

e **%** pand

Investment •

Forms booklet

Trusts and Companies

Dated 1 July 2022

Issuer IOOF Investment Services Ltd ABN 80 007 350 405, AFSL 230703.

How to get started

In this application form you will find out:

- the steps you need to follow to set up your family, charitable, testamentary, other Australian resident trust or company account
- how to make additional deposits to your account (once it has been set up) using BPAY®.

Which forms to complete

Form name	When to complete this form			
eXpand Investment Application	To set up a new account (online functionality available for financial advisers).			
Family Fee Aggregation Application	To apply for Family Fee Aggregation (online functionality available for financial advisers).			

Before you complete any forms, please ensure you have read the Investor Directed Portfolio Service Guide (Offer Document). If you require further information or any assistance in completing the forms, please contact ClientFirst on 1800 517 124 or your financial adviser. Please note that ClientFirst is not authorised to give you investment or financial product advice.

Step-by-step guide to opening your account

Once you have read the Offer Document and discussed your investment strategy with your financial adviser (if applicable), you are ready to set up your account.

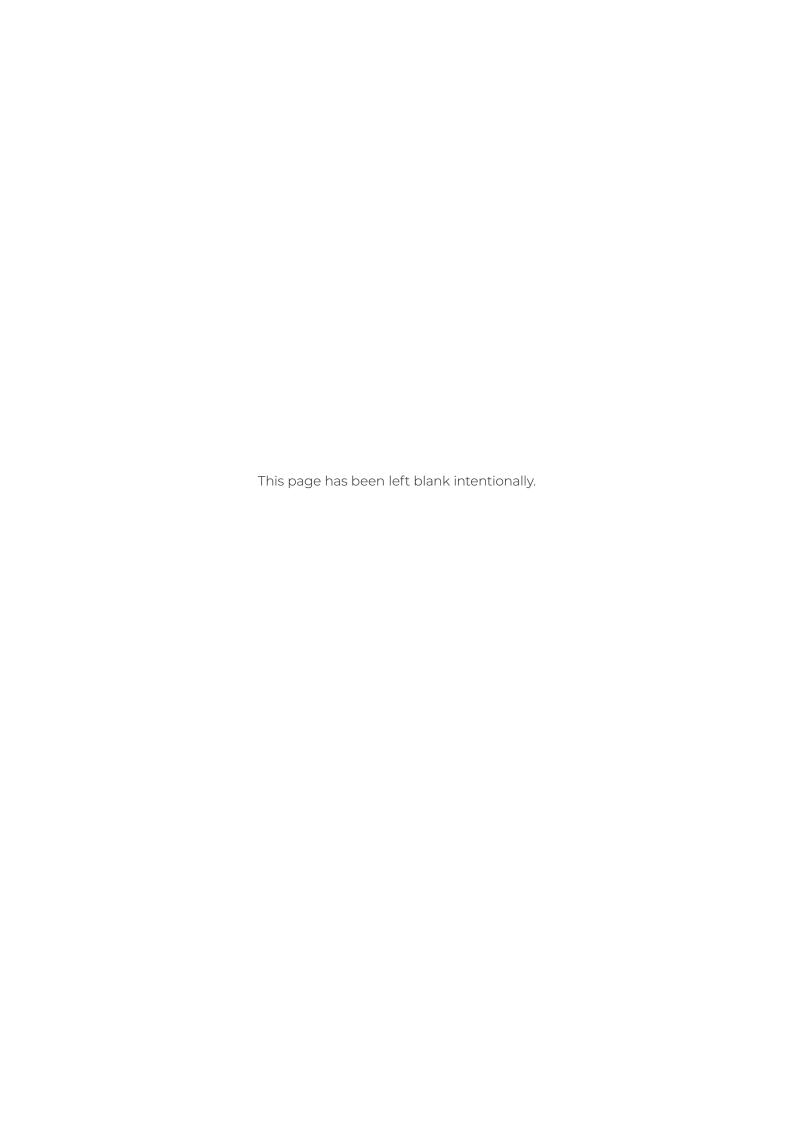
How to set up your account	
Step 1	Complete the Application form and all other forms that are relevant to you.
Step 2	Deposits can be made via BPAY, direct debit or transfers. If you would like to pay by cheque, make your cheque payable to: eXpand Investment – [your trust or company's name or account number] For example, if your trust's name is The Brown Family Trust, your cheque should be made payable as follows: eXpand Investment – The Brown Family Trust
Step 3	If relevant, attach your cheque to your Application, and post the Application and all other completed forms to the following address: eXpand Investment Reply Paid 264 Melbourne VIC 8060 Applications can also be scanned and emailed to clientfirst@myexpand.com.au.

