation as your financial adviser will provide us with the required documentation.

Identification without a financial adviser

If you are investing directly without a financial adviser, you will need to obtain and provide us with certified copies of your identity verification documentation with your Application. Please refer to the "Document Certification" section below for a list of qualified people who can certify copies of your original documents.

Do not provide original documents as we will not return documents provided by you for the purposes of client identification.

Document certification

A certified true copy is a copy of a document that has been certified as a true copy of the original document. It may include a certified copy of a print out from an electronic source such as a website.

Some of the people who can certify copies of your original documents:

- officer with, or authorised representative of, a holder of an AFS Licence having two or more continuous years of service with one or more licensees;
- an accountant who is a Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants, with two or more years of continuous membership;



- a lawyer who is enrolled on the role of the Supreme Court of a State or Territory or the High Court of Australia;
- officer of a financial institution or finance company, with two or more continuous years of service, with one or more financial institutions or companies for the purposes of the Statutory Declaration Regulations 1993;
- agent of the Australian Postal Corporation, who is in charge of an office supplying postal services to the public;
- Police Officer;
- Justice of the Peace, Judge of a Court or Magistrate; or
- Notary public.

The person certifying the document must see the original and the copy they are to certify.

We suggest that the person certifying your Identity Verification Documentation use a statement, such as:

“I certify this to be a true copy of the original document, which was produced to me at the time of signing.”

The authorised person should also print their name and position/capacity.

Completing the Application Form

To apply to invest in the Fund and to enable your application to be processed in a timely manner, please complete the Application Form as follows:

- print in CAPITAL LETTERS;
- *Indicate your choices with a cross (X);*
- *If you make an error, do not use correction fluid. Simply cross out the mistake and initial your change.*
- *If you have a financial adviser who has advised you to invest, they should complete section 7 of the Application Form;*
- *Tax File Number Notification* – please refer to the information on collection of TFNs in the PDS;
- *Distributions* – you have two choices:
 - (a) your distributions will be reinvested by you to acquire additional units in the Fund; or
 - (b) your distributions can be paid into your nominated account with a bank or other financial institution.

Please indicate which option you prefer. If no preference is shown, your distributions will be reinvested;

- *Bank Account Details* – please complete all account details in the exact legal name of the Applicant. If you want to use a credit union account, you should first check that it is connected to the electronic banking system. You may use either a cheque account or savings account;
- *Financial Reports* – The fund is required to produce financial reports for each year ending 30 June. Where a fund is a disclosing entity or becomes a disclosing entity, it is then also required to produce financial reports for each half yearly period ending 31 December.

Where a fund is a disclosing entity or becomes a disclosing entity, we are required to provide investors with a copy of the Fund’s annual financial report. Investors have the option to OPT IN to receive the report or OPT OUT and not receive the report. See Section 8 of the Application Form.

- *Declaration* – it is important that you read and understand the declarations detailed in the Fund’s PDS and below prior to signing the Application Form. When signing the Application Form, you are taken to have read and confirmed the declarations.

Checklist

Before you submit the Application Form, ensure that you have correctly completed all items on the checklist below. Ensuring that all information and identity verification documentation is provided will assist in a smooth application process. This “Checklist” section is provided for your records and is not required by Mutual to process your application.

The following documents must be sent to the Fund Administrator:

- Application Form;
- certified copies of your Identity Verification Documentation, where required; and
- Application Monies.

Declaration by Applicant

By completing and signing the attached Application Form and investment authority, you:

- agree to be bound by the provisions of the constitution governing the Fund, as amended from time to time, a copy of which is available for your inspection;

- acknowledge the terms of Mutual’s Privacy Policy available at www.mutualld.com.au;
- confirm that you have received and read in full, a paper or electronic copy of the current PDS before completing this Application Form;
- where the Fund’s PDS has been received via the internet or other electronic means, declare that you have received it personally, or a printout of it, before making an application for units in the Fund;
- confirm that you are, or have received advice so as to be fully informed of the nature and risks associated with the Fund and that you are satisfied that the Fund is suitable for your own individual needs;
- acknowledge that neither Mutual nor its Authorised Representatives has provided you with any financial product advice and Mutual does not guarantee the performance of the Fund or the value of units;
- authorise Mutual to:
 - establish a Unit holding in your name;
 - make the investments you have selected; and
 - deduct from your Unit holding all fees and expenses incurred on your behalf including any dishonour or other fees that your financial institution may charge if there are insufficient cleared funds in your account or payment is dishonoured when you make an investment by cheque or electronic means;
- confirm that the details and information provided by you in the Application Form are true and correct and undertake to inform Mutual of any changes to the information supplied as and when they occur;
- consent to the collection and use of personal information by the Fund for the purposes specified;
- acknowledge that all redemptions are subject to the Constitution requirements as to redemption requests;
- understand and agree that Mutual may disclose information about you to courts, tribunals or as required by law, including to verify your identity as necessary for Mutual to comply with its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act;
- understand that Mutual may use your personal information for marketing to you, products and services offered by it and organisations with which it is affiliated or which it represents unless you have indicated that you do not wish to receive such information on the Application Form;
- understand and agree that Mutual may provide personal information to an external organisation that provides information technology services; and
- hereby irrevocably appoint Mutual and any Director, agent, attorney or substitute nominated by it, to be your attorney for the purpose of performing its duties under the Fund’s Constitution in relation to any investment which you make.

Returning Your Application Form

Return your completed Application Form as follows:

By Email: mutual@genlife.com.au

Or

By Facsimile: + 61 3 9200 2275

Or

By Post: Austock Financial Services Pty Ltd
PO Box 263
Collins Street West Vic 8007

Application Monies

Deposit your Application Monies via Electronic Funds Transfer (“EFT”) to the following account with reference to your unitholder code (if known) or your account name:

Class A Units

Name: Sandhurst Trustees Limited acf MIF
BSB: 083 817
Account No: 15 553 8964

Class B Units

Name: Sandhurst Trustees Limited acf
MIF - Class B
BSB: 083 817
Account No: 15 553 8817

Class C Units

Name: Sandhurst Trustees Limited acf
MIF - Class C
BSB: 083 817
Account No: 15 553 8753

or

Attach your cheque or money order to the Application Form. Please make cheques payable to “**Sandhurst Trustees Limited acf MIF / MIF Class B or Class C (as applicable)**”.



MIF - Application Form

(If you are investing through an IDPS Scheme, the operator of the Scheme will complete an Application Form for you. DO NOT COMPLETE THIS APPLICATION FORM.)

This Application Form accompanies the Product Disclosure Statement (PDS) for MIF (the “Fund”) issued on 5 March 2020. You should read the entire PDS (available from our website) in full before completing this Application Form.

SECTION 1 – TYPE OF APPLICATION

1A ARE YOU AN EXISTING INVESTOR?

| | | |
|--------------------------|--|----------------------|
| <input type="checkbox"/> | Yes - provide your investor number and name of investment and Complete section 5 | <input type="text"/> |
|--------------------------|--|----------------------|

| | |
|--------------------------|----|
| <input type="checkbox"/> | No |
|--------------------------|----|

1B PLEASE INDICATE WHAT TYPE OF INVESTOR YOU ARE

| | |
|--------------------------|---|
| <input type="checkbox"/> | Individual/Joint Investors/Sole Trader – Complete Sections 2, 5, 6, 7 and 8 |
|--------------------------|---|

| | |
|--------------------------|---|
| <input type="checkbox"/> | Companies or Incorporated Bodies - Go to Section 2 for Directors details and Section 3, 4 (if applicable) 5, 6, 7 and 8 |
|--------------------------|---|

| | |
|--------------------------|---|
| <input type="checkbox"/> | Trust (including trusts with individual trustees or corporate trustees) – Complete Section 2 for Individual Trustee details and Sections 4, 5, 6, 7 and 8 |
|--------------------------|---|

SECTION 2 – INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS (INCLUDING DIRECTORS AND TRUSTEES)

If there are more than two joint investors, you will need to complete a separate form for the additional joint investors. Directors and Individual Trustees are also required to complete this section in addition to Section 3 for Company or Incorporate Body applicants or Section 4 for Trust applicants.

2A APPLICANT 1

(Refer to Page ix for Identification requirements)

(Investment confirmation, payments, correspondence and statements will be sent to this investor)

Personal Details

| | | |
|----------------------|----------------------|----------------------|
| Title | Surname | Full Given Names |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|-------------------------|---|
| Any Other Name Known By | Gender |
| <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female |

| | |
|--|----------------------|
| Date of Birth | Occupation |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |

| | |
|---|----------------------|
| Tax File Number or Australian Business Number | <input type="text"/> |
|---|----------------------|

It is not compulsory for you to provide your TFN and it is not an offence if you decline to provide it. However, unless exempted, if your TFN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable taxes or levies.

Residential Address (cannot be a PO Box)

| | | |
|----------------------|----------------------|----------------------|
| Unit/Street No. | Street Name | Suburb |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



**SECTION 2 – INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS (INCLUDING DIRECTORS AND TRUSTEES) –
Continued**

Postal Address (if different from above) All correspondence will be sent to this postal address

| | | |
|----------------------|----------------------|----------------------|
| Unit/Street No. | Street Name | Suburb |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Contact Details

| | | | |
|---------------|----------------------|--------|----------------------|
| Home | <input type="text"/> | Mobile | <input type="text"/> |
| Email Address | <input type="text"/> | | |

This email address may be used for investor correspondence.

Identification Information

AML/CTF Laws require that we collect this information. Your Application cannot be processed without this information.

Are you a Politically Exposed Person? (Refer Page iii for further information) Yes No

Please select the source of your investment income? (select all applicable options)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Income from regular employment | <input type="checkbox"/> Income from investments | <input type="checkbox"/> Business Income | <input type="checkbox"/> Borrowed Funds |
| <input type="checkbox"/> Windfall (eg. gift, lottery) | <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

Please select the purpose of investment? (select all applicable options)

| | | | | |
|----------------------------------|---------------------------------|-------------------------------------|---|----------------------|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Income | <input type="checkbox"/> Retirement | <input type="checkbox"/> Other (please specify) | <input type="text"/> |
|----------------------------------|---------------------------------|-------------------------------------|---|----------------------|

Residency Status for tax purposes

Under FATCA and Common Reporting Standard ('CRS') laws, we are required to ask all investors to provide additional information about their tax residency.

Are you a tax resident of Australia? Yes No

Are you a tax resident of a country other than Australia or a US citizen? Yes No

If YES, you will need to complete the "Mutual FATCA/CRS Self Certification Form" and return to us with your Application Form. Download the Form at www.mutualld.com.au

2B APPLICANT 2

(Refer to Page ix for Identification requirements)

Personal Details

| | | |
|--|-------------------------------|---------------------------------|
| Title | Surname | Full Given Names |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Any Other Name Known By | Gender | |
| <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Date of Birth (DD-MM-YY) | Occupation | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | |
| Tax File Number or Australian Business Number | <input type="text"/> | |

It is not compulsory for you to provide your TFN and it is not an offence if you decline to provide it. However, unless exempted, if your TFN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable taxes or levies.

**SECTION 2 – INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS (INCLUDING DIRECTORS AND TRUSTEES) -
Continued**

Residential Address (cannot be a PO Box)

| | | |
|----------------------|----------------------|----------------------|
| Unit/Street No. | Street Name | Suburb |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Postal Address (if different from above) All correspondence will be sent to this postal address

| | | |
|----------------------|----------------------|----------------------|
| Unit/Street No. | Street Name | Suburb |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Contact Details

| | | | |
|---------------|----------------------|--------|----------------------|
| Home | <input type="text"/> | Mobile | <input type="text"/> |
| Email Address | <input type="text"/> | | |

This email address may be used for investor correspondence.

Identification Information

AML/CTF Laws require that we collect this information. Your application cannot be processed without this information.

Are you a Politically Exposed Person? (Refer Page iii for further information) Yes No

Please select the source of your investment income? (select all applicable options)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Income from regular employment | <input type="checkbox"/> Income from investments | <input type="checkbox"/> Business Income | <input type="checkbox"/> Borrowed Funds |
| <input type="checkbox"/> Windfall (eg. gift, lottery) | <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

Please select the purpose of investment? (select all applicable options)

| | | | | |
|----------------------------------|---------------------------------|-------------------------------------|---|----------------------|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Income | <input type="checkbox"/> Retirement | <input type="checkbox"/> Other (please specify) | <input type="text"/> |
|----------------------------------|---------------------------------|-------------------------------------|---|----------------------|

Residency Status for tax purposes

Under FATCA and Common Reporting Standard ('CRS') laws, we are required to ask all investors to provide additional information about their tax residency.

Are you a tax resident of Australia? Yes No

Are you a tax resident of a country other than Australia or a US citizen? Yes No

If YES, you will need to complete the "Mutual FATCA/CRS Self Certification Form" and return to us with your Application Form. Download the Form at www.mutualld.com.au

2C AUTHORITY TO INSTRUCT ON THE INVESTMENTS (JOINT APPLICANTS ONLY)

Please elect which joint applicants have authority to instruct on the investment and bind the other joint investor(s) for future transactions (including additional investments or withdrawals)

| | | | |
|---|---|---|---|
| <input type="checkbox"/> All applicants (default) | <input type="checkbox"/> Applicant 1 only | <input type="checkbox"/> Applicant 2 only | <input type="checkbox"/> Either Applicant |
|---|---|---|---|

**SECTION 2 – INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS (INCLUDING DIRECTORS AND TRUSTEES) -
Continued**

2D ARE YOU A SOLE TRADER?

No

Yes. If you are a sole trader, you will need to provide the following additional details

Business Name (if applicable)

Australian Business Number (ABN)

Principal Place of Business Address (cannot be a PO Box)

| Unit/Street No. | Street Name | Suburb |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Required Identification Documents for Individual or Joint Investors

For each applicant named in Section 2 (individual, joint investor, individual trustee, sole trader, beneficial owner, or director), we require certified copies of **one** of the following:

A current Australian driver's licence **OR**

A current Australian Passport **OR**

A card issued under a state or territory law for proving a person's age which contains a photograph of the person in whose name the document is issued **OR**

A copy of a foreign passport or similar document issued for the purposes of international travel that contains a photograph and the signature of the person in whose name the document is issued

SECTION 3 – COMPANY/CORPORATE TRUSTEE

Foreign or domestic company applicants or Corporate Trustees must complete this section.

3A COMPANY DETAILS

(Refer to Page xiii for Identification requirements)

Full Name of Company or Corporate Trustee (Must be the Company's full name as currently registered with ASIC)

What is the nature of the Business Activity?

Corporate Trustee

Other (specify)

ACN

ABN or Tax File Number

Is the company a foreign entity for tax purposes

No

Yes – Specify country of tax residence

Principal Place of Business Address (cannot be a PO Box)

Unit/Street No.

Street Name

Suburb

Post Code

State

Country

Registered Address (if different to above)

Unit/Street No.

Street Name

Suburb

Post Code

State

Country

Company Contact Details

Contact Person's Name

Position Title

Business No.

Mobile

Email Address

3B RESIDENCY STATUS FOR TAX PURPOSES

Pursuant to FATCA and Common Reporting Standard ('CRS') laws, we are required to ask all investors to provide additional information about tax residency.

Is the company a tax resident of Australia?

Yes

No

If any of the following apply to the company, please complete the "Mutual FATCA/CRS Self Certification Form" and return to us with your Application Form. Download the form at www.mutualtd.com.au

• A tax resident of a country other than Australia or a US citizen?

Yes

No

• A US Company, US Trust or US Partnership?

Yes

No

• An Australian Financial Institution ('AFI') or Other Partner Jurisdiction Financial Institution ('FI')?

Yes

No



SECTION 3 – COMPANY/CORPORATE TRUSTEE - Continued

3C BENEFICIAL OWNER 1 (Proprietary Companies only)

Cross this box if same as “Individual 1 in Section 2A. If different, complete this section and provide Individual Identification Documentation as outlined on page ix.

| Title | Surname | Full Given Names |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of Birth (DD-MM-YY)
 / /

Residential Address (cannot be a PO Box)

| Unit/Street No. | Street Name | Suburb |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are you a Politically Exposed Person? (Refer Page iii for further information) Yes No

Country of tax residence (please specify) (if more than one, please specify all)

If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen, please complete the “Mutual FATCA/CRS Self Certification Form” and return to us with your Application Form. Download the form at www.mutualtd.com.au

3D BENEFICIAL OWNER 2 (Proprietary Companies only)

Cross this box if same as “Individual 1 in Section 2A. If different, complete this section and provide Individual Identification Documentation as outlined on page ix.

| Title | Surname | Full Given Names |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of Birth
 / /

Residential Address (cannot be a PO Box)

| Unit/Street No. | Street Name | Suburb |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are you a Politically Exposed Person? (Refer Page iii for further information) Yes No

Country of tax residence (please specify) (if more than one, please specify all)

If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen, please complete the “Mutual FATCA/CRS Self Certification Form” and return to us with your Application Form. Download the form at www.mutualtd.com.au

SECTION 3 – COMPANY/CORPORATE TRUSTEE - Continued

3E BENEFICIAL OWNER 3 (Proprietary Companies only)

Cross this box if same as “Individual 1 in Section 2A. If different, complete this section and provide Individual Identification Documentation as outlined on page ix.

Title Surname Full Given Names

Date of Birth
 / /

Residential Address (cannot be a PO Box)

Unit/Street No. Street Name Suburb
Post Code State Country

Are you a Politically Exposed Person? (Refer Page iii for further information)

Yes No

Country of tax residence (please specify) (if more than one, please specify all)

If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen, please complete the “Mutual FATCA/CRS Self Certification Form” and return to us with your Application Form. Download the form at www.mutualld.com.au

If there are more than three beneficial owners, please attach their details to the Application Form.

3F COMPANY TYPE

Please indicate company type by selecting one of the following:

Public Listed Company – Complete (i) below Foreign Company – Complete (iv) below
 Majority owned subsidiary of a listed public company – Complete (ii) Below Proprietary (including corporate trustees) If applying on behalf of a trust – Go to Section 4. If not, go to Section 5
 Licensed and subject to the regulatory oversight of a commonwealth, state or territory regulator in relation to its activities as a company – Complete (iii) below Public – Go to Section 5.

(i) Public Listed Company

Name of Exchange on which shares are listed

Go to Section 5

(ii) Majority Owned Subsidiary of a Public Listed Company

Name of Parent Company

Exchange of Parent Listing

ACN

ABN (If any)

Go to Section 5



SECTION 3 – COMPANY/CORPORATE TRUSTEE - Continued

Name of Regulator

Regulatory Details

(iii) Foreign Company

Please complete one of the below sections, along with the Mutual FATCA/CRS Self-Certification Form and return to us with your Application Form. Download the form at www.mutualld.com.au

a. Registered with ASIC

Full Registered Name

ARBN

Name and address of local agent in Australia

Name of Agent

Unit/Street No.

Street Name

Suburb

Post Code

State

Country

Country of formation/incorporation/registration

Registered Address in country of formation

Unit/Street No.

Street Name

Suburb

Post Code

State

Country

b. Registered by a foreign registration body

Name of foreign registration

Registration Name

c. Not registered by foreign registration body or ASIC

Address of principal place of business

Unit/Street No.

Street Name

Suburb

Post Code

State

Country

Once complete, if you are applying on behalf of a trust, go to Section 4. If not, go to Section 5



Required Identification Documents for Company/Corporate Trustee Investors

For Australian companies, certified copies of the following identification documents are required:

A certificate of registration issued by ASIC **OR**

A current company search from the ASIC database

For Foreign companies, certified copy of the following identification document is required:

A company registration document or equivalent

SECTION 4 – TRUSTS

To be completed on behalf of regulated superannuation funds (including SMSFs), other unregulated trusts, managed investment schemes and charities.

4A TRUST DETAILS

(Refer to Page xvii for Identification requirements)

Trust/Fund/Estate Full Name

Country in which trust was established

What is nature of business activity? SMSF Other (please specify)

ABN/TFN Country of tax residence

If the country of tax residence is not Australia, please complete the “Mutual FATCA/CRS Self Certification Form” and return to us with your Application Form. Download the form www.mutualld.com.au

Unit/Street No. Street Name Suburb

Post Code State Country

4B TYPE OF TRUST

Please indicate trust structure by selecting one of the following:

Trust is regulated and subject to domestic regulatory oversight in its activities as a trust (e.g. SMSF – the regulator is generally the ATO)

Name of Regulator

Managed Investment Scheme registered with ASIC

ARSN

Managed Investment Scheme which is not registered with ASIC, only has wholesale clients and does not make small scale offerings to which Section 1012E of the Corporations Act 2001 applies

Trust is a government superannuation fund established by legislation

Name of legislation

Other unregulated trust.

Specify type of Trust

4C BENEFICIAL OWNER 1 (Required for unregulated trusts only)

A beneficial owner is the person who controls the activities of the trust.

Cross this box if same as “Individual 1 in Section 2A. If different, complete this section and provide Individual Identification Documentation as outlined on page ix.



SECTION 4 – TRUSTS - Continued

| | | |
|----------------------|----------------------|----------------------|
| Title | Surname | Full Given Names |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of Birth

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
|----------------------|---|----------------------|---|----------------------|

Residential Address (cannot be a PO Box)

| | | |
|----------------------|----------------------|----------------------|
| Unit/Street No. | Street Name | Suburb |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are you a Politically Exposed Person? (Refer Page iii for further information) Yes No

Country of tax residence (please specify) (if more than one, please specify all)

| |
|----------------------|
| <input type="text"/> |
|----------------------|

If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen, please complete the “Mutual FATCA/CRS Self Certification Form” and return to us with your Application Form. Download the form at www.mutualld.com.au

4D BENEFICIAL OWNER 2 (Required for unregulated trusts only)

A beneficial owner is the person who controls the activities of the trust.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Cross this box if same as “Individual 1 in Section 2B. If different, complete this section and provide Individual Identification Documentation as outlined on page ix. |
|--------------------------|--|

| | | |
|----------------------|----------------------|----------------------|
| Title | Surname | Full Given Names |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of Birth

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
|----------------------|---|----------------------|---|----------------------|

Residential Address (cannot be a PO Box)

| | | |
|----------------------|----------------------|----------------------|
| Unit/Street No. | Street Name | Suburb |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Post Code | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are you a Politically Exposed Person? (Refer Page iii for further information) Yes No

Country of tax residence (please specify) (if more than one, please specify all)

| |
|----------------------|
| <input type="text"/> |
|----------------------|

If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen, please complete the “Mutual FATCA/CRS Self Certification Form” and return to us with your Application Form. Download the form at www.mutualld.com.au

If there are more than two beneficiaries, please provide details on a separate attachment to this Application

SECTION 4 – TRUSTS - Continued

4E TRUST SETTLOR DETAILS

Required for unregulated trusts only

The settlor is the person who made the initial contribution to the trust

| | |
|--------------------------|---|
| <input type="checkbox"/> | Cross this box if settlor is deceased |
| <input type="checkbox"/> | Cross this box if the initial contribution was less than \$10,000 |
| <input type="checkbox"/> | Cross this box if settlor is same as “Individual 1” in Section 2A |
| <input type="checkbox"/> | Cross this box if settlor is same as “Individual 2” in Section 2B |
| <input type="checkbox"/> | None of the above. Please complete below |

Full Name of Settlor

Address of Settlor

4F IS TRUSTEE AN INDIVIDUAL?

| | | | |
|--------------------------|----------------------------------|--------------------------|----|
| <input type="checkbox"/> | Yes – Please complete Section 2A | <input type="checkbox"/> | No |
|--------------------------|----------------------------------|--------------------------|----|

4G IS TRUSTEE A COMPANY?

| | | | |
|--------------------------|----------------------------------|--------------------------|----|
| <input type="checkbox"/> | Yes – Please complete Section 3A | <input type="checkbox"/> | No |
|--------------------------|----------------------------------|--------------------------|----|

Required Identification Documents for Trusts

- Original certified copy of the trust deed or extract of the trust deed showing the name of the trust, name and address of the settlor, amount of the initial settled sum, name(s) and address(es) of the trustee(s), the beneficiaries/unitholders names/class(es) and the trust’s execution page. (We will only use the trust deed for AML/CTF purposes and will not otherwise review the trust deed); **OR**
- An original notice of assessment from the Australian Taxation Office within the last 12 months; **OR**
- A hand-signed letter from a solicitor or qualified accountant verifying the name of the trust.

SECTION 5 – INVESTMENT DETAILS

5A APPLICATION MONIES

Please specify the amount you wish to invest.

The minimum initial investment is \$1 for Class A Units, \$1 for Class B Units and \$20,000 for Class C Units. (A & B Class IDPS investors should consult their scheme operator)

Class A Units (Scheme Investors)

Application Amount

\$

Class B Units (Scheme Investors)

Application Amount

\$

Class C Units (Direct Investors)

Application Amount

\$

Please note there are important differences between the Classes of Units. There may be differences in minimum initial and additional investments, fees, minimum holdings and redemption amounts between the Classes

5B DISTRIBUTIONS

(select one of the boxes below)

Reinvest

Credit Bank Account

SECTION 6 – NOMINATED BANK ACCOUNT DETAILS

6A PAYMENT OF DISTRIBUTIONS OF INCOME/REDEMPTION PROCEEDS

Please provide your bank details for redemptions and distributions.

Distribution and redemption proceeds can only be paid into an account with an Australian financial institution. This account must be in the investor's name. Payment to a third-party bank account is not permitted. For example, if you are applying as a corporate trustee for a trust, the bank account must include the name of the trust.

Name of Financial Institution

Branch Location

Account Name

Branch No. (BSB)

-

Account No.



SECTION 7 – FINANCIAL ADVISER DETAILS

(Complete if applicable. If not applicable, go to Section 8)

Financial Adviser's
Business Name

Title

Surname

Full Given Names

Postal Address

City/Suburb

Post Code

State

Country (if outside Australia)

Phone (BH)

Facsimile

Email Address

Dealer Group/Licence

Adviser's Signature

Date (DD-MM-YYYY)

SECTION 8 – FUND FINANCIAL REPORTS

The fund is required to produce financial reports for each year ending 30 June. Where a fund is a disclosing entity or becomes a disclosing entity, it is then also required to produce financial reports for each half yearly period ending 31 December.

Where a fund is a disclosing entity or becomes a disclosing entity, we are required to provide investors with a copy of the Fund's annual financial report however, investors have the option to OPT IN or OPT OUT to receive this report. Where an investor opts out of receiving the report, they will still have access to it via Mutual's website at www.mutualtd.com.au.

If you choose to OPT OUT of receiving this report, it will still be available to you via our website at www.mutualtd.com.au

OPT IN - Yes, upon the fund becoming a disclosing entity, I would like to receive copies of the fund's annual report by:

Email

Email Address:

Post

Postal Address:

If the above section is not completed, this will be accepted as an OPT OUT of receiving the fund's financial reports directly.



SECTION 9 – AUTHORISED SIGNATORIES FOR FUTURE TRANSACTIONS

9A Account Signing Authority for Future Transactions

Please complete one of the following:

If no option is nominated, all future written instructions must be executed by the individual(s) who signed this Application Form.

INDIVIDUAL/JOINT INVESTORS

Either to sign Both to sign

COMPANY (DOMESTIC/FOREIGN)

Sole director to sign

The two directors that have executed this Application Form to sign

The director and company secretary that have executed this Application Form to sign

Other, please provide details (attach additional pages for additional authorised signatories)

Name

Signature

TRUST

Either trustee that has executed this Application Form to sign

If individual trustee(s)

Both trustees that have executed this Application Form to sign

The director and company secretary that have executed this Application Form to sign

Other, please provide details (attach additional pages for additional authorised signatories)

Name

Signature

9B Declaration and Account Signing Authority

Important Note: Information provided to Mutual Limited will only be used for the purpose specified. It may be accessed and updated by you by contacting our Customer Service personnel + 61 3 8681 1900. It will only be disclosed to other parties where required by law (e.g. ATO) or to implement your request (e.g. investments). If you do not provide all of the requested information, we may not be able to action your request.

I/We the Applicant(s) whose signature(s) appear below:

- have read and understood the PDS to which this Application Form relates and the declarations as outlined on page v of this Application Form;
- confirm these declarations and declare that the statement and answers set forth are strictly true; and
- agree to receive information on other products and services offered by us.

If you do not wish to receive information on other products and services offered by us, please cross this box.



SECTION 9 – AUTHORISED SIGNATORIES FOR FUTURE TRANSACTIONS - *Continued*

AUTHORISED SIGNATORIES

Individual/Joint Investors

| Investor 1 – Signature | Date (DD-MM-YY) | Investor 2 – Signature | Date (DD-MM-YY) |
|------------------------|----------------------|------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Company / Corporate Trustee Investors

| Director/Sole Director | Date (DD-MM-YY) | Director/Secretary | Date (DD-MM-YY) |
|------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

RETURN COMPLETED APPLICATION FORM AS FOLLOWS:

By Email: mutual@genlife.com.au

Or

By Facsimile: + 61 3 9200 2275

Or

By Post: Austock Financial Services Pty Ltd
PO Box 263
Collins Street West Vic 8007

APPLICATION MONIES

Deposit your Application Monies via EFT to the applicable account below reference to your Unit holder number (if known) or your account name:

Class A Units

Name: Sandhurst Trustees Limited acf MIF

BSB: 083 817

Account No: 15 553 8964

Class B Units

Name: Sandhurst Trustees Limited acf MIF - Class B

BSB: 083 817

Account No: 15 553 8817

Class C Units

Name: Sandhurst Trustees Limited acf MIF - Class C

BSB: 083 817

Account No: 15 553 8753

Or

Attach your cheque or money order to the Application Form. Please make cheques payable to “Sandhurst Trustees Limited acf MIF/MIF Class B or Class C” (as applicable).

