

# IOOF CASH MANAGEMENT TRUST

October 2021

# Application form

#### For help with completing the IOOF Cash Management Trust application form please call Investor Services on 1800 002 217.

#### How to invest

- 1 Read the Product Disclosure Statement (PDS) for the IOOF Cash Management Trust (Trust).
- 2 Read the important information included in the IOOF Cash Management Trust Reference Guide (Reference Guide) and this application form.
- 3 Complete all relevant sections of the application form.
- 4 Read and sign the declaration in Step 7 of the application form.
- 5 Attach your supporting identification and documents.
- 6 Lodge your application form together with supporting identification and documents.

#### Use of this application form

If you are investing via an investor directed portfolio service (IDPS) or master trust, contact the operator of the IDPS or the trustee of the master trust for details on how to apply.

#### **Eligible investors**

The investments offered in the Trust are only available to persons receiving the PDS and Reference Guide (electronically or otherwise) within Australia. Applications from outside Australia will generally not be accepted.

#### Investor identification requirements for new investors

In order to comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act), we may require you to provide us with proof of identification. In some circumstances, depending on the type of investor you are, we may also require additional client identification documentation as detailed below.

As a general rule, you will need to provide proof of your identity:

- if you do not have any existing accounts set up within the IOOF group
- if you have existing accounts with the IOOF group, but wish to open an additional account:
  - that will be in a different name to the existing accounts (such as in your family company name, or a joint account) or
  - that will be in a different capacity to the existing accounts (as trustee for a trust, a deceased estate, for a person under the age of 18 years, or on behalf of an unincorporated association).

Where proof of identification is required, you will need to return your initial application form, together with any certified copies of supporting identification documentation.

We reserve the right not to accept (wholly or in part) any application for any reason or without reason. If we refuse to accept an application, any funds received from you will be returned to you without interest.

#### Incomplete, or incorrectly completed application forms

If, for any reason, we are unable to process your application (eg the application form is incomplete or incorrectly completed or we are not satisfied that we have received the necessary proof of identification requirements to meet our obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF), the application monies will be held by us in a non-interest bearing trust account for up to 30 days (whilst we endeavour to verify your identification information or obtain any necessary outstanding information) after which we will return the application monies to you.

#### Applications made by persons under 18 years of age

The responsible entity is unable to accept investments by persons under the age of 18 years. Applications in respect of minors should be made by their parent or guardian. The investment may be titled 'name of parent/guardian' account for 'name of child'.

## **Step 1: Application details**

Are you an existing investor in the IOOF Cash Management Trust?

No If this is a new investment application, please complete all required sections of this application form (as applicable).

pplication for i	investment into:	
------------------	------------------	--

Class A – APIR code PIM0002AU, as noted on page 1 of the IOOF Cash Management Trust PDS

(	)	F	R

Class D – APIR code AUX0021AU, as noted on page 1 of the IOOF Cash Management Trust (for platform investors) PDS

Yes If this is an additional investment application please provide your IOOF Cash Management Trust account number

All investors need to sign the applicant declaration in Step 7 of this application form.

**Existing investors** will need to complete **section 'Step 2 – Type of investor**', as indicated, and the relevant steps of this form as applicable for your instruction to add.

Generally existing investors who hold investments in other products within the IOOF group, will not be required to provide proof of identification requirements under AML/CTF legislation, unless they are applying under a different name to their existing accounts or in a different capacity to their existing accounts.

## Step 2: Type of investor

You will need to complete certain sections of this application form depending on your investor type.

What part of Step 2 do you need to complete?

Complete <b>Part A</b> if you are:	Complete <b>Part B</b> if you are:	Complete <b>Part C</b> if you are:	Complete <b>Part B (a), (b)</b> and (h) only if you are:
an individual investor <sup>1</sup> or	a company	a trust with individual	other investor <sup>3</sup>
joint investors		Trustees or a trust with a corporate Trustee or other trust <sup>2</sup>	then go straight to Step 3.
	you have a financial adviser. If you do no	pries will also need to complete the relevan t have a financial adviser, an Additional Tax form(s), please contact Investor Services or	Information Form will need to be

1 Individual investors include individuals acting for themselves or as sole traders.

2 Other trusts may include family or charitable trusts, deceased estates, or accounts set up for a minor child.

2 3 'Other investors' may include partnerships, associations (such as incorporated/unincorporated club/body), registered co-operatives and government entities.

# Part A – Individual or Joint Investors

# Existing IOOF Cash Management Trust investors to complete TITLE, GIVEN NAMES, MAILING ADDRESS and DATE OF BIRTH sections of part A.

(a) Investor 1 (all notices	and	corre	spoi	nder	nce v	will k	oe fo	orwa	irded	i to	the	addr	ess (	ofIn	vesto	or 1)											
Title (Dr/Mr/Mrs/Ms/Miss)							S	Surna	ame																		
Given name(s)																											
This section must be comp	oleted	I. Not	te: P(	О Во	х са	n or	ıly b	e pr	ovide	ed k	selo <sup>.</sup>	w un	der	'Mai	ling a	add	ress										
Residential address																											
Suburb			<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>							S	tate		<u> </u>			ostco	de		<u> </u>		
Country Mailing address (if different from above)																											
Suburb																S	tate					ostco	de				
Phone (bh)													Ph	none	(ah)												
Phone (mobile)															Fax												
Email																											
Date of birth	D	D	/	Μ	Μ	/	Y	Ý	Y	Y								Gen	der		M	lale			Fem	ale	
Occupation																											
Industry of occupation																											
Politically exposed persons organisation, either within							-											-								al	
Are you a politically expose	ed per	rson?	?		Yes	s [		No	(lf 'y€	es', c	com	plete	the	e Poli	tically	y Ex	pos	ed Pe	ersor	וs Fc	orm a	at wv	NW.	ioof.	com	.au)	
Are you residing overseas?					Yes	s L		No	(lf 'ye	≥s′, c	com	plete	an	Over	rseas	Inv	esto	r For	m at	ww	w.io	of.co	m.a،	ıu)			
For Sole Traders Please also complete thi Business name (if applicable) Australian Business Number (ABN)			if you	u are	an I		/idu	al Inv	vesto	or ap	oply	ing a	s a s		trade	er:											
If different from resident	ial ad	dres	s abo	ove.	PO E	30x 1	not	acce	pted	•																	
Business address																											
Suburb																Sta	te				Pos	tcod	le				
Country																											
Are you a tax resident of Au Are you a tax resident of ar			untry	1?	[		Yes Yes		N																		
Please answer both tax r	reside	ncy	ques	stion	is as	you	car	ı be i	a tax	res	iden	nt of r	nor	e tha	an on	ie co	ount	ry. If	you	are	only	a ta>	x res	sider	nt of		