We will send you an Account Schedule, normally within seven business days of joining, confirming your account details and investment strategy.

BPAY details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY	
Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	To make contributions via the BPAY facility, simply log in to your personal account via www.myexpand.com.au to obtain your biller code and unique Customer Reference Number (CRN) information.
	If you are not registered to access your account details, this information is available in your welcome pack or by calling ClientFirst.
Step 3	Record the receipt number provided for your transaction. Please keep this for your personal records.





1 July 2022

eXpand Investment Application

Before you sign this Application form, the Service Operator or your licensed financial adviser is obliged to give you an Offer Document, which is a summary of important information relating to eXpand Investment. The Offer Document will help you to understand the product and decide if it is appropriate to your needs.

Please note: In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF), the Service Operator must obtain proof of identity documents prior to you opening this account. It is important for the Service Operator to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and \checkmark boxes where provided.

Step 1: Applicant details

Step 1A: Trust details

Please complete 'Step 1A: Trust Details' if you are applying for a trust account

OR

'Step 1B: Company Details' if you are applying for a company account.

Trust name	
Please ✓ the box for the un	regulated trust type you are applying for:
Family trust	
Charitable trust	
Testamentary trust	
Other Australian residen	nt trust (please provide description below)
Step 1B: Company	details
Company name	
Please ✓ the box for the co	mpany type you are applying for:
Company type	
Proprietary	
Public	

Listing and Regulatory details
Please \checkmark the box for the listing and regulatory details of the company type you are applying for:
Unlisted, unregulated company
Australian listed company (only applicable for Public company type)
Name of market/exchange
Majority owned subsidiary of an Australian public company
Australian listed company name
Name of market/exchange
Regulated company
Regulator name
License details (eg AFSL, ACL, RSE)
Step 1C: Taxation details
Is the trust or company a tax resident of Australia?
Yes No
This product is only able to be opened for unregulated trusts and companies that are tax residents of Australia.
Australian Business Number (ABN), Tax File Number (TFN) or exemption reason
Provide ABN
Provide TFN – — — — —
Claim exemption from providing a TFN as a registered and endorsed charity or non-profit company exempt from income tax

Providing a TFN or ABN

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors may provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption, we are required to deduct tax at the top rate of tax plus medicare levy from future payment of income to meet Australian taxation law requirements and we may not be able to fulfill your investment request. For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO.

Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (eg distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For trusts list only the applicable ABN or TFN for the trust.

Overseas tax details
Is the trust or company a tax resident of any other country?
If you answered 'yes' above, please complete the below tax residency information.
Country of tax residency Tax identification number or exemption reason Provide TIN Tax identification number Provide a TIN exemption reason Reason for exemption Country of tax residency does not issue TINs to tax residents A TIN has not been issued (please provide details for this reason below) The country of tax residency does not require the TIN to be disclosed Reason you have not been issued with a TIN (if applicable)
Tax Status We are required to collect the tax status of the trust or company in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). Select one of the following tax status options Other (passive non-financial entity) Active non-financial entity Financial institution Australian public listed company (can only apply to company accounts) Majority owned subsidiary of an Australian public listed company (can only apply to company accounts)
For a Trust or Company with a Tax Status of 'Financial institution', please complete this application form along with the Additional Tax Information form

Step 1D: Trust or Company contact details

The trust's Trust Deed must be provided to open the account.

