

Please use this form if you wish to invest in the Fund by making an application.

1 Read and ensure you understand the Product Disclosure Statement

The Product Disclosure Statement dated 07 December 2022 (**PDS**) is available in electronic form at www.dimensioncapital.com.au Before completing this Application Form you should read the PDS in its entirety.

2 Complete all relevant sections of this Application Form in block letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes

Please select one of the following based on your Investor Type and complete the relevant sections in the Application Form:

- Individuals/Joint: complete Section 1 [Part A, Part B (B.1) & Part C], Section 2
- Companies: complete Section 1 [Part A, Part B (B.2) & Part C], Section 2
- Trust/Superannuation funds:
 - With the individual trustee – complete Section 1 [Part A, Part B (B.1, B.3) & Part C], Section 2
 - With the company as a trustee – complete Section 1 [Part A, Part B (B.2, B.3) & Part C], Section 2

If you are an association, co-operation, government body or other type of entity not listed above, please contact Australian Capital Funds Management Limited (**Responsible Entity**).

3 Certify and provide the identification documents

Please refer to the Investor Type Checklist and complete the relevant identification document attached to this Application Form.

4 Tell us your tax status

If you are a resident of a country other than Australia for tax purposes, please also complete Section 2 of this Application Form.

5 Send your documents to the Responsible Entity:

by post:

Australian Capital Funds Management Limited

Suite 13.01

570 George Street

SYDNEY NSW 2000

or by email to: info@acfml.com.au

6 Payment of application moneys

Please to Section 1 for details for how to pay your application money.

Legal notices

This Application Form relates to the Product Disclosure Statement dated 07 December 2022 (**PDS**) for an offer of units in the Fund. The PDS contains important information about investing in the Fund and you should read it before applying for units.

Australian Capital Funds Management Limited ACN 130 957 658 holder of Australian Financial Services Licence (**AFS Licence**) 327505 (**Responsible Entity**) is the responsible entity of the Fund.

The Responsible Entity is committed to ensuring the confidentiality and security of your personal information. We handle your personal information in accordance with the Privacy Act 1988 (Cth) and our privacy policy, which is available on request.

Paper application forms should always be accompanied by a paper copy of the current PDS. Electronic application forms (such as downloaded and emailed copies) should always be attached to the current PDS. If the PDS is missing, do not complete this form. Instead, contact us and you will be sent the current PDS. Prior to its completion and signing, this Application Form must not be handed to any person unless accompanied by the PDS.

Complete all relevant sections of this Part A in **BLOCK LETTERS** and using **black pen**. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

PART A - INVESTMENT DETAILS

Are you an existing investor in the Fund?

Yes - my investor number is

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Please complete Part A and Part C only.

No - Complete all sections relevant to you. Please refer to the guide on the previous page.

Investment details and amount

Class of units	Investment amount*

* Refer to the PDS for details of the minimum investment amount and subsequent increments.

Please select the source and origin of funds being invested:

- savings
- investment
- superannuation contributions
- commission
- donation/gift
- inheritance
- normal course of business
- asset sale, **or**
- other – write the source and origin of funds below

Please select the purpose of your investment:

- savings
- growth
- income
- retirement
- business account
- other (please specify)

Payment of application amount

Please select your payment method. All payments must be made in Australian dollars.

I am paying my application money by:

- EFT
- Cheque

If you are making payment by EFT.

Financial Institution name and branch location	Westpac Banking Corporation 275 Kent Street, Sydney NSW 2000
BSB number	033-002
Account number	096756
Swift/BIC	WPACAU2S/WPACAU2SXXX
Account Name	CERTANE CT PTY LTD DF DIMENSION FIXED INCOME FUND
Reference	<Your Investor Number / Investor Name>

If you are making payment by cheque, please ensure your Application Form is accompanied by a cheque made payable to: 'CERTANE CT PTY LTD DF DIMENSION FIXED INCOME FUND'

Please cross and write 'not negotiable'. Australian dollar cheques only.

Financial institution account details

For your distribution payments and/or future redemption payments. Payments will not be made into third party accounts

Financial institution name

Branch name

BSB number

Account number

Account name

Communication

- I do **not** wish to receive correspondence by email (such as transaction confirmations, statements, reports, etc.).
- Please ensure no marketing material is sent to me.
- I/we wish to receive the annual financial statement by post to the address shown in this Application Form or as otherwise notified to the Responsible Entity from time to time
- I/we wish to receive the annual financial statement by email to the email address shown in this Application Form or as otherwise notified to the Responsible Entity from time to time

Note: A copy of the Fund's annual financial statement will be made available for free on our website.

Adviser fee

Please complete this section if you have agreed for a financial adviser to charge you an Upfront Advice Fee from your investment amount calculated as a percentage of your investment amount. This fee may be an amount up to 1.1% (including GST) of your investment amount:

(including GST) %

To authorise the licensee or dealer group to pay all or part of the adviser fee to your financial adviser, please indicate below the percentage of the Upfront Advice Fee you authorise the licensee or dealer group to pay to your financial adviser.

(including GST) %

Financial Adviser details

If you have a financial adviser and you would like us to be able to communicate with them directly in relation to your investment in the Fund, your financial adviser can assist you complete this section.

Licensee/Dealer group name

Adviser name

AFSL number

Authorised representative number (if any)

Email address

Business number (include country and area code)

Mobile number (include country code)

PART B – INVESTOR

Please refer to Type A AML/CTF Identity Verification Requirements in Section 3

Investor 1 – Personal Details

Title Full name

Date of birth (DD/MM/YYYY)

Usual occupation

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

Postal address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

B.1 Individuals

Please complete if you are investing individually, jointly or you are an individual or joint trustee.

Contact details

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

Are you a sole trader?

No Yes

If you are a sole trader, what is your business name?

ABN (if any)

Tax details – Australian residents

If you are an Australian resident for tax purposes please provide your Tax File Number (**TFN**) or claim an exemption. You do not have to provide your TFN or claim an exemption. If you do not provide your TFN or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

Property/Building name (if applicable)

Tax details – Non-Australian residents

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes*

*Please also complete Section 2 of this Application Form.

Investor 2 – Personal Details

Title Full given names

Date of birth (DD/MM/YYYY)

Usual occupation

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

Postal address (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

Contact details

Home number (include country and area code)

Business name (include country and area code)

Mobile number (include country code)

Email address

Are you a sole trader?

No Yes

If you are a sole trader, what is your business name?

ABN (if any)

Tax details – Australian residents

If you are an Australian resident for tax purposes please provide your Tax File Number (TFN) or claim an exemption. You do not have to provide your TFN or claim an exemption. If you do not provide your TFN or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

Property/Building name (if applicable)

Tax details – Non-Australian residents

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes

*Please also complete Section 2 of this Application Form.

If there are more than two individual trustees, please attach additional completed copies of this page to your application.

B.2 Companies

Please complete if you are investing as a company or as a trust with a company as trustee.

Please refer to Type B AML/CTF Identity Verification Requirements in Section 3

Company details

Full name of company (as registered by ASIC if incorporated in Australia)

ACN or ABN (for foreign companies provide your Australian Registered Body Number (ARBN) if you have one)

Australian Tax File Number (TFN)

* If you are investing as a foreign company or as a trust with a foreign company trustee, please complete the following

Country of formation

Country of residency (if a foreign company)

Registered in Australia?

No Yes

If yes, what is the ARBN

Registered in that country?

No Yes

If yes, what is the name of regulator/exchange

Identification number issued by foreign registration body

If you have appointed a local agent what is their name?

Registered office address

A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company that is registered in Australia write your registered Australian address

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Postal address (if different to above)

A PO Box/RMB/Locked Bag is acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Contact person at company

Name

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

Company type

Please complete the section below for public companies or private companies (as applicable).

Public company

Are you a public company?

No Yes

Private company

Are you a private company?

No Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

Director details

How many directors are there?

Provide the full name of each director:

Director 1

Title Full given names

Surname

Director 2

Title Full given names

Surname

Director 3

Title Full given names

Surname

Director 4

Title

Full given names

Surname

If there are more directors, please write down details on a piece of paper and attach this to your form.

Regulated/listed companies

Are you an Australian listed company?

No Yes – name of market/exchange

Market/exchange

Are you a majority-owned subsidiary of an Australian listed company?

No Yes – name that listed company and its market/exchange

Regulator

Licence number

Non-regulated/non-listed companies

If you answered no to both the questions in section above, please fill in the sections below.

Beneficial owner details

Please provide names of all beneficial owners who are individuals who through one or more shareholdings ultimately own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company, and either the date of birth or full residential address of each such beneficial owner.

Beneficial owner 1

Title

Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Beneficial owner 2

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

/ / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Beneficial owner 3

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

/ / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Beneficial owner 4

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

/ / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

B.3 Trusts or superannuation funds

Please complete if you are investing as a trust or superannuation fund. Each trustee must also complete the 'individual' or company' section above as appropriate.

See Type C AML/CTF Identity Verification Requirements in Section 3

Trust or superannuation fund details

Name of trust or superannuation fund

Business name (if any)

ABN (applicable if you are a trust or a self managed superannuation fund registered with the Australian Tax Office)

Australian Tax File Number (TFN)

Country in which the trust was established

Type of trust

Regulated trusts

This includes complying super funds and SMSFs

Super fund – or another type of trust registered and regulated by an Australian Commonwealth statutory regulator

No Yes

If yes, please tell us:

The regulator if not APRA or the ATO

Any licence number

Registered managed investment scheme

No Yes

If yes, please tell us the ARSN

Government superannuation fund

No Yes

Non-regulated trusts

Including family discretionary trusts, family and other unit trusts, deceased estates and charitable trusts (but not including self- managed super funds)

Are you a non-regulated trust?

No Yes

If yes, please specify the type of trust

Please provide full names of all beneficial owners who are individuals who own 25% or more of the trust income or assets or who control (whether directly or indirectly) the trust and either the date of birth or full residential address of each beneficial owner:

'Control' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Beneficial owner 1

Title

Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

 / / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Beneficial owner 2

Title

Full given names

Surname/ACN

Date of birth (DD/MM/YYYY)

 / / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Beneficial owner 3

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY) / / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

Beneficial owner 4

Title Full given names

Surname/ACN

Date of birth (DD/MM/YYYY) / / OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

If there are any other direct beneficiaries of the trust who are not beneficial owners, write down their names on a piece of paper and attach to this form.

If the trust deed describes the beneficiaries by reference to member of a class please write down on a piece of paper, the class to which the beneficiaries belong e.g. family members, unit holders, un-named charities and attach to this form.

Please provide the name of the appointor of the trust, if applicable

'Appointor' means the appointor has the power to appoint or remove the trustees of the trust. Not all trusts have an appointor.

Name of trust settlor

'Settlor' means the person that creates the trust. The settlor may be, for example, your accountant or solicitor.

PART C – DECLARATIONS

Acknowledgements

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS dated 08 July 2022 for the offer of Units in the Fund;
- you understand the information in the PDS is general information only and does not take into account your individual objectives, financial situation or needs;
- all details provided by you in this Application Form are true and correct and you understand that we will rely on the information in this Application Form;
- if you have instructed us to do so in Part A of this Application Form, you direct and authorise us to deduct an Upfront Advice Fee from your application money and pay it to a financial adviser on your behalf;
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association;
- you are not bankrupt or a minor;
- you agree to be bound by the constitution of the Fund, as amended from time to time, and you will become a unitholder on and subject to the terms of the Fund constitution (as amended from time to time);
- you authorise us to use the TFN, ABN or exemption provided (if any) for all future applications for Units;
- you understand the risks of investing in the Fund;
- if requested by us, you will provide information we require in order to comply with an applicable law, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS);
- you are not a 'politically exposed' person or organisation for the purpose of the AML/CTF Act and will notify us if you become a 'politically exposed' person or organisation for the purposes of the AML/CTF Act;
- you understand that we may (acting reasonably) decide to delay or refuse any request or transaction (including by suspending the issue of Units or withholding a distribution), if we are concerned that the request or transaction may breach any obligation of, or cause any person to commit or participate in an offence under, the AML/CTF Act, and we will not be liable to you if we do so;
- you understand that neither we or any related body corporate of either guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund; and
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and our privacy policy.

Signatures

Signing instructions

Trust — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney — if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of individual or company officer

Print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
 Company secretary
 Authorised signatory

Signature of individual or company officer

Print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
 Company secretary
 Authorised signatory

If you are a joint trustee, please indicate whether a single investor can operate your account.

- Yes No

Please complete this form if you are either an individual or corporate trustee. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

PART A – FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DISCLOSURE

Is the applicant (whether an individual trustee) or any shareholder (when a company trustee) or beneficial owner* a US citizen or resident of the US for tax purposes?

- Yes
 No

If **yes**, please complete the rest of part A of this Section 2.

If **no**, please proceed to part B of this Section 2.

'Beneficial Owner' means an individual who ultimately owns or controls (directly or indirectly) the investor. In the case of a company or trust these individuals who own through one or more shareholdings, unitholdings or interests more than 25% of the issued capital, equity or ruling rights.

Please attach a separate piece of paper listing all individuals or beneficial owners if there are more than two (2).

FOREIGN ACCOUNT TAX COMPLIANCE ACT ('FATCA')

1 Are you a US trust, US Company or US Partnership?

Yes. If yes, provide your US Taxpayer Identification Number:

No. Complete Non-US Entities section below.

2 Is the trust or company exempt for US tax purposes?

- Yes
 No – US Citizens or Residents for Tax Purposes

NON-US ENTITIES

Are you a (please tick ONE box from the list below):

- Regulated superannuation fund (self-managed super fund, APRA regulated super fund, government super fund or pooled superannuation trust)
- Government entity
- Registered cooperative
- Association
- Non-financial public company (public companies that are not financial institutions)
- Financial institution or trust with a trustee that is a
financial institution, _____
Global Intermediary Identification Number
(GIIN), if applicable
If no GIIN is available, provide FATCA status¹
- Non reporting IGA (listed in Annex II of an IGA)
- Deemed compliant FI
- Excepted FI
- Exempt beneficial owner
- Non participating FI
- GIIN applied for but not yet issued
- US Financial Institution

PART B - COMMON REPORTING STANDARD DISCLOSURE – OTHER FOREIGN COUNTRIES

Is the applicant (whether an individual trustee) or any shareholder (when a company trustee) or beneficial owner* a tax resident of a country other than Australia or the United States of America?

- Yes
 No

If yes, please complete the rest of part B of this Section 2.

If no, this form is now complete.

If the individual or entity is a tax resident of any other country outside of Australia or the United States of America, please indicate the country(ies) in which they are a resident for tax purposes and each country's associated Tax Identification Number (TIN). If a TIN is not available, please tick the appropriate reasons.

'Beneficial Owner' means an individual who ultimately owns or controls (directly or indirectly) the investor. In the case of a company or trust these individuals who own through one or more shareholdings, unitholdings or interests more than 25% of the issued capital, equity or ruling rights.

Note: Please **attach** a separate piece of paper listing all individuals or beneficial owners if there are more than two (2).

¹ For example, deemed compliant foreign financial institution (**FFI**), exempt beneficial owner, non-participating FFI, excepted FFI.

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') program. The AML/CTF program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

Identification Checklist for Different Investor Types

TYPE A – Individuals/ Joint	
<p>Each individual investor, individual trustee, beneficial owner, or individual agent or authorised representative must provide one of the following primary photographic ID:</p> <p><input type="checkbox"/> Australian driver's licence showing your photo, and please copy the front and back or</p> <p><input type="checkbox"/> foreign driver's licence showing your date of birth, signature and photo or</p> <p><input type="checkbox"/> Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you or</p> <p><input type="checkbox"/> foreign passport showing your signature and photo, and please copy the pages which identify you or</p> <p><input type="checkbox"/> Australian State or Territory Government issued ID card showing your date of birth, signature and photo or</p> <p><input type="checkbox"/> foreign Government issued ID card showing your date of birth, signature and photo.</p> <p>If you do NOT own one of the above ID documents, please provide one valid option from Group A and one valid option from Group B.</p>	
Group A	Group B
<p><input type="checkbox"/> Australian or foreign government issued birth certificate or</p> <p><input type="checkbox"/> Australian or foreign government issued citizenship certificate or</p> <p><input type="checkbox"/> Centrelink pension or health card please copy the front and back</p>	<p><input type="checkbox"/> a Government issued notice one which shows your name and residential address, not more than 12 months old or</p> <p><input type="checkbox"/> a rates or utilities notice one which shows your name and residential address, not more than 3 months old or</p> <p><input type="checkbox"/> ATO notice one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.</p>
TYPE B - Companies	
<p>For Australian Registered Companies, provide one of the following (must clearly show the Company's full name, type (private or public) and ACN):</p> <p><input type="checkbox"/> A certified copy of the company's Certificate of Registration or incorporation issued by ASIC, OR</p> <p><input type="checkbox"/> A copy of information regarding the company's licence or other records held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSE, ACL etc. OR</p> <p><input type="checkbox"/> A full company search issued in the previous 3 months, OR</p> <p><input type="checkbox"/> If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code, OR</p> <p><input type="checkbox"/> If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code for the holding company.</p> <p>For Foreign Companies, provide one of the following:</p> <p><input type="checkbox"/> A copy of a company search on the ASIC database or relevant foreign registration body OR</p> <p><input type="checkbox"/> A certified copy of the company's articles of association or constitution.</p> <p><input type="checkbox"/> A certified copy of the company's Certificate of Registration or incorporation issued by the foreign jurisdictions in which the company was incorporated, established or formed.</p> <p>All of the above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.</p> <p>In addition, please provide verification documents for each <u>beneficial owner</u>* (senior managing official and shareholder) as listed under TYPE A.</p> <ul style="list-style-type: none"> • A beneficial owner of a company is any customer entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official (or equivalent). 	
TYPE C - Trusts	
<p>For a regulated trust such as Registered Managed Investment Scheme, Government Superannuation Fund or a trust registered with the Australian Charities, Regulated Superannuation Fund (including a self-managed super fund) and Not-for-profit Commission (ACNC), please provide us with certified copies of one of the following:</p> <p><input type="checkbox"/> The company search of the relevant regulator's website e.g. APRA, ASIC, or ATO.</p>	

- Relevant extract of the legislation establishing the government superannuation fund sourced from a government website.
- A copy from the ACNC of information registered about the trust as a charity
- Annual report or audited financial statements.
- A notice issued by the ATO within the previous 12 months.
- Annual report or audited financial statements.
- The Trust Deed

For all other **Unregulated trust** (including Foreign trust), provide the following:

- Trust deed
or an extract of the trust deed showing the full name of the trust and any named trust settlor
- Other documentation
confirming the full name of the trust and the name of the trust settlor

If the trustee is an individual, please also provide verification documents for one trustee as listed under TYPE A.

If the trustee is a company, please also provide verification documents for a company as listed under TYPE B.

TYPE D - Authorised Representatives and Agents

In addition to the above entity groups:

- If you are an Individual Authorised Representative or Agent – please also provide the identification documents listed under TYPE A.
- If you are a Corporate Authorised Representative or Agent – please also provide the identification documents listed under TYPE B.

All Authorised Representatives and Agents must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, Executor or Administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.

Instructions for completing Identity Verification

Copies or originals?	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
Certifying copies	<p>You must have someone certify the copies you send to us. The following people can be the certifier:</p> <ul style="list-style-type: none"> • your accountant so long as they are a member of the Institute of Chartered Accountants Australia and New Zealand, CPA Australia or the Institute of Public Accountants membership • your lawyer as long as they are a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court, of Australia or foreign country, as a legal practitioner (however described), or an Australian justice of the peace or notary public or foreign equivalent • a police officer • a post office worker as long as they are in charge of a Post Office or are a permanent employee with 2 or more years of continuous service • a bank or financial institution officer as long as they are an officer with 2 or more continuous years of service with one or more financial institutions or companies • a consular officer so long as they are a consular officer or diplomatic officer, or • a judge, magistrate, chief executive officer of a court, or registrar or deputy registrar of a court.
What should the person certifying write?	"I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialled by the person certifying your documents.
Not in English?	Documents not in English must be accompanied by an English translation prepared by an accredited translator. Applications made without providing this information cannot be processed until all the necessary information has been provided.
	<p>Please note:</p> <ul style="list-style-type: none"> • Identification documentation provided must be in the name of the investor. • If you are unable to provide the identification documents described please contact us.