Australia and no other country please proceed to '**Investor 2**'.

#### FOREIGN RESIDENTS ONLY - Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. This information will be reported to the relevant tax authority with Australia and internationally.

For all countries where you are a tax resident please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

Country	TIN	Reason for no TIN <sup>(A,B or C)#</sup>

#### #Reasons for not providing a TIN

Reason **A** – The country of tax residency does not issue TINs to tax residents, OR

Reason  ${\boldsymbol{\mathsf{B}}}$  – You have not been issued with a TIN, OR

Reason C – The country of tax residency does not require the TIN to be disclosed.

#### (b) Investor 2 (for Joint Investors only\*)

Title (Dr/Mr/Mrs/Ms/Miss)							Si	urnar	ne																	
							50							_					<u> </u>					—		
Given name(s)																										
This section must be comple	eted.	Note	e: PC	) Box	x car	n on	ly be	e pro	vide	d be	low	unc	der 'N	Aailii	ng a	ddre	ess'.									
Residential address																										
Suburb																Sta	ite 🗌			Pc	stco	de				
Country																										
Mailing address (if different from above)																										
Suburb																Sta	ite 🗌			] Pc	stcc	de [				
Phone (bh)			]		1								Pho	ne (a	ah)											
Phone (mobile)														F	ax											
Email																										
Date of birth	D	D	/	Μ	М	/	Y	Y	Y	Y							Ge	nder		M	ale		Fe	emal	le [	
Occupation																										
Industry of occupation																										

#### IOOF Cash Management Trust | Application form

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a politically exposed person?	Yes	No	(If 'yes', complete the Politically Exposed Persons Form at www.ioof.com.au)
			(If 'yes', complete an Overseas Investor Form at www.ioof.com.au)
Are you a tax resident of Australia?			
Are you a tax resident of another country?	Yes	No	

Please answer both tax residency questions as you can be a tax resident of more than one country. If you are only a tax resident of Australia and no other country please proceed to '**Step 3**'.

#### FOREIGN RESIDENTS ONLY - Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. This information will be reported to the relevant tax authority with Australia and internationally.

For all countries where you are a tax resident please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

Country	TIN	Reason for no TIN <sup>(A,B or C)#</sup>

#### #Reasons for not providing a TIN

Reason **A** – The country of tax residency does not issue TINs to tax residents, OR

Reason **B** – You have not been issued with a TIN, OR

Reason **C** – The country of tax residency does not require the TIN to be disclosed.

\* Note for joint investors: If either investor is able to operate the account and bind the other joint investor for future transactions (including additional investments, switches and withdrawals) please tick this box.

# Part B – Companies or Other Investors

# Existing IOOF Cash Management Trust investors to complete (A) REGISTERED NAME OF COMPANY/ENTITY and (H) CONTACT PERSON sections of Part B.

If you are investing as a:

**Domestic Company**, please complete all applicable sections of **Part B** including the relevant FSC/FPA Identification form(s) for an Australian Company and their beneficial owners (if you have a financial adviser) or an Additional Tax Information Form (if you do not have a financial adviser) as applicable to you.

**Foreign Company (domiciled in Australia)**, please complete all applicable sections of **Part B**, including the relevant FSC/ FPA Identification form(s) for a Foreign Company and their beneficial owners (if you have a financial adviser) or an Additional Tax Information Form (if you do not have a financial adviser) as applicable to you.

**Other Investor**<sup>4</sup> please complete **subsections (a), (b) and (h) only** (below). You will also need to complete the relevant FSC/FPA Identification form(s) (if you have a financial adviser), or an Additional Tax information Form (if you do not have a financial adviser) relevant to your investor type. For a copy of the relevant form, please contact Investor Services on 1800 002 217 or visit our website (www.ioof.com.au).

#### (a) Company/Entity details

Registered name of company/entity														
Australian Company Number (ACN)		_		-		OR								
Australian Registered Body Number (ARBN) (if applicable)		_		-		OR								
Foreign registration number^ (if unregistered in Australia)									 					 
Registered business address														
Suburb					 		5	itate		Pos	tcod	le L		
Country														
Principal business address (if different from above)														
Suburb					 		5	itate		Pos	tcod	le	 	
Country														
Industry in which company operates														

#### (b) Please list Directors/Officeholders/Partners full names (as applicable)

#### Director/Officeholder/Partner 1

Title (Dr/Mr/Mrs/Ms/Miss)				Su	rnan	ne																					
Given name(s)																											
Politically exposed persons a	re in	ndivi	dual	s wh	10 00	cup	yap	rom	iner	nt pu	ıblic	pos	ition	orf	unct	tion	in a	gove	ernm	nent	boc	ly or	inte	rnati	iona		

organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a politically exposed person?

Are you residing overseas?

Yes Yes

No (If 'yes', complete the Politically Exposed Persons Form at www.ioof.com.au)

No (If 'yes', complete an Overseas Investor Form at www.ioof.com.au)

Director/Officeholder/Partne	er 2															1		1						
Title (Dr/Mr/Mrs/Ms/Miss)					Surna	me																		
Given name(s)																								
	• •	1	ь.															1	I .			•		
Politically exposed persons are organisation, either within or or					· ·										-				·				I	
Are you a politically exposed pe	rson?		Ye	es L	No	(lf 'ye	es', cor	nple	te t	he P	oliti	cally	' Exp	osed	d Pei	rson	s Fo	rm a	t wv	vw.ic	oof.c	:om.a	au)	
Are you residing overseas?			Ye	es L	No	(lf 'ye	es', cor	nple	te a	in O	vers	eas l	nves	tor l	orm	n at v	NWV	v.ioc	of.co	m.au	(L			
Director/Officeholder/Partne	er 3																							
Title (Dr/Mr/Mrs/Ms/Miss)					Surna	me																		
Given name(s)																								
Politically exposed persons are organisation, either within or or															-									
Are you a politically exposed pe	Yes No (If 'yes', complete an Overseas Investor Form at www.ioof.com.au)														au)									
Are you residing overseas?																								
Director/Officeholder/Partne	tner 4																							
Title (Dr/Mr/Mrs/Ms/Miss)					Surna	me																		
Given name(s)																								
Are you a politically exposed pe	rson?		Ye	es L			es', cor					-										:om.a	au)	
Are you residing overseas?			Ye	es L	No	(lf 'y∈	es', cor	nple	te a	ın O	vers	eas l	nves	tor l	orm	n at v	NWV	v.ioc	of.co	m.au	(L			
(c) Is the company regu	lated	?																						
Yes	If yes	s, plea	ase sp	pecify	regulate	or:																		
Regulator (such as ASIC, APRA)																								
Licence number																								
No	lf no	, go ti	o sub	-secti	on (d)																			
(d) Is the company listed																								
Yes																								
No																								
(e) Is the company a ma	jority	/ ow	ned	l sub	sidiar	y of	a lis	ted	сс	omp	ban	y?												
Yes	lfver	s nle:	ase ni	rovide	name o	of the	lister	d cor	nna	anv.														
Listed company name																								
	lfno	, an tr	o sub	-sectio			. 1		[															
(f) Company type		50 10	500																					
Private/Proprietary	lfap	oropri	etary	comp	any, co	mple	te suk	o-sec	tio	n (g)	bel	ow.												

# (g) Beneficial ownership – please list full names and addresses of shareholders /beneficial owners who own more than 25 per cent

of the company.

To be completed for proprietary companies or if the company is **not** regulated, listed with the ASX, or, a majority owned subsidiary of a listed company.

Proceed to sub-section (h) if no individuals are identified in this section.

#### Shareholder/beneficial owner 1

Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnar	me																_		
Given name(s) Residential address (Note: PO Box not accepted)																									
Suburb														Sta	ite				Pos	stco	de				
Country																									
Politically exposed persons a organisation, either within or																-									
Are you a politically exposed	pers	on?	[	Yes		lo (	lf 'ye	s', co	mpl	ete 1	the P	Politie	cally	' Exp	ose	d Pei	rsons	s For	m at	t wv	vw.ic	of.co	om.a	iu)	
Are you residing overseas?				Yes		lo (	lf 'ye	s', co	mpl	ete a	an O	verse	eas l	nves	tor	Form	n at v	vww	ioo'	f.coi	m.au	)			
Shareholder/beneficial	ow	nei	r <b>2</b>																						
Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnar	ne																		
Given name(s)																									
Residential address (Note: PO Box not accepted)																									
Suburb														Sta	ite				Pos	stco	de				
Country																									
Politically exposed persons a organisation, either within or																-				-					
Are you a politically exposed	pers	on?	[	Yes		lo (	lf 'ye	s', co	mpl	ete 1	the P	Politi	cally	' Exp	ose	d Pei	rsons	s For	m at	t wv	vw.ic	of.co	om.a	iu)	
Are you residing overseas?				Yes	N	lo (	lf 'ye	s', co	mpl	ete a	an O	verse	eas l	nves	tor	Form	n at v	vww	ioo'	f.coi	m.au	)			
Shareholder/beneficial	ow	nei	r 3																						
Title (Dr/Mr/Mrs/Ms/Miss)					Su	rnar	ne																		
Given name(s)																									
Residential address (Note: PO Box not accepted)																									
Suburb														Sta	ite				Pos	stco	de				
Country																									
Politically exposed persons a organisation, either within or																-				-					
Are you a politically exposed	pers	on?	[	Yes		lo (	lf 'ye	s', co	mpl	ete 1	the P	Politi	cally	' Exp	ose	d Pei	rsons	s For	m at	t wv	vw.ic	of.co	sm.a	iu)	
Are you residing overseas?				Yes		lo (	lf 'ye	s', co	mpl	ete a	an O	verse	eas l	nves	tor	Form	n at v	vww	.ioo	f.coi	m.au	.)			

#### Shareholder/beneficial owner 4

Title (Dr/Mr/Mrs/Ms/Miss)			 Su	rnar	ne											
Given name(s)																
Residential address (Note: PO Box not accepted)																
Suburb									Sta	ite [		Po	stco	de		
Country																
Politically exposed persons a organisation, either within or																

Are you a politically exposed person? Yes

Are you residing overseas?

No (If 'yes', complete the Politically Exposed Persons Form at www.ioof.com.au)

No (If 'yes', complete an Overseas Investor Form at www.ioof.com.au)

#### (h) Other beneficial owners

To be completed if there are no individuals who meet the requirement of sub-section (g)

Yes

Please provide full details of individuals who directly or indirectly control the company.

This includes exercising control through the capacity to determine decisions about financial or operating policies, or by means of trusts, agreements, arrangements, understanding and practices, voting rights of 25 per cent or more, or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

#### Other beneficial owner 1

Title (Dr/Mr/Mrs/Ms/Miss)																								
Given name(s) Residential address (Note: PO Box not accepted)																								
Suburb															Sta	te			P	ostco	ode			
Country																								
Politically exposed persons a organisation, either within or																								
Are you a politically exposed	perso	on?		Y	'es		No	(If 'ye	s', co	mpl	lete	the P	oliti	cally	Exp	osed	Perso	ons	Form	at w	ww.i	oof.c	om.a	u)
Are you residing overseas?				Y	'es		No	(If 'ye	s', co	mpl	ete	an O	vers	eas I	nves	tor F	orm a	at w	ww.io	of.cc	om.ai	L)		
Other beneficial owner 2       itle (Dr/Mr/Mrs/Ms/Miss)																								
Title (Dr/Mrs/Ms/Miss)																								
Given name(s) Residential address																								
(Note: PO Box not accepted)																								
Suburb     State     Postcode       Country     Image: State     Image: State     Image: State																								
Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.																								
Are you a politically exposed person?																								
Are you residing overseas? Yes No (If 'yes', complete an Overseas Investor Form at www.ioof.com.au)																								

#### Identification and tax residency requirements

If you are applying as a company, and have a financial adviser, please ensure you complete the relevant FSC/FPA Identification form, and a separate form for individuals who are beneficial owners (as applicable), or, an Additional Tax Information Form if you do not have a financial adviser. To obtain a copy of the relevant form(s) or if your details change at any time please contact Investor Services on 1800 002 217 or visit our website (www.ioof.com.au).

#### (i) Contact Person

A Contact Person must be nominated for the account.

Title (Dr/Mr/Mrs/Ms/Miss)				Su	rnam	e 🗌												
Given name(s)																		
Mailing address (if different from above)																		
Suburb										State			Po	stcod	e			
Phone (bh)							Pho	one (a	ih)									
Phone (mobile)								F	ax [									
Email																		
Date of birth	DD	/ M	M /	Y	Y	ΥΥ				(	Gende	r	Ma	ale		Fem	ale	

- All future notices and correspondence will be forwarded to the Contact Person
- The Contact Person must be one of the signatories on the account

#### **Security Password**

For security purposes and easier access to your account information via the telephone, please provide a password:

Security password					

Please note: When a representative is nominated, no account information will be provided via the telephone unless this password is quoted.

Part B investor details (Companies or Other Investors) is now complete.

Please ensure all the relevant additional FSC/FPA Identification or Additional Tax Information forms have been completed under this section before proceeding.

# Part C – Trusts (Trust with a Corporate Trustee or Individual Trustees)

Existing IOOF Cash Management Trust investors to complete the (A) FULL NAME OF THE TRUST, (i) CORPORATE TRUSTEE (if applicable OR for INDIVIDUAL TRUSTEES, (ii)), TITLE, GIVEN NAMES, MAILING ADDRESS and DATE OF BIRTH of Trustee 1.

a)	Full	na	me	of	the	Tru	Ist			1												1											
(b)	Full	bı	Jsin	ess	s na	me	e (if	any	y) o	f th	ne t	rust	ee	inı	resp	beo	ct of	f th	e Tr	ust						1							
(c)	Cou	Int	ry o	fe	stal	olis	hm	ent	t of	Trι	ıst																						
(a)			<u>ст</u>		L /L:	- -												-														L	I
(a)	Тур								1	ріу	)																						
	Mar	nag	ed lı	nve	stme	ent S	Scho	eme																									
		Re	giste	red	(prc	vide	AR	SN if	regi	ster	ed)																						
	OR	T																															
		Ur	regi	stere	ed																												
	Reg	ula	ted	Trus	<b>st</b> (su	uch a	is a	Self	Man	age	d Su	pera	nnu	atio	n Fui	nd)																	
			of reg	, ,		ATC	))																										
	(suc	.[] d:	s ASI	С, А	PKA,	, AIC	))																					 		 			
	Reg	istra	ation	nu	mbe	r																											
	Gov	err	mei	nt si	upei	rann	uat	ion	funo	k																							
	5		ion ( estal			hich																											
	Oth	er 1	Frust	: typ	be (si	uch a	as fa	mily	, cha	arital	ble,	dece	ased	d est	ate o	or n	ninor	chil	d)														
	DI			£																													
	7		speci			_		L																									
	Unr	egı	late	d Ti	rust	⊦or	unr	egul	atec	l Iru	sts p	leas	e list	t the	e per	son	I(S) W	ho s	ettle 	es the	e init	tial s	um (	or as	sets	to c	reat	e the	ru ۽ ا	st.			
	Full	nar	ne o	f set	ttlor(	s)																											
I	lote																																
•																	i belo on (f)					n (f)	, if a	pplic	cable	e. Fo	or <b>Tr</b>	usts	wit	hIn	divio	lual	I
																	legisl							fthe	rele	wan	+ 'FS	C Ida	ntif	icati	on Fr	arm	_
																	Inve																
												ioof.																					
	All	tru	stee	es m	nust	sign	the	e Api	olica	nt d	ecla	ratio	n in	Step	o 7.																		

## e) Details of Trustee(s)/Contact Person (complete either i – Corporate Trustee OR ii – Individual Trustee(s) only)

#### i – Corporate Trustee

Company name																										
Contact Person⁵					1								1													
Title (Dr/Mr/Mrs/Ms/Miss)							Su	irnar	ne																	
Given name(s)																				 						
Mailing address																										
Suburb																Sta	ate			Po	stco	de				
Country								1					1													
Phone (bh)													Ph	one (a	ah)											
Phone (mobile)														F	ax											
Email						1																				
Date of birth	D	D	/	Μ	Μ	/	Y	Y	Y	Y							C	ienc	ler	Ma	ale		F	ema	ale	
ii – Individual Trustee(s	)																									
Please list all trustee(s), includ	ing	nam	e(s)	and	addı	ress(	es):																			
Trustee 1⁵		1		1	1																					
Title (Dr/Mr/Mrs/Ms/Miss)							Su	irnar	ne																	
Given name(s)																										
This section must be comple	ted.	Note	e: PC	) Box	k car	n onl	y be	e pro	vide	ed u	nder	'Ma	iling	g add	ress'					 						
Residential address																										
Suburb																Sta	ate			Po	stco	de				
Country																										
Mailing address (if different from above)																										
Suburb																Sta	ate			 Po	stco	de				
Phone (bh)													Ph	one (a	ah)											
Phone (mobile)														F	ax											
Phone (mobile)         Fax         Fax           Email         Image: Second sec																										
Date of birth																										
Occupation																										
Industry of occupation																										
Politically exposed persons a organisation, either within or																										
Are you a politically exposed					Yes									Politi											au)	

Are you residing overseas?

Yes No (If 'yes', complete an Overseas Investor Form at www.ioof.com.au)

Trustee 2	rustee 2																										
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne																		
Given name(s)																											
Residential address (Note: PO Box not accepted)																											
Suburb																Sta	te				Po	stco	de				
Country																											
Politically exposed persons a organisation, either within or												•						-				·				I	
Are you a politically exposed	pers	on?			Yes		N	o (	lf 'ye	s', co	mpl	ete	the F	Politi	cally	Exp	ose	d Pe	rson	s Foi	m at	t wv	vw.ic	oof.c	om.a	au)	
Are you residing overseas?					Yes		N	o (	lf 'ye	s', co	mpl	ete	an O	vers	eas l	nves	stor I	Form	n at v	wwv	v.ioo	f.coi	m.au	I)			
Trustee 3	[																										
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne																		
Given name(s)																											
Residential address (Note: PO Box not accepted)																											
Suburb																Sta	ite				Po	stco	de				
Country																											
Politically exposed persons a organisation, either within or																		-								I	
Are you a politically exposed	pers	on?			Yes			0 (	lf 'ye	s', co	mpl	ete	the F	Politi	cally	Exp	ose	d Pe	rson	s Foi	m at	t wv	vw.io	oof.c	om.a	au)	
Are you residing overseas?					Yes		N	0 (	lf 'ye	s', co	mpl	ete a	an O	vers	eas l	nves	stor l	Form	n at v	NWV	v.ioo	f.coi	m.au	I)			
Trustee 4																											
Title (Dr/Mr/Mrs/Ms/Miss)							Su	rnar	ne																		
siven name(s) lesidential address Note: PO Box not accepted)																											
Country																JLC	ile i				F U.	sico	ue				
Politically exposed persons a	re in	divic	duals	wh	0 OC	cupy	уар	rom	iner	nt pu	blic	pos	ition	orf	unct	ion	in a	gove	ernm	nent	bod	y or	inte	rnat	iona		
organisation, either within or	out	side .	Aust	ralia	ı. Thi I	s de	finiti —	on a	also	exte	ndst	to th	neir i	mm	edia	te fa	mily	mei	mbe	rs ar	nd cl	ose	assc	ciate	2S.		
Are you a politically exposed	pers	on?			Yes								the F		-										om.a	au)	
Are you residing overseas?					Yes		N	о (	lf 'ye	s', co	mpl	ete a	an O	vers	eas l	nves	stor l	Form	n at v	NWV	v.ioo	f.coi	m.au	I)			
<b>(f) Beneficiary details –</b> to be completed only if ' <b>Other Trust type</b> ' was selected in subsection (d) on page 11. Do the terms of the Trust identify the beneficiaries by reference to membership of a class?																											
Do the terms of the Trust identify the beneficiaries by reference to membership of a class?																											
Yes		lf yes of na										ciary	mer	mbe	rshi	o cla	ss/e	s (su	ch a	s un	it ho	lder	s, fai	mily	men	nbei	rs
Class of membership																											
Class of membership																											
Class of membership																											
Class of membership																											

No

#### IOOF Cash Management Trust | Application form

Beneficiary 1				1																				
Title (Dr/Mr/Mrs/Ms/Miss)					Su	irnar	ne																	
Given name(s) Residential address (Note: PO Box not accepted)																								
Suburb													]	Sta	ate				Po	stco	de			
Country																								
Politically exposed persons a organisation, either within or					 											~				·				
Are you a politically exposed	pers	on?		Yes		lo (	lf 'ye	s', cc	mp	ete 1	:he F	Politi	cally	Exp	ose	d Pe	rson	s For	m a	twv	/w.ic	oof.c	om.a	au)
Are you residing overseas?				Yes		lo (	lf 'ye	s', cc	mp	ete a	an O	vers	eas l	nve	stor I	orn	n at v	vwv	v.ioc	of.cor	n.au	I)		
Beneficiary 2				1																				
Title (Dr/Mr/Mrs/Ms/Miss)					Su	irnar	ne																	
Given name(s)																								
Residential address (Note: PO Box not accepted)																								
														C+-					D-		-			
Suburb														Sta	ate				PO	stco	ae			
Country	L																							
Politically exposed persons a organisation, either within or																-								I
Are you a politically exposed	pers	ion?		Yes		lo (	lf 'ye	s', cc	mp	ete 1	:he F	Politi	cally	Exp	ose	d Pe	rson	s For	m a	tww	/w.ic	oof.c	om.a	au)
Are you residing overseas?				Yes		lo (	lf 'ye	s', cc	mpl	ete a	an O	vers	eas l	nve	stor l	orn	n at v	vwv	v.ioc	of.cor	m.au	J)		
Beneficiary 3				_																				
Title (Dr/Mr/Mrs/Ms/Miss)					 Su	irnar	ne																	
Given name(s)																								
Residential address (Note: PO Box not accepted)																								
Suburb														Sta	ate				Po	stco	de			
Country																								
Politically exposed persons a organisation, either within or																-								
Are you a politically exposed	pers	on?		Yes		lo (	lf 'ye	s', cc	mp	ete 1	:he F	Politi	cally	Exp	ose	d Pe	rson	s For	m a	twv	/w.ic	oof.c	om.a	au)
Are you residing overseas?				Yes	N	lo (	lf 'ye	s', cc	mp	ete a	an O	vers	eas I	nve	stor I	orn	n at v	vwv	v.ioc	of.cor	m.au	I)		
Beneficiary 4			 	1																				
Title (Dr/Mr/Mrs/Ms/Miss)					Su	irnar	ne																	
Given name(s)																								
Residential address																								
(Note: PO Box not accepted)														_					_					
Suburb													] 	Sta	ate				Po	stco	de			
Country																								
Politically exposed persons a organisation, either within or																-								

Are you a politically exposed person?

Yes

#### (g) Beneficial owners - to be completed for unregulated Trusts

Please confirm the Trustees listed in sub-section (e) ii are beneficial owner(s) of the Trust.

This includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

Trustee 1	Yes	No
Trustee 2	Yes	No
Trustee 3	Yes	No
Trustee 4	Yes	No

Please also provide full details of other individuals who directly or indirectly control the Trust.

Other beneficial owner 1																										
Fitle (Dr/Mr/Mrs/Ms/Miss)     Surname																										
Given name(s)																										
Residential address (Note: PO Box not accepted)																										
Suburb																St	ate				Po	stcc	de			
Country Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.																										
Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.																										
Are you a politically exposed person?																										
Are you residing overseas? Yes No (If 'yes', complete an Overseas Investor Form at www.ioof.com.au)																										
re you residing overseas? Yes No (If 'yes', complete an Overseas Investor Form at www.ioof.com.au)																										
(Note: PO Box not accepted)																					1					
Suburb																St	ate				Po	stcc	de			
Country																										
Country Country Country Country Country Country Country Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.																										
Are you a politically exposed person?																										
Are you residing overseas?					Yes		N	lo (	lf 'ye	es', co	omp	lete	an C	Overs	seas	Inve	stor	Fori	n at	ww	w.ioc	of.co	m.ai	l)		

#### Identification and tax residency requirements

If you are applying as a trust, and have a financial adviser, please ensure you complete the relevant FSC/FPA Identification form, including a separate form for individuals who are beneficial owners (as applicable), or, an Additional Tax Information Form if you do not have a financial adviser. To obtain a copy of the relevant form or if your details change at any time please contact Investor Services on 1800 002 217.

# **Step 3: Investment details**

This section allows you to make an initial or additional investment via cheque to the IOOF Cash Management Trust, and/or specify how you would like your income distributed.

Name of Trust	Amount to be invested		uld you like e distributed?^
		OPTION A Reinvested as additional units (√)	OPTION B <sup>#</sup> Deposited directly into your nominated financial institution account (√)
IOOF Cash Management Trust	\$		

#### Important note:

For any initial deposit equal to or more than \$2 million you must also complete the High Threshold Transaction form available at www.ioof.com.au

#### ^ Please note:

- If you do not select a distribution method this will be taken as a direction to reinvest your income distribution as additional units in the Trust from which the income was derived.
- If you select Option B and a payment is rejected by your financial institution, this will be taken as a direction to reinvest that income distribution and all future income distributions as additional units in the IOOF Cash Management Trust.

#### # Income distribution account details

Only complete the section below if you have selected to have your distribution paid directly into your nominated financial institution account, and you have not previously provided us with your financial institution account details, or if you wish to change your nominated financial institution account.

Financial institution																
Branch																
Account name																
BSB		- [			Ac	cou	nt n	umł	ber [							

#### Payment details:

#### Cheque

Please make your cheque payable to 'IOOF Applications Trust Account-Applicant(s) Name' marked 'Not Negotiable'.

Please send your completed application form together with any supporting documents (and cheque if applicable) to:

#### IOOF Reply Paid 264 Melbourne VIC 8060

# Step 4: Tax file number (TFN) or Australian business number (ABN) notification or exemption

Important information regarding your TFN or ABN:

- Collection of your TFN or ABN information is authorised by law, and their use and disclosure are regulated by tax laws and the Australian Privacy Principles.
- Quotation of your TFN or ABN is not compulsory<sup>6</sup> and it is not an offence if you decide not to provide us with this information.
- If you do not provide us with your TFN or ABN, tax will be deducted from your investment earnings at the highest marginal tax rate plus Medicare Levy and forwarded to the Australian Taxation Office (ATO).
- If you are exempt from quoting your TFN or ABN, you must indicate this below or tax will be deducted from your investment earnings.
- An investor who is not an Australian resident for tax purposes is not required to provide a TFN or ABN.

For more information about the use of TFN or ABN, please contact the ATO.

An ABN may be used as an alternative to a TFN if your investment is undertaken in the course of a business or an enterprise. If you are investing on behalf of a superannuation fund, please use the TFN of the superannuation fund.

I/We authorise the use of this TFN or ABN in respect of the investment for which I/we are applying.

Investor 1																			
TFN <b>OR</b> ABN																			
OR																			
I authorise IISL to use th	e TFI	N or	ARN	alre	adv	helc	lon	file											
OR	C 111		1.011	une	uuy	nere	. 011	me.											
I am not an Australian re	side	ent fr	or tay	( DUI	mos	es													
OR		.iii ii	51 (0)	( pui	pos	C3.													
I claim an exemption fro	om q	luoti	ng n	ny TF	N o	r AB	N.												
Reason for exemption																			
Investor 2																			
TEN <b>OR</b> ABN																			
OR						1		1											
I authorise IISL to use th	e TFI	N or	ABN	alre	ady	helc	l on	file.											
OR	eside	ent fo	or tax	k pui	pos	es.													
OR																			
I claim an exemption fro	om q	uoti	ng n	ny TF	N o	r AB	N.												
	- -					-													
Reason for exemption																			

# Step 5: Proof of identity requirements

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF), your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IISL's compliance with AML/CTF legislation). AML/CTF legislation obligates IISL to verify the identity of each of its investors before providing financial services to them.

Please note, generally existing investors within the IOOF group, do not need to provide the proof of identity listed below.

#### Individual investor applicants

If you are a new individual investor in the IOOF Cash Management Trust, making a new investment application, you will need to provide originals or original certified copies of one or more of the following documents. The proof of identity documents are required to be submitted with your application form.

Type of investor (please ✓ appropriate box)	Proof of identity – please provide the relevant document(s).
<ul> <li>(a) Individuals acting for themselves</li> <li>Note, for joint investors, the necessary proof of identity required for each investor.</li> <li>OR</li> <li>Individuals acting as a sole trader</li> </ul>	licence.
(b) Individuals who have been nominated as a Representative or Power of Attorney	<ul> <li>Either one of the following documents:</li> <li>For verification of the identity of a nominated representative or Power of Attorney, refer to the proof of identity requirements listed in Section (a) above.</li> <li>Please note:</li> <li>Where a Power of Attorney has been granted, a certified copy of the Power of Attorney must be provided.</li> </ul>

\*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

#### Who can certify your documents?

The '**Completing Proof of Identity**' document provides a list of persons authorised to certify copies of original documents. To obtain a copy please contact one of Investor Services on 1800 002 217. Alternatively, you can download a copy from our website at www.ioof.com.au.

# All non-individual investor applicants (eg companies, trusts, partnerships and other types of investors)

When completing the relevant FSC/FPA Identification form(s), the identification requirements are included in these forms (if you have a financial adviser). An Additional Tax Information Form must be completed if you do not have a financial adviser. As a guide you can refer to the proof of identity requirements included in the '**Completing Proof of Identity**' document. To obtain a copy please contact one of Investor Services on 1800 002 217. Alternatively, you can download a copy from our website at www.ioof.com.au.

# Step 6: Financial adviser details (financial adviser to complete, if applicable)

We will only register a financial adviser who:

- holds a current Australian Financial Services (AFS) Licence
- is an authorised representative of a current AFS Licensee.

#### Financial adviser details

Dealer group																						
License name																						
Financial adviser name													1	AFS	lice	nce		 	 	 		
Financial adviser number													]	n	num	ber						
If you are a new financial adv	iser*	plea	ase a	also	com	plete	e the	e foll	owir	ng d	etail	s:			-		 			 		
	1 '																					

Business name					 							
Business address												
Suburb								State	Po	stcode		
Mailing address (if different from above)												
Suburb							ſ	State	Po	stcode		
Phone (bh)							ıh)					
Fax						Phor (mobil						
Email												

\* An email notifying you of your new financial adviser number will be forwarded to your office shortly after receipt of this application.

#### Declaration by financial adviser

In submitting this application form:

- I declare that I hold a current AFS Licence **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFS Licence
- I confirm that I have provided the applicant with all the necessary information concerning their chosen investment, including the PDS (and any SPDS)
- I consent to provide IISL access to all proof of identification records for the purposes of this application if requested (pursuant to the AML/CTF Act Part 7.2)
- I confirm that I have conducted the relevant customer identification procedures in line with the obligations under the AML/CTF Act, and

I have attached a certified copy of the applicant's identification document(s) for an individual/sole trader with this application form

Please note: Compulsory where:

- initial contribution is equal to or more than \$2 million or
- the applicant is a Politically Exposed Person or
- the applicant is not residing in Australia

OR

- I have completed and signed the relevant FSC/FPA identification form(s), which is attached to this Application (and retained a certified copy of the applicant's identification document(s)), **OR**
- I have sighted and retained a certified copy of the applicant's identification document(s) recorded in the following 'Record of proof of identity' table (please complete the table and declaration below).

#### IOOF Cash Management Trust | Application form

Record of proof of identity (ID)^	ID document 1	ID document 2
Verified from	Original Certified copy	Original Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	N/A Sighted	N/A Sighted

A For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'completing proof of identity' document which is located on our website at www.ioof.com.au. This document also includes a list of persons authorised to certify copies of original documents.

Signature	D D / M M / Y Y Y
Dealer stamp	

For assistance, financial advisers can contact Investor Services on 1800 002 217

# **Step 7: Applicant declaration**

I/We wish to invest in the IOOF Cash Management Trust as described in the PDS. I/We have personally received the PDS or paper print out

of the electronic version of the PDS and Reference Guide before applying for an investment in the Trust.

I/We declare that:

- all details in this application form are true and correct
- I/we have received and accepted this offer in Australia
- I/we acknowledge that I/we will promptly advise my/our financial adviser and/or IISL^ if any of my/our details change at any time
- I/we certify that I/we am/are the applicant(s) named in Step 2 of this application form OR I/we am/are authorised to provide information and complete this application form on their behalf (ie by way of Power of Attorney)
- I/we am/are aware that information provided about me/us and my/our accounts will be provided to the relevant tax authority within Australia and internationally
- I/we agree to provide any information that may be required for the identification purposes of AML/CTF, FATCA and CRS laws (as applicable).

I/We confirm that I/we have read and understood:

 that an investment made in the IOOF Cash Management Trust does not represent an investment in IISL, nor any related body corporate within the IOOF group, nor any investment management company appointed to manage the investment assets of the Trust.

- that neither IISL nor any related body corporate within the IOOF group, nor any investment management company appointed to manage the investment assets of the IOOF Cash Management Trust, guarantees the performance of the Trust or the return or repayment of capital or income
- the PDS in full and on becoming a unitholder, I/we agree to be bound by the provisions of the PDS and the constitution of the IOOF Cash Management Trust
- that investments in the IOOF Cash Management Trust are subject to investment risks including possible delays in repayment and loss of income and principal invested.

Target Market Confirmation (mandatory)										
I/We declare that:										

- I/We have received personal financial advice in relation to the IOOF Cash Management Trust
   OR
  - I/We have reviewed and understand the Target Market Determination for the IOOF Cash Management Trust

and confirm that the Trust meets my objectives, financial situation and needs

Please note: if your investment objective(s), intended use, investment timeframe and/or investment risk profile are inconsistent with those of the IOOF Cash Management Trust, then we suggest you seek financial advice that takes into account your personal circumstances.

## AML/CTF, FATCA and CRS

- I/We have provided the appropriate documents, as outlined in the 'Completing Proof of Identity' document on www.ioof.com.au, that may be required for the purposes of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)\*
- I/We confirm that we have correctly indicated any applicable foreign or United States tax residency status, for Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) laws in Part A of this Application form and during the customer identification process.
- If I/we are an applicant under Part B or Part C of this application form I/we confirm that I/we have correctly declared our identification and tax residency information in the FSC/FPA Identification forms (if investing with the assistance of a financial adviser) or the Additional Tax Information Form (if investing without the assistance of a financial adviser).
- If I/we previously have opened an IISL product and my/our adviser has not conducted the customer identification procedure under AML/CTF, FATCA and CRS laws in conjunction with this application, I/we confirm that I/we are not a foreign resident or U.S. citizen(s) or resident(s)) for tax purposes, or are not purchasing this product on behalf of another foreign resident, and/or U.S. citizen or resident for tax purposes.
- \* Proof of identity requirements are generally not required for existing investors within the IOOF group as detailed in the PDS.

## Privacy

Information (including my/our personal information) provided to IISL is used for the purpose of opening an investment account and for other related purposes. For the purpose of providing the products and services I/we have requested, IISL may disclose my/our personal information to its related bodies corporate, a person with whom I/we have a joint investment, my/our financial adviser, professional advisers, businesses that have referred me/us to IISL, banks and other financial institutions, or to provide me/us with information about other products or services that may be of interest to me/us.

IISL is required to collect my/our personal information under the *Corporations Act 2001*, the AML/CTF, FATCA and CRS laws. If I/we do not provide all of the requested information, IISL may not be able to action my/our request. To verify my/our identity for Know Your Customer (KYC) purposes, IISL may also solicit personal information about me/us from reliable identity verification service providers.

My/Our personal information will be handled in accordance with IISLs Privacy Policy. The Privacy Policy contains information about how I/we may access or correct my/our personal information held by IISL and how I/we may complain about a breach of the Australian Privacy Principles. I/We may request a copy of the Privacy Policy by contacting IISL on 1800 002 217 or at www.ioof.com.au/privacy.

#### **Marketing material**

If you **do not** agree to IISL or any related body corporate within the IOOF group using your personal information for the purposes of marketing the products and services of the IOOF group from time to time, then please tick this box:

## **Financial report**

A financial report is available online at www.ioof.com.au by 30 September each year, detailing the financial position of the IOOF Cash Management Trust at the financial year ending 30 June. Alternatively, you may choose to receive a hard copy of the financial report by ticking this box:

## **Power of Attorney**

If your application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents required in Step 5 ('Proof of identity requirements') with your application form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

## **Corporate investors**

This application form must be signed either:

- under common seal
- by two directors or a director and company secretary or
- by the sole director (where applicable).

#### Important reminder – Identification and tax residency requirements

(Only if you are a Company, Trust, or Other type of investor eg Partnerships and Associations)

If you have a financial adviser and are investing as Company, Trust or Other Investor, you will need to complete and return with your application form, the additional FSC/FPA Identification Form relevant to your investor type.

If I do not have a financial adviser you will need to complete the relevant Additional Tax Information Form if you are investing as a Company, Trust or Other investor. Refer to the separate 'Completing Proof of Identity' document to help you understand what you will need to provide us relevant to your investor type.

All relevant forms can be downloaded from our web site at www.ioof.com.au, or alternatively you can request a copy from Investor Services on 1800 002 217.

#### IOOF Cash Management Trust | Application form

If not signing under common seal, please state your title, eg Director, Company Secretary or Sole Director and Company Secretary.

Signatory 1													D	ate	D	D	/	Μ	Μ	/	Y	Y	Y	Y
Title (such as Director/Sole Director/Company Secretary)																								
Full name												1												
Signatory 2													D	ate	D	D	/	М	М	/	Y	Y	Y	Y
Title (such as Director/Sole Director/Company Secretary)														ale										
Full name																								
<b>Signatory 3</b> (for additional Trustees if applicable)													D	ate	D	D	/	Μ	Μ	/	Y	Y	Y	Y
Title (if applicable)																								
Full name												1												
<b>Signatory 4</b> (for additional Trustees if applicable)		1	1	 	 1	1	1	1	1	1	1		D	ate	D	D	/	Μ	Μ	/	Y	Y	Y	Y
Title (if applicable)																								
Full name																								
Common seal (of company) if required																								

## How to contact us

Responsible Entity	IOOF Investment Services Ltd ABN 80 007 350 405 AFS Licence No: 230703
Registered Office	Level 6 161 Collins Street Melbourne VIC 3000
Postal address	GPO Box 264 Melbourne VIC 3001
Telephone	1800 002 217
Fax	1800 558 539
Email	investorservicesemails@ioof.com.au
Website	www.ioof.com.au