

# The Supervised Fund

## Application Form

This application form accompanies the Product Disclosure Statement ('PDS')/Information Memorandum ('IM') relating to units in the following product/s issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975). The PDS/IM contains information about investing in the Fund/Trust. You should read the PDS/IM in its entirety before applying.

- **The Supervised Fund**

The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS/IM.

- If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS, if you make a mistake, cross it out and initial. DO NOT use correction fluid
- The investor(s) must complete and sign this form
- Keep a photocopy of your completed Application Form for your records

**U.S. Persons: This offer is not open to any U.S. Person. Please refer to the PDS/IM for further information.**

### Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standard ("CRS")

We are required to collect certain information to comply with FATCA and CRS, please ensure you complete section 7.

#### If investing with an authorised representative, agent or financial adviser

Please ensure you, your authorised representative, agent and/or financial adviser also complete Section 6.

#### Financial adviser details and customer identification declaration

You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your licensed financial adviser and your licensed financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 6 of this Application Form.

#### Provide certified copies of your identification documents

Please refer to section 9 on AML/CTF Identity Verification Requirements.

#### Send your documents & make your payment

See section 2 for payment options and where to send your application form.

## Section 1 - Are you an existing investor in the Fund/Trust and wish to add to your investment?

**Do you have an existing investment in the Fund/Trust and the information provided remains current and correct?**

**Yes**, if you can tick both of the boxes below, complete Sections 2 and 7

I/We confirm there are no changes to our identification documents previously provided.

I/We confirm there have been no changes to our FATCA or CRS status

**If there have been changes in your identification documents or FACTA/CRS status since your last application, please complete the full Application Form as indicated below.**

**No**, please complete sections relevant to you as indicated below:

#### Investor Type:

**Individuals/Joint:** complete section 2, 3, 6 (if applicable), 7, 8 & 9

**Companies:** complete section 2, 4, 6 (if applicable), 7, 8 & 9

**Trusts/superannuation funds:**

- with an individual trustee - complete sections 2, 3, 5, 6 (if applicable), 7, 8 & 9
- with a company as a trustee – complete sections 2, 4, 5, 6 (if applicable), 7, 8 & 9

**If you are an Association, Co-operative, Government Body or other type of entity not listed above, please contact Equity Trustees.**

## Section 2 - Investment details

Investment to be held in the name(s) of (must include name(s) of investor(s))

Postal address

Suburb

State

Postcode

Country

Email address

Contact no.

Fund/Trust Name

APIR code

Application amount (AUD)

The minimum initial investment is \$500,000

### Distribution Instructions

If you do not select a distribution option, we will automatically reinvest your distribution. If you select cash, please ensure you provide your bank details below.

- Reinvest distributions** if you select this option your distribution will be reinvested in the Fund/Trust
- Pay distributions to the bank** if you select this option your distribution will be paid to the bank account below

### Investor bank details

For withdrawals and distributions (if applicable), these must match the investor(s)' name and **must be an AUD-denominated bank account with an Australian domiciled bank.**

Financial institution name and branch location

BSB number

Account number

Account name

### Payment method

- Cheque – payable to Mainstream Fund Services as Custodian for The Supervised Fund**
- Direct credit – pay to:**

Financial institution name and branch location	National Australia Bank Limited, 105 Miller Street, North Sydney, NSW 2060
BSB number	082 401
Account number	78 821 9904
Account name	Mainstream Fund Services as Custodian for The Supervised Fund
Reference	<Investor Name>

### Source of investment

Please indicate the source of the investment amount (e.g. retirement savings, employment income):

## Send your completed Application Form to:

Mainstream Fund Services Pty Ltd

GPO Box 4968 Sydney NSW 2001

Additional applications may be faxed to: +61 2 9251 3525

**Please ensure you have completed all relevant sections and signed the Application Form**