Registered address (PO Box not accepted)			
Suburb		Stato	Post
Mailing address		」 State ∟	code
(If different from above.)			
Suburb		State	Post code
Principal place of business address (if relevant) (PO Box not accepted)			
Suburb		State	Post code
Email			
Electronic communica	itions		
We (as Service Operator) will us	se the applicant's email address to send elec	tronic communi	ications via eXpand Online, inclu
 Annual, Tax and Exit Statem 	ents		
	r events, or confirmation of certain transacti	ons, as required	by law.
Please ensure you enter the ap consent to do so.	plicant's details correctly. By providing the a	pplicant's email,	you are indicating you have thei
communications sent, and amount to alter the details of other Trus	and Online where they will be able to access end communication preferences; however, a tees/Directors/Company Secretaries. St (this section is not required	a Trustee/Directo	or/Company Secretary will not be
•	aw, please provide the applicant's proof of id		
	Proof Of Identity document for further deta		511.
A certified copy of the Trus	st's proof of identification is attached to this a		
OR My financial adviser has co	empleted the verification below.		
Verified from			
Original Certified co	ру		
Document type / search detai	ls		
Trust deed			
Other			
Issue date			

Step 2: Trustee or Company information

Step 2A: Company details

Complete Step 2A and Step 2B if your trust has corporate trustees or if you are applying for a company account. If your trust has individual trustees, please proceed to Step 2B.

Company details	
Company name	
ACN	
Registered address (PO Box is not accepted)	
Suburb	Post code
Principal place of business address (if relevant) (PO Box not accepted)	
Suburb	State Post code
Phone (bh)	Phone (ah)
Phone (mobile)	
Proof of company	
Copy of the company	s's ID documents are attached to this application.
My financial adviser h	nas completed the verification table below.
	ID document 1 ID document 2 (if required)
Verified from	Performed search Original Performed search Original Certified copy
Document issuer/websit	е
Document type / search	details
Issue date / search date	

Step 2B: Trustee/Director/Company Secretary details

Individual 1 Role Please tick which role applies: Director Trustee Company Secretary If company secretary, are they an authorised signatory? Please tick all additional roles that apply: Protector/Guardian Settlor Beneficiary Appointor Shareholder–25% or more of ownership (or 10% ownership if resident of Hong Kong) (only applies to unlisted, unregulated companies) Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Residential address Post Suburb State code Country (if not Australia) Phone Phone (work) (home) Mobile Email Female Date of birth Gender Male Country of residence Director identification number (not mandatory) **Proof of identity** This section is only mandatory for trustees, directors, or company secretaries of trusts and unlisted, unregulated companies. Certified copies of my ID document(s) are attached to this application. Please note: compulsory where: • the initial deposit is equal to or more than \$2 million or • the individual is a Politically Exposed Person or • the individual is not residing in Australia. OR My financial adviser has completed the verification table below. ID document 2 (if required) Record of proof of identity (ID)1 ID document 1 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

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 on www.myexpand.com.au. It also includes a list of persons authorised to certify copies of original documents.

Individual 2 (if applicable)								
Role									
Please tick which role applies:									
Director Trustee		Company Secret	ary						
If company secretary, are they an a	authoris	ed signatory?	Yes		No				
Please tick all additional roles that	t apply:				_				
Appointor Protector/C	Suardian	Settlor		Beneficia	ary L	Company	y secretar	У	
Shareholder–25% or more of ov	wnership	(or 10% ownershi	pifresider	nt of Hong k	(ong) (onlyappliest	ounlisted	, unregulated	d companie:
Title (Dr/Mr/Mrs/Ms/Miss)		Surr	name						
Given name(s)									
Residential address									
Suburb						State		Post code	
Country (if not Australia)									
Phone (work)					Phon (home				
Mobile									
Email									
Date of birth							Gende	r Male	Female _
Country of residence									
Director identification number (not mandatory)									
Proof of identity									
This section is only mandatory fo	or truste	es, directors, or	compan	y secretari	es of t	rusts and u	nlisted, u	nregulated	companies
Certified copies of my ID docu	ument(s) are attached to	this appli	cation.					
Please note: compulsory where:									
• the initial deposit is equal to or									
the individual is a Politically Expthe individual is not residing in									
OR									
My financial adviser has comp	pleted th	ne verification tal	ole below.						
Record of proof of identity (ID)	1	ID document 1			ı	D documen	t 2 (if req	uired)	
Verified from		Original	Се	rtified copy	y [Original		Certified co	py
Document issuer									
Issue date									
Expiry date									
Document number									
Accredited English translation		N/A	Sig	hted		N/A		Sighted	
Country of Issuer (if not Australia))								

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The allie deliced 7 //E = 12 1 1 1 1	
Individual 3 (if applicable)	
Role Please tick which role applies:	
Director Trustee	Company Secretary
If company secretary, are they an au	uthorised signatory? Yes No
Please tick all additional roles that a	apply:
Appointor Protector/Gu	uardian Settlor Beneficiary Company secretary
Shareholder-25% or more of own	nership (or 10% ownership if resident of Hong Kong) (only applies to unlisted, unregulated companie
Title (Dr/Mr/Mrs/Ms/Miss)	Surname
Given name(s)	
Residential address	
Suburb	State Post code
Country (if not Australia)	
Phone (work)	Phone (home)
Mobile	
Email	
Date of birth	Gender Male Female
Country of residence	
Director identification number (not mandatory)	
Proof of identity	
This section is only mandatory for	trustees, directors, or company secretaries of trusts and unlisted, unregulated companie
Certified copies of my ID docun	ment(s) are attached to this application.
Please note: compulsory where:	
the initial deposit is equal to or mthe individual is a Politically Expo	
 the individual is a Politically Expo the individual is not residing in A 	
OR	
My financial adviser has comple	eted the verification table below.
Record of proof of identity (ID) ¹	ID document 1 ID document 2 (if required)
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

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Individual 4 (if applicab	le)
Role Please tick which role applies: Director Trustee	Company Secretary
If company secretary, are they ar	n authorised signatory?
	at apply: //Guardian Settlor Beneficiary Company secretary ownership (or 10% ownership if resident of Hong Kong) (only applies to unlisted, unregulated companies)
Title (Dr/Mr/Mrs/Ms/Miss)	Surname
Given name(s)	
Residential address	
Suburb	State Post code
Country (if not Australia)	
Phone (work)	Phone (home)
Mobile	
Email	
Date of birth	Gender Male Female
Country of residence Director identification number (not mandatory)	
Proof of identity	
	for trustees, directors, or company secretaries of trusts and unlisted, unregulated companies.
Please note: compulsory where:	
• the initial deposit is equal to o	
the individual is a Politically Ethe individual is not residing i	
OR	TI Australia.
	npleted the verification table below.
Record of proof of identity (ID	D) ¹ ID document 1 ID document 2 (if required)
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
Country of Issuer (if not Australia	ia)

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Individual 5 (if applicable) Role Please tick which role applies: Director Company Secretary If company secretary, are they an authorised signatory? Please tick all additional roles that apply: Appointor Protector/Guardian Settlor Beneficiary Shareholder–25% or more of ownership (or 10% ownership if resident of Hong Kong) (only applies to unlisted, unregulated companies) Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Residential address Post. Suburb State code Country (if not Australia) Phone Phone (work) (home) Mobile Email Female Date of birth Gender Male Country of residence Director identification number (not mandatory) **Proof of identity** This section is only mandatory for trustees, directors, or company secretaries of trusts and unlisted, unregulated companies. Certified copies of my ID document(s) are attached to this application. Please note: compulsory where: • the initial deposit is equal to or more than \$2 million or • the individual is a Politically Exposed Person or • the individual is not residing in Australia. OR My financial adviser has completed the verification table below. Record of proof of identity (ID)1 ID document 1 ID document 2 (if required) Verified from Original Certified copy Original Certified copy Document issuer Issue date Expiry date Document number Accredited English translation N/A N/A

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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 on www.myexpand.com.au. It also includes a list of persons authorised to certify copies of original documents.

Individual 6 (if applicable	le)						
Role							
Please tick which role applies:							
Director Trustee		Company Secret	tary	_			
If company secretary, are they ar	n authoris	sed signatory?	Yes	No			
Please tick all additional roles tha	at apply:						
Appointor Protector,	/Guardiar	Settlor	Benefic	ciary 🗌	Company	secretary	
Shareholder-25% or more of c	ownership	o (or 10% ownersh	ip if resident of Hong	g Kong) (or	ılyappliesto	unlisted, unregu	lated companies)
Title (Dulh Aulh Aug (h A - /h Aige)		- Court					
Title (Dr/Mr/Mrs/Ms/Miss)		Sur	name				
Given name(s)							
Residential address						Door	
Suburb					State	Posi code	
Country (if not Australia)							
Phone (work)				Phone (home)			
Mobile							
Email							
Date of birth						Gender Male	Female
Country of residence							
Director identification number (not mandatory)							
Proof of identity							
This section is only mandatory	for truste	ees, directors, o	r company secreta	ries of tru	sts and unl	isted, unregula	ted companies.
Certified copies of my ID do	cument(s	s) are attached to	this application.				
Please note: compulsory where:							
• the initial deposit is equal to o							
the individual is a Politically Exthe individual is not residing in							
OR	n Australi	a.					
My financial adviser has com	onleted th	ne verification ta	hle helow				
						o. (''.	
Record of proof of identity (ID)) ¹	ID document 1		ID	document	2 (if required)	
Verified from		Original	Certified co	ру	Original	Certified	d copy
Document issuer							
Issue date Expiry date							
Document number							
Accredited English translation		N1/A	C: -date -d] NI/A	Civilian I	
Country of Issuer (if not Australia	ia)	L N/A	Sighted		N/A	Sighted	
1	. /						

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Step 3: Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) requirements

Please note that this section only applies to trusts and unlisted, unregulated companies. If you are applying for any other account type, please proceed to Step 4.

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF), please advise the following: (Please note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate eXpand's compliance with the AML/CTF legislation).

Politically Exposed Pers	on (PEP)						
Politically Exposed Persons a							
body or international organis and close associates, either w			ralia. This definition	on also extends t	o their immediate	e family members	
Are any Trustees, Directors o	r Company Secre	taries listed in St	ep 2 of this applic	cation a Politically	/ Exposed Persor	n(s)?	
Individual 1 Individual 1	ndividual 2	Individual 3	Individu	al 4 Ind	ividual 5	Individual 6	
If you have nominated yours	elf to be a Politica	ally Exposed Pers	son, you must cor	mplete and attac	th the following:		
a Politically Exposed Pe	ersons form (www	v.myexpand.com	.au).				
original certified copies	of your identifica	ation documents.					
Tax Residency							
Please answer both tax resid	lency questions a	s you can be a ta	x resident of mor	re than one coun	try.		
	Individual 1	Individual 2	Individual 3	Individual 4	Individual 5	Individual 6	
Are you a tax resident of Australia?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
Are you a tax resident of any other Country?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
If you are only a tax resident country please complete the		l no other countr	y please procee	d to Step 4. If you	u are a tax reside	nt of any other	
		unt Tay Camani		5A) and Canon	an Danastinas	C+ dd (CDC)	
Foreign Residents only – Under FATCA and CRS laws,	_	_	-	-	_		
Tax residency rules differ by							
based on the amount of tim Step 18 : Applicant declaration		s in a country, th	e location of a pe	rson's residence	or place of work.	Refer to	
		other then Austr	olio places provis	do o TINI (Toy Idor	atification Numbe	or) which is the	
For all countries where you a number assigned by each co							
cannot be provided, please I	ist one of the thre	ee reasons specif	ied (A, B or C) for	not providing a	ΓIN.		
Name	Country	T	IN	If no TIN, pl	ease list Reason	A, B or C	
If there are more individuals	If there are more individuals or countries , provide details on a separate sheet and tick this box						
Reasons for not providing	a TIN:						
Reason A – The country of ta	x residency does	not issue TINs to	tax residents, OF	2			
Reason B – You have not bee	en issued with a T	IN – please prov	ide details for th	nis reason, OR			
Reason C – The country of ta	x residency does	not require the T	IN to be disclose	d.			
Reason you have not been is	sued with a TIN (if applicable)					

Please note: It is important that we hold up to date records, so please call ClientFirst on 1800 517 124 if the details you have provided change at any time.

Step 4: Trust associated or other reportable people

Please note that this section may only apply to trusts and unlisted, unregulated companies. If you are applying for any other account, please proceed to Step 6.

You must complete this step to add any associated people to the trust or other reportable people to the unlisted, unregulated company. Under AML/CTF and international tax reporting laws, we are required to collect and verify information about individuals who do, or may, control a trust or company.

- The **settlor** is the person who settled the trust at commencement. In order to create a trust a 'settled sum' (typically a nominal amount of \$10) must pass from the settlor to the trustee. We are only required to collect the information of the settlor if they settled the trust with an a amount of \$10,000 or more and are still alive at the time of this application.
- The **beneficiaries** are the people or companies for whose benefit the trust is created and administered. Beneficiaries can be either primary beneficiaries (who are named in the trust deed) or general beneficiaries (who often are not named individually but are part of a class of beneficiary named in the trust deed). If a beneficiary has a fixed entitlement of 25% or more, certain laws consider that beneficiary as being a controlling person.
- Many, but not all, trusts also have an **appointor**. The appointor is very important as they have the power to appoint and remove the trustee, which is a form of control over the trust.
- **Protector/Guardian** may be used as a separate role to the role of Appointer and act as an additional safeguarding layer to the operation of the trust.
- Other controlling individual or managing official is a role that allows for the capture of all other reportable people either for AML or FATCA/CRS purposes 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 & practices; voting rights of 25% 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).
- Shareholder with 25% or more ownership Shareholders are the people whose shareholding (through direct or indirect shareholdings) is 25% or more of the company's issued share capital, or 10% or more for shareholders from Hong Kong.

Please contact ClientFirst on 1800 517 124 or email <u>clientfirst@myexpand.com.au</u> if you require more than four people to be associated with the trust.

Please provide detail of any trust associated or other reportable people on the following pages.

Trust associated person 1 / other reportable person 1 Please ✓ the box which applies: Roles this associated person may have (note: other reportable persons can only select one role): Protector/Guardian Settlor Beneficiary with 25% or more ownership Other controlling individual Shareholder with 25% or more ownership (or 10% or more ownership for Hong Kong residents) Other managing official Personal details Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Female Date of birth Gender Male Percentage ownership of the trust Address details Residential address Post Suburb State code Country (if not Australia) **Proof of identity** In accordance with AML/CTF Law, please provide the client's proof of identity information. Trust associated people (for trusts) and other reportable people (for companies) also need to be identified, these include: Appointer Settlor • Beneficiary with 25% or more ownership, and/or Other controlling individual • Other managing official • Shareholder with 25% or more ownership Certified copies of my ID document(s) are attached to my application. Please note: compulsory where: the initial deposit is equal to or more than \$2 million or • the individual is a Politically Exposed Person or • the individual is not residing in Australia. OR My financial adviser has completed the verification table below. ID document 1 Record of proof of identity (ID)1 ID document 2 (if required) Verified from Certified copy Original Original Certified copy Document issuer Issue date Expiry date

Sighted

N/A

Sighted

N/A

Document number

Accredited English translation

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Trust associated person 2 / other reportable person 2 Please ✓ the box which applies: Roles this associated person may have (note: other reportable persons can only select one role): Protector/Guardian Settlor Appointor Beneficiary with 25% or more ownership Other controlling individual Shareholder with 25% or more ownership (or 10% or more ownership for Hong Kong residents) Other managing official Personal details Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Female Date of birth Gender Male Percentage ownership of the trust Address details Residential address Post Suburb State code Country (if not Australia) **Proof of identity** In accordance with AML/CTF Law, please provide the client's proof of identity information. Trust associated people (for trusts) and other reportable people (for companies) also need to be identified, these include: Appointer Settlor Beneficiary with 25% or more ownership, and/or Other controlling individual • Other managing official • Shareholder with 25% or more ownership Certified copies of my ID document(s) are attached to my application. Please note: compulsory where: the initial deposit is equal to or more than \$2 million or • the individual is a Politically Exposed Person or • the individual is not residing in Australia. OR My financial adviser has completed the verification table below. ID document 1 Record of proof of identity (ID)1 ID document 2 (if required) Verified from Certified copy Original Original Certified copy Document issuer Issue date Expiry date

Document number

Accredited English translation

N/A

Sighted

N/A

Sighted

N/A

Sighted

Country of Issuer (if not Australia)

¹ 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 on www.myexpand.com.au. It also includes a list of persons authorised to certify copies of original documents.

Trust associated person 3 / other reportable person 3 Please \checkmark the box which applies:

Roles this associated person may	y have (note: othe	r reportable pe	rsons can only select or	ne role):	
Appointor Protector/Gu	uardian L Sett	lor Benef	iciary with 25% or more	ownership Oth	ner controlling individual
Other managing official	Shareholder w	ith 25% or more	e ownership (or 10% or r	more ownership fo	r Hong Kong residents)
Personal details					
Title (Dr/Mr/Mrs/Ms/Miss)		Surname			
Given name(s)					
Date of birth				Gender	Male Female
Percentage ownership				Gender	Male Female
of the trust		%			
Address details					
Residential address					
Suburb			6	State	Post code
				state	code
Country (if not Australia)					
Proof of identity					
In accordance with AML/CTF L. (for trusts) and other reportable Appointer Settlor Beneficiary with 25% or more Other controlling individual Other managing official Shareholder with 25% or more Certified copies of my ID doo Please note: compulsory where: the initial deposit is equal to o the individual is a Politically Ex the individual is not residing in	e people (for conownership, and/o	npanies) also r	need to be identified, t		сіатеа реоріе
OR					
My financial adviser has com	npleted the verific	ation table belo	DW.		
Record of proof of identity (ID))¹	ID document 1		ID document 2	(if required)
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
Country of Issuer (if not Australi	al				

¹ 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 on www.myexpand.com.au. It also includes a list of persons authorised to certify copies of original documents.

Trust associated person 4 / other reportable person 4 Please ✓ the box which applies: Roles this associated person may have (note: other reportable persons can only select one role): Protector/Guardian Settlor Beneficiary with 25% or more ownership Other controlling individual Shareholder with 25% or more ownership (or 10% or more ownership for Hong Kong residents) Other managing official Personal details Title (Dr/Mr/Mrs/Ms/Miss) Surname Given name(s) Female Date of birth Gender Male Percentage ownership of the trust Address details Residential address Post Suburb State code Country (if not Australia) **Proof of identity** In accordance with AML/CTF Law, please provide the client's proof of identity information. Trust associated people (for trusts) and other reportable people (for companies) also need to be identified, these include: Appointer Settlor Beneficiary with 25% or more ownership, and/or Other controlling individual • Other managing official • Shareholder with 25% or more ownership Certified copies of my ID document(s) are attached to my application. Please note: compulsory where: the initial deposit is equal to or more than \$2 million or • the individual is a Politically Exposed Person or • the individual is not residing in Australia. OR My financial adviser has completed the verification table below. ID document 1 Record of proof of identity (ID)1 ID document 2 (if required) Verified from Certified copy Original Original Certified copy Document issuer Issue date Expiry date Document number

Sighted

N/A

N/A

Accredited English translation

Country of Issuer (if not Australia)

Sighted

¹ 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 on www.myexpand.com.au. It also includes a list of persons authorised to certify copies of original documents.

Step 5: Trust associated person or other reportable person Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) requirements

Please complete this section if you have added any associated people to the trust or other reportable people to the company in **Step 4**. Otherwise, proceed to **Step 6** for trust accounts or **Step 8** for company accounts.

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF), please advise the following: (Please note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate eXpand's compliance with the AML/CTF legislation).

Politically	Exposed	Person	(PEP)
-------------	---------	--------	-------

Politically Exposed Persons are individed body or international organisation, eit and close associates, either within or organisation.	her within or outside Au			
Are any trust associated people or ot	her reportable people o	f the company a Politic	ally Exposed Person(s)?	
Trust associated person 1/Othe	er reportable person 1	Trust asso	ociated person 2 / Other	r reportable person 2
Trust associated person 3 / Oth	er reportable person 3	Trust asso	ociated person 4/Othe	r reportable person 4
If you have nominated yourself to be	a Politically Exposed Pe	erson, you must comple	ete and attach the follow	ving:
a Politically Exposed Persons for	rm (www.myexpand.cor	m.au).		
original certified copies of your i	dentification document	ts.		
Tax Residency				
Please answer both tax residency qu	estions as you can be a	tax resident of more tha	an one country.	
	Trust associated person 1 / Other reportable person 1	Trust associated person 2 / Other reportable person 2	Trust associated person 3 / Other reportable person 3	Trust associated person 4 / Other reportable person 4
Are you a tax resident of Australia? Are you a tax resident of any other Country?	Yes No	Yes No	Yes No	Yes No
If you are only a tax resident of Aust any other country please complete the		ntry please proceed to	Step 6 or Step 8. If you a	are a tax resident of
Foreign Residents only – Foreig Under FATCA and CRS laws, we are re Tax residency rules differ by country. based on the amount of time a perso Step 18: Applicant declaration and sig	equired to ask all investo Whether an individual is on spends in a country, t	ors to provide additiona s a tax resident of a part	l information about thei ticular country is often (ir tax residency. but not always)
For all countries where you are a tax in number assigned by each country for cannot be provided, please list one of	r the purposes of admir	nistering tax laws such a	as a Social Security Num	
Name Co	untry	TIN	If no TIN, please list Re	ason A, B or C
If there are more individuals or cour	ntries , provide details o	n a separate sheet and	d tick this box	

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 – please provide details for this reason , OR	
Reason C – The country of tax residency does not require the TIN to be disclosed.	
Reason you have not been issued with a TIN (if applicable)	
Please note: It is important that we hold up to date records, so please call ClientFirst on 1800 517 12 provided change at any time.	4 if the details you have
Step 6: Corporate beneficiary (not required for compar	ny accounts)
Would you like to add a corporate beneficiary?	
Corporate beneficiary 1	
Entity name Australian Company Number (ACN)	
Corporate beneficiary 2	
Entity name Australian Company Number (ACN)	
Corporate beneficiary 3	
Entity name Australian Company Number (ACN)	
Corporate beneficiary 4	
Entity name Australian Company Number (ACN)	
Corporate beneficiary 5	
Entity name Australian Company Number (ACN)	
You must include an ACN for the corporate beneficiary. A corporate trustee cannot be the sol	e corporate beneficiary.

Step 7: Beneficiary class and individual (not required for company accounts)

Please provide information in relation to the beneficiaries of the trust, if not already captured. Additionally, if the trust defines a class of beneficiary, please provide the class below.

Class of Beneficiary	
Individual 1	
Title (Dr/Mr/ Mrs/Ms/Miss)	Surname
Given name(s)	
Individual 2	
Title (Dr/Mr/ Mrs/Ms/Miss)	Surname
Given name(s)	
Individual 3	
Title (Dr/Mr/ Mrs/Ms/Miss)	Surname
Given name(s)	
Individual 4	
Title (Dr/Mr/ Mrs/Ms/Miss)	Surname
Given name(s)	
Individual 5	
Title (Dr/Mr/ Mrs/Ms/Miss)	Surname
Given name(s)	

Step 8: Margin lending

is any or your investment ar	mount being provided by a margin lender?		
Yes			
No (go to Step 9a)			
For details of margin lender	rs please call ClientFirst on 1800 517 124.		
Loan account number			
Name of Margin Lender			
Margin lender authorised signatory 1		Date (
Full name			
Margin lender authorised signatory 2		Date (
Full name			
Margin lender's stamp			

Step 9a: Deposit instruction

You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice.

Please note the deposit instruction, Cash Account preferences and income preferences all form part of your Standing Instructions. Maturing investments (term deposits and fixed term annuities) and listed investments do not form part of your Standing Instructions. For more information on Standing Instructions, please refer to the General Reference Guide.

Please advise us of your Deposit Instruction.

Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- For a full list of investment options available for selection within eXpand Investment go to our website, select from the **Investment Guide** and **Investment Menu** and list your selections in the space provided below.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Maturing investments (term deposits and fixed term annuities) and listed investments cannot form part of your Deposit Instruction. Please refer to Steps 9b and 9c to provide these instructions.

100% Cash Account OR	Deposit Instruction	
APIR Code	Investment option	Allocation (%)
	Cash Account (Mandatory)	
	Total (must = 100%)	

Step 9b: Listed investments

Please provide details of any listed investments you would like to purchase as part of your initial application.

Minimum trade is \$2,000 per listed investment.

ASX code	Investment option	Units	OR	Investment amount
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Please note:

- If additional space is required, please attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.

Step 9c: Term deposit details

Please provide detail	s of any	term deposits you would like to	purchas	e as part of your initial application.
Please select the terr	n depo	sit provider:		
Adelaide Bank	OