oplication Form



#### **Mutual Limited**

**Enquiries** 

Mon-Fri 8.30am - 5pm

mutual@gendevelopmentservices.com.au 1800 948 122

# Application Form Mutual Credit Fund

June 2022 | ARSN: 629 799 122

#### **Instructions**

- Please ensure you have read and understood the current PDS for the Mutual Credit Fund ARSN 635 925 996 (Fund) before applying for units in the Fund. The PDS is available on our website, from your financial adviser or by contacting Mutual Limited (the Responsible Entity or the RE). The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS. The PDS will be updated from time to time.
- Each applicant must complete both the Application Form and Mutual Identification Form. The Identification Form is included at the back of this application pack. In addition, supporting identity documents are required for verification purposes. More information will be provided throughout the Form.
- Applications may be rejected where changes have been made and not initialed by all parties, or where corrective tape has been used.
- All applicants should begin at Section 1 and complete the Form(s) in block capitals where possible.

Appl	ication checklist
	Application Form
	Identification Form (included in this application pack)
	Original certified identity documents
$\rightarrow$	Return forms and documents to:
	Post: Generation Development Group, GPO Box 263, Collins Street West, Vic, 8007
	Email: mutual@gendevelopmentservices.com.au

Section 1   Investo	or type		Section 2	Account set-up	
1.1 Confirm your investor type by ticking one box			2.1 Do you h	ave an existing (ope	n) account
Individual or joint investors			with Mutual	Limited?	
provide the nam	nes of all investors		No - g	o to Section 3	
			Yes - co	ontinue to 2.2	
			2.2 Tick <u>one</u> r	elevant box	
			l am m	aking an investment	for a different entity
Trust with indiv	ridual trustee/s		I would	l like to add this func	l to an existing
provide the nam	nes of the trustee(s) and the t	rust		nt (provide the investo	
				ntact Mutual Limited ication Form is still re	
					7
Trust with corp	orate trustee			aking an investment (s), but would like ar	for the same entity or
	nes of the trustee and the tru	st		er <b>designation requi</b>	
					designation below and
				t Mutual Limited to se	
			Identifi	cation Form is still red	quired)
Company					
provide the nan	ne of the company				
			Section 3	Investment detail	S
Other entity			3.1 Investme		
specify the type of entity				estment is \$20,000. I reference, distributior	•
			Fund	reference, distribution	Investment Amount
provide the nan	ne of the entity			lit From al	
			Mutual Cred	iit Fund	\$
Once you have comp	pleted the application forn	n, you are	Distribution	preference	%
	e the relevant Mutual Ident	ification	Pay to bank	account	
Form: Investor Type	Mutual Identification Forn	n Page	Reinvest (De	efault Option)	
Individual or joint	Individual and		3.2 Please in	ndicate the source of	funds being invested
investors	joint investors	7-8			-
Trusts		0.13	Saving	S	Superannuation
(including SMSFs)	Trusts and trustees	9-13	Investn	nent income	Donation/gift
Companies or Incorporated Bodies		14-16	Inherita	ance	Normal course of business
			Comm	ission	Asset sale
Other entities (e.g. Associations)	Other entities 18	Contact: 800 948 122	Other:		

Section 4   Payme	ent method	d	
' '			
4.1 Select payment <i>Applications made b</i>		vill not be proc	assad
until the funds have o		viii riot de proc	cssea
Cheque		Trustees Limited	
•	act Mutual	Credit Fund	
FFT	Account N Sandhurst	Trustees	<b>BSB:</b> 083-237
LII	Limited act Fund	f Mutual Credit	Account Number: 73 645 0979
	Reference	: ime or number	750.50272
Section 5   Bank d	etails		
5.1 Provide your ba			
Include the full name			
payments to third-padistributions to a ban	•		•
these details.	к ассоин,	payment wiii	be made to
these details.			
Account name			
BSB		Account nui	mber
Financial institution name and branch name			
Additional information for foreign bank accounts			
SWIFT/BIC		ABA/FED (US	5)
IBAN (EU)			

Section 6   Power of Attorney			
If you are acting as power of attorney or agent for the investor, complete your details below. You will need to supply the following along with the application:			
<ul> <li>Originally certified POA or client agreement</li> <li>Mutual Identification Form for the POA/agent in addition to the Mutual Identification form for the</li> </ul>			
investor.  Company or name			
Phone			
Email			
Postal address			
Select your preferred correspondence method:			
Email Post			

Section 7   Investor contact details			
Provide contact details for the investor(s).			
If you are an adviser, agent, or POA, <u>do not</u> complete your			
details in this section.			
7.1 Investor contact			
Title Date of birth			
Name			
Phone			
Email			
Postal address			
Select your preferred correspondencemethod:  Email Post No correspondence <sup>2</sup>			
7.2 Investor contact			
Title Date of birth			
Name			
Phone			
Email			
Postal address			
Select your preferred correspondence method:			
Email Post No correspondence <sup>2</sup>			

Section 8   Other contacts			
If you would like someone other than your financial adviser to receive copies of correspondence (e.g. your accountant or a family member), provide their details below <sup>3</sup> .			
Company or name			
Phone			
Email			
Postal address			
Select your preferred correspondence method:  Email Post			
Section 9   Adviser			
To be completed by your adviser.			
9.1 Advisor Details			
Dealer group			
Adviser name			
Email			
Phone			
Address			
AFSL Authorised rep number			
Select your preferred correspondence method:  Email  No correspondence			
Adviser signature			
Adviser signature			
Name			
Date			

<sup>&</sup>lt;sup>2</sup> For security purposes, registration instructions will be sent by post to the address provided.

<sup>&</sup>lt;sup>3</sup>You authorise Mutual to provide information and statements on the status of your investment to your nominated account contacts. Contacts cannot change your details or sign any instructions (such as redemptions) on your behalf.

Section 10   Your investment objectives	
In relation to our Design and Distribution Obligations (DDO)	10.5 What is your anticipated frequency of withdrawals?
under the Corporations Act, we seek the following information	Daily
about your attributes as an investor. Failure to complete	Weekly
the questions below may result in delays in processing your	Monthly
application.	
10.1 What is your primary investment objective?	Quarterly
Income distribution	Annually or longer
(receiving regular income from your investment)	10.6 Have you received advice prior to applying to
Capital preservation	invest in this Fund?
(preserving the value of your investment/preventing loss)	I/We have received personal advice in relation to my
	investment in this fund (Financial product advice that
Capital guaranteed (shielding your investment from any losses)	has been given to you by a person who has considered
	one or more of your investment objectives)
Capital growth  (increased value of your investment over time)	I/We have received general advice in relation to my
, ,	investment in this fund (Financial product advice that has been given to you but has not been tailored to you
10 DWhat is the intended and of this Equal in	personal circumstances or investment objectives)
10.2 What is the intended use of this Fund in your investment portfolio?	I/We have not received advice in relation to my
Solution/standalone	investment in this fund
(primary investment- 75%-100% of portfolio)	
Core component	Note: Assert and a five in amplication should not be talen
(large proportion - 25%-75% of portfolio)	Note: Acceptance of your application should not be taken as a representation or confirmation that an investment in
Satellite/small allocation	the Fund is, or is likely to be, consistent with your
(smaller proportion - 25% or less of portfolio)	intentions, objectives and needs as indicated in your
10.2What is the intended in a street time for male	responses to these questions.
10.3 What is the intended investment time frame?	
Short term	Section 11   How did you hear about us?
(two years or less)	Please tick the relevant box and give more details if
Medium term	applicable:
(more than 2 years)	Financial Adviser
Long term	Investment Platform
(more than 8 years)	
10.4 What is your tolerance for risk/return?	Google
(How much of a loss you are willing to tolerate within	Word of Mouth
your portfolio when assessed against the possibility of	Other
greater returns)	
Low Medium High Very high	

#### Section 11 | Declaration

#### By signing this form, you acknowledge and declare:

- I/we have carefully read and understood the latest Product Disclosure Statement in its entirety and agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time.
- I/We acknowledge that investment in the Fund is subject to investment risk, including possible delays in repayment and loss of income or capital invested and that Mutual does not guarantee the performance of the Fund, nor any particular rate or return for the Fund, nor repayment of capital from the Fund.
- I/We acknowledge that application monies will be held in a non-interest-bearing account until applied to the Fund or returned to me/us.
- I/We authorise that Mutual can provide information on the status of my/our investment to my/our nominated financial adviser, agent or account contacts.
- Mutual Limited as RE is required to comply with the anti-money laundering laws and I/we undertake to provide them with such additional information or documentation as may be requested of me/us, from time to time, to ensure compliance with such requirements.
- Monies deposited or debited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from my/our account have any such association.
- I/We have received and accepted the offer in the PDS in Australia and have legal power to invest.
- I/We am not a PEP (Politically Exposed Person).
- I//We have all regulatory approvals required in Australia and any other relevant jurisdiction to hold units.
- I/We understand that an investment in the Fund or the acquisition of units does not represent an investment in a deposit or other liability of Mutual Limited or its related entities.
- I/We have relied on my/our own independent investigation, enquiries and appraisals, and have obtained or have had the opportunity to obtain legal, accounting, tax and financial advice, in connection with the Fund before deciding to subscribe for units.
- If this Application Form is signed under power of attorney, I/we have no knowledge of the revocation of that power of attorney.
- If this is a joint application, our investment is as joint tenants, unless otherwise indicated on this application.
- If this is a joint application, each of us is able to operate our investment in the Fund and is able to bind the other(s) to any transaction including investments or withdrawals by any available method, unless otherwise indicated in this application.
- My/our personal information will be collected, used and disclosed on terms described in the PDS.
- I/We will provide Mutual Limited or its nominees any information that they reasonably require in order to enable Mutual to meet its compliance, reporting and other obligations under FATCA and CRS and all associated rules and regulations from time to time, and that Mutual or its agents may disclose such information to the ATO which may in turn disclose the information to the Internal Revenue Service of the USA.
- If I/we or our nominee have provided information about my/our status or designation under or for the purposes of FATCA (including, without limitation, USA residency or citizenship status and FATCA status as a particular entity type) and all associated rules and regulations, that information is true and correct and Mutual will treat that information as true and correct without any additional validation or confirmation being undertaken by Mutual except where it has a legal obligation to do so.

#### Section 12 | Signing instructions

#### **Companies and corporate trustees:**

As per the authorised signature list, or, two directors, or one director and one company secretary, except where the sole director is also the sole company secretary.

are obligated to keep this updated)

#### Individual trustees:

All trustees must sign.

**Individual or joint** 

holding: All investors

must sign.

#### Other entities:

As per the authorised signatory

list.

#### Power of attorney:

As set out in the POA agreement.

#### Please indicate who can sign future instructions: Such as transactions, including (but not limited to) Signature additional investments, withdrawals, and change of details. Name If no selection is made, a minimum of two signatures will be required. This selection does not apply for a POA or **Position** Date (If Applicable) individual investors. Any one director/holder/trustee Any two directors/holders/trustees Signature All signatures that appear below Name As per the authorised signature list supplied (you Position Date

Mutual Limited

(If Applicable)

**Mutual Identification Form** 



**Enquiries** 

Mon-Fri 8.30am - 5pm

mutual@gendevelopmentservices.com.au 1800 948 122

Mutual Limited

# Investor Identification Form **Individual and joint investors**

- Complete this identification form in block letters.
- Complete details for each individual investing. If there are more than three individuals, complete an additional form.
- Make copies of your ID document(s) and arrange for them to be certified.
- Attach this form and your ID documents to your application form before you send it to us.
- If this form has been requested separately to your initial application, return to mutual@gendevelopmentservices.com.au

Section 1   Individual/joint applicant 1	Section 2   Individual/joint applicant 2
1A - Personal Details	2A - Personal Details
Title Date of birth Surname  Given name  Residential address	Title Date of birth Surname Given name Residential address
1B - Tax Information	2B - Tax Information
Without your TFN, or exemption, withholding tax may be deducted from your distributions.	Without your TFN, or exemption, withholding tax may be deducted from your distributions.
Are you an Australian tax resident?  No  Yes, my TFN	Are you an Australian tax resident?  No  Yes, my TFN
Are you a citizen or resident of the US, or any other foreign country for tax purposes?	Are you a citizen or resident of the US, or any other foreign country for tax purposes?
No¹  Yes, my TIN is:  Country:	No¹  Yes, my TIN is:  Country:

<sup>1</sup> If you do not have a TIN, please state the reason. We may contact you for further information. Foreign residents without a TIN may not be accepted into the Fund.

Section 3   Individual/joint applicant 3	Section 4   Declaration
3A - Personal Information  Title Date of birth Surname  Given name  Residential address  3B - Tax Information	<ul> <li>By completing and signing this form:</li> <li>you acknowledge that you have read and understood this form</li> <li>you confirm this form is complete and accurate</li> <li>if you have applied for but not received your TIN, you undertake to inform us within 30 days of receiving it</li> <li>you undertake that if information in this form changes, you will tell us within 30 days</li> <li>It is a condition of investing that you keep your details (including tax details) with us, up to date. You agree to update us if the information in this form changes.</li> <li>Signature</li> </ul>
Without your TFN, or exemption, withholding tax may be deducted from your distributions.  Are you an Australian tax resident?  No  Yes, my TFN  Are you a citizen or resident of the US, or any other foreign country for tax purposes?  No¹  Yes, my TIN is:	Name  Date  Signature  Date  Signature  Name  Name  Name
Country:	Date

#### Section 5 | Identity documents

Each individual or joint investor must provide an originally certified copy of their passport or drivers license along with the Application Form and ID Form. Your photo, personal details and signature must be clear. All documents must be valid (not expired), with the exception of an Australian passport which may have expired in the preceding two years. Documents not meeting the requirements set out may be rejected which could delay your application. If you do not have the documents listed above, please contact our Client Services team. Please be advised that further documents may be requested before your application can be processed.

All documents must be originally certified, i.e. 'wet' signature. The certification must include the following information, or the documents may be rejected:

- Name and date
- Position and company
- Contact details
- Registration or license number, if any

 $<sup>^1</sup>$ If you do not have a TIN, please state the reason. We may contact you for further information. Foreign residents without a TIN may not be accepted into the Fund.



#### **Enquiries**

Mon-Fri 8.30am - 5pm

mutual@gendevelopmentservices.com.au 1800 948 122

## Investor IdentificationForm **Trusts and trustees**

- Complete this identification form in block letters.
- Corporate trustees complete sections 1-2 and 4-6, individual trustees complete sections 1 and 3-6.
- Make copies of your ID document(s) and arrange for them to be certified.
- Attach this form and your ID certified documents to your application form before you send it to us.
- If this form has been requested separately to your initial application, return to <a href="mailto:mutual@gendevelopmentservices.com.au">mutual@gendevelopmentservices.com.au</a>

i this form has been requested separately to your mittal app	incation, return to <u>matual@gendevelopmentservices.com.au</u>
Section 1   FATCA and CRS¹	Section 2   Corporate trustee
If you answer yes to any of the following questions, you must	2A - Details
complete the Tax Information Form, available by contacting Mutual directly.	Full name of company
If you have any questions about the terminology, or are unsure of	
any of the answers, consult a legal or accounting professional.	ACN
Is the trust or trustee investing as, for, or on behalf of a US or	Nature of business
any other foreign company or entity?	Registered address
No	
Yes - complete a Tax Information Form	
Is the trust or trustee a 'financial institution'?  No  Yes - complete a Tax Information Form	Principal place of business:  Same as above OR
Is the trust or trustee an Active Non Financial Entity (NFE)?	
No	
Yes - complete a Tax Information Form	
Are any of the following individuals a US citizen or	2B - Directors
resident, or citizen or resident of any other foreign country for tax purposes?	Provide the full names of the directors of the company
beneficiaries or individual trustees	
<ul><li>directors of the corporate trustee</li><li>beneficial owners of the trust or trustee</li></ul>	
controlling persons of the trust or trustee	
No	
Yes - complete a Tax Information Form	

Mutual Limited State of the Control of the Control

<sup>&</sup>lt;sup>1</sup>The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements. The Australian Government has an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the Australian Taxation Office (ATO) and in turn to global tax authorities.

2C - Type of company	Beneficial owner/controlling person of the trustee 1
Tick all that apply and answer the corresponding questions:	Tick one: Beneficial owner Controlling person
Listed company, or a majority-owned subsidiary of a listed company  Name the exchange/market and company code	Title Date of birth Surname
Regulated company (e.g. AFSL holder) Name the regulator  Provide the license number	Residential address  Are you an Australian tax resident?  No Yes, my TFN is:
Foreign company Country of formation  Provide the ARBN if the company is ASIC registered	Beneficial owner/controlling person of the trustee 2  Tick one: Beneficial owner Controlling person  Title Date of birth
Identification number issued by local registration body	Surname  Given name  Residential address
Private company Private company	nesideritial address
Public company, not listed or regulated	Are you an Australian tax resident?
If you did not tick boxes 1 or 2, go to section 2D.  If you ticked boxes 1 or 2, go to section 4	No Yes, my TFN is:
2D - Beneficial owners of the trustee	Beneficial owner/controlling person of the trustee 3
For unregulated and unlisted companies, we require the name and address of:  each beneficial owner - e.g. any person who owns through one or more shareholdings more than 25% of the issued capital of the company; and  any persons who are entitled to exercise 25% or more of	Tick one: Beneficial owner Controlling person Title Date of birth Surname Given name
the company's voting rights or persons who ultimately control (directly or indirectly) the company ('controlling persons').	Residential address
Please list their details in the next column. If there are more	Aro you an Australian tay rasidant?
than three of these individuals, please write down their details on a separate piece of paper and initial it before submitting it along with this form.	Are you an Australian tax resident?  No Yes, my TFN is:

Section 3   Individual trustees	Section 4   Trust
Complete the details of the individual trustees.	4A - Type of Trust
If there are more than three trustees, complete their details on a separate piece of paper and initial it before submitting italong with this form.	Name of trust
Individual trustee 1	
Title Date of birth Date of birth	TFN or exemption code <sup>2</sup>
Surname	
Given name	Confirm the type of trust (tick one)
Residential address	Superannuation fund Provide the ABN and go to Section 5
Are you an Australian tax resident?  No Yes, my TFN is:	Unregulated (e.g. family, discretionary, unit, charitable)  Confirm type of trust and go to Section 4B
	Committee of trust and go to section 45
Individual trustee 2  Title Date of birth Date of birth	Registered managed investment scheme  Provide the ARSN and go to Section 5
Surname	
Given name	Government superannuation fund
Residential address	Name the Act establishing the fund and go to Section 5
Are you an Australian tax resident?	Trust regulated by a foreign body  Name the regulator and country and go to Section 4B
No Yes, my TFN is:	
Individual trustee 3	Other regulated trust  Provide the ABN/license number and regulator, and go to
Title Date of birth Date of birth	Section 5
Surname	
Given name	
Residential address	
Are you an Australian tax resident?	
No Yes, my TFN is:	

 $<sup>^2</sup>$ Without a TFN, or exemption, withholding tax + medicare levy may be deducted from your distributions.

4B - Trust details	Beneficial owner/controlling person of the trust 1
Complete this section if you are an unregulated trust (e.g. family	
or discretionary trust), or a foreign trust	Tick one: Beneficial owner Controlling person
Do the terms of the trust identify the beneficiaries by	Title Date of birth
reference to membership of a class? (e.g. family members)	Surname
Yes	Given name
Provide the name of the class(es)	Residential address
No	
Provide the full names of the beneficiaries	Are you an Australian tax resident?
	No Yes, my TFN is:
	No res, my mass.
	Beneficial owner/controlling person of the trust 2
If applicable, provide the name of the appointer of the trust	Tick one: Beneficial owner Controlling person
(not all trusts have an appointer)	Title Date of birth Date of birth
	Surname
If applicable, provide the name of the settlor	Given name
(not required if the material asset at the time the trust was	
established was less than \$10,000, or if the settlor is deceased)	Residential address
Section 4C - Beneficial owners of the trust	
We require the name and address of the:	Are you an Australian tax resident?
Beneficial owners of the trust	No Yes, my TFN is:
Controlling persons of the	Beneficial owner/controlling person of the trust 3
trust  If the beneficial owners or controlling persons of the	
trust are also the individual trustees, beneficial owners,	Tick one: Beneficial owner Controlling person
or controlling persons of the corporate trustee, and their details have already been provided in this form,	Title Date of birth
tick this box and confirm their name and position	Surname
below and go to Section 5.	Given name
	Residential address
	Are you an Australian tax resident?
If details of the beneficial owners or controlling persons have	No Yes, my TFN is:
not been provided previously in this form, complete their	

details in the next column.

#### Section 5 | Declaration

By completing and signing this form:

- You acknowledge that you have read and understood this form.
- You confirm this form is complete and accurate.
- You undertake that if information in this form changes, you will tell us within 30 days.
- It is a condition of investing that you keep your details (including tax details) with us, up to date. You must update us if the information in this form changes.

Signature	
Name	
Position	
Date	
Signature	
Name	
Position	
Date	

#### Section 6 | Supporting documents

Documents must be provided from both Part A and Part B.

All documents must be legible, and photos must be clear. Photo ID must be government issued. All documents must be valid (not expired).

All documents must be originally certified<sup>1</sup>, i.e., 'wet' signature. The certification must include the following:

- Name and date
- Position and company
- Contact details
- Registration or license number, if any

Further documents may be requested before your application can be processed. Documents not meeting the requirements set out may be rejected.

#### Part A - Trust

For superannuation funds, registered managed investment schemes and other regulated trusts (except for foreign trusts):

 A printout of a search conducted on the relevant regulator's website verifying the trust. (e.g. superfundlookup.gov.au) or an original certified copy of the trust deed or deed extract and any deed variations (if applicable).

For unregulated or foreign trusts, such as family, discretionary, unit or charitable trusts:

• An original certified copy of the trust deed or deed extract and any deed of variations (if applicable).

**Note:** Deed extracts must contain at least the name of the trust, the trustees and the schedule containing the names of each beneficiary or details of the class of beneficiaries.

#### Part B - Trustee

Individual trustee

Each individual must provide an originally certified copy of their passport or drivers license

Corporate trustee

#### For unlisted and unregulated companies:

- Company extract within three months of issue
- Originally certified photo ID document for each of the beneficial owners and controlling persons
- Originally certified photo ID document for the signatories
- Optional Originally certified authorised signatory list, with originally certified photo ID document for the certifier if the certifier is internal (a signatory cannot be the certifier)

#### For listed or regulated companies:

- Certificate of incorporation
- Originally certified authorised signatory list, with originally certified photo ID document for the certifier if the certifier is internal (a signatory cannot be the certifier)

#### Foreign companies

Mutual may request additional documents for foreign companies. Please contact Mutual if you would like more information.



#### **Enquiries**

Mon-Fri 8.30am - 5pm

mutual@gendevelopmentservices.com.au 1800 948 122

## Investor Identification Form

### **Companies or Incorporated Bodies**

- This form is for Australian and foreign companies who are not acting in the capacity of trustee. Trustees should complete the Trust and Trustees Identification Form.
- Make copies of your ID document(s) and arrange for them to be certified.
- Complete this identification form in block letters.
- Attach this form and your ID certified documents to your application form before you send it to us.
- If this form has been requested separately to your initial application, return to mutual@gendevelopmentservices.com.au

Section 1   FATCA and CRS¹	Section 2   Company information
If you answer yes to any of the following questions, you must	2A- Details
complete the Tax Information Form, available by contacting Mutual directly.	Full name of company
If you have any questions about the terminology, or are unsure of	
any of the answers, consult a legal or accounting professional.	ACN
Is the investing entity investing as, for, or on behalf of a US or	
any other foreign company or entity?	Nature of business
No	Registered address
Yes - complete a Tax Information Form	
Is the investing entity a 'financial institution'?	
No	Principal place of business:
Yes - complete a Tax Information Form	Same as above OR provide address below
Is the investing entity an Active Non Financial Entity (NFE)?	
No	
Yes - complete a Tax Information Form	
Are any of the following individuals a US citizen or	
resident, or citizen or resident of any other foreign country	2B -Directors
for tax purposes?  • beneficiaries or individual trustees	Provide the full names of the directors of the company
directors of the corporate trustee	
<ul><li>beneficial owners of the trust or trustee</li><li>controlling persons of the trust or trustee</li></ul>	
No  Ves - complete a Tay Information Form	

<sup>&</sup>lt;sup>1</sup> The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements. The Australian Government has an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the Australian Taxation Office (ATO) and in turn to global tax authorities.

Section 2   continued	Section 3   continued
2C - Company Type	Beneficial owner/controlling person 1
Tick all that apply and answer the corresponding questions  1 Listed company, or a majority-owned subsidiary of a listed company  Name the exchange/market and company code	Tick one: Beneficial owner Controlling person  Title Date of birth Surname  Given name
2 Regulated company Name the regulator	Residential address
Provide the license number	Are you an Australian tax resident?  No Yes, my TFN is:
Foreign company Country of formation	Beneficial owner/controlling person 2  Tick one: Beneficial owner Controlling person
Identification number issued by registration body	Title Date of birth Surname
ARBN (if registered with ASIC)	Given name  Residential address
4 Private company	nesideritiai address
5 Public company, not listed or regulated	
If you did not tick boxes 1 or 2, go to section 3.  If you ticked boxes 1 or 2, go to section 4	Are you an Australian tax resident?  No Yes, my TFN is:
Section 3   Beneficial owners	Beneficial owner/controlling person 3
<ul> <li>For unregulated and unlisted companies, we require the name and address of:</li> <li>each beneficial owner- e.g. any person who owns through one or more shareholdings more than 25% of the issued capital of the company; and</li> <li>any persons who are entitled to exercise 25% or more of the company's voting rights or persons who ultimately control (directly or indirectly) the company ('controlling persons')</li> </ul>	Tick one: Beneficial owner Controlling person Title Date of birth Surname Given name Residential address
Please list their details in the next column. If there are more than three of these individuals, please write down their details on a separate piece of paper and initial it before submitting it	Are you an Australian tax resident?  No Yes, my TFN is:

along with this form.

#### Section 4 | Declaration

By completing and signing this form:

- You acknowledge that you have read and understood this form.
- You confirm this form is complete and accurate.
- If you have applied for but not received your TFN, you undertake to inform us within 30 days of receiving it.
- You undertake that if information in this form changes, you will tell us within 30 days.
- It is a condition of investing that you keep your details (including tax details) with us, up to date. You agree to update us if the information in this form changes.

Please indicate the capacity in which the form is signed. The form must be signed by two directors, or one director and the company secretary, except in the case there is a sole director.

Signature	
Name	
Position	
Date	
Signature	
Name	
Position	
Date	

#### Section 5 | Supporting documents

All documents must be legible, and photos must be clear. Photo ID must be government issued. All documents must be valid (not expired), with the exception of an Australian passport which may have expired in the preceding two years. Documents in a foreign language must be translated and the translation must be originally certified.

All documents must be originally certified<sup>1</sup>, i.e., 'wet' signature. The certification must include the following:

- Name and date
- Position and company
- Contact details
- Registration or license number, if any

Documents not meeting the requirements set out may be rejected. Further documents may be requested before your application can be processed.

#### For unlisted and unregulated companies:

- Company extract within 3 months of issue
- Original certified photo ID document for each of the beneficial owners and controlling persons
- Original certified photo ID document for the signatories certifier if they're internal (note: a signatory cannot be the certifier)
- Optional Original certified authorised signatory list, with originally certified photo ID document for the certifier if the certifier is internal (a signatory cannot be the certifier)

#### For listed or regulated companies:

- Certificate of incorporation
- Original certified authorised signatory list, with originally certified photo ID document for the certifier if the certifier is internal (a signatory cannot be the certifier)

#### Foreign companies

Mutual may request additional documents for foreign companies. Please contact Mutual if you would like more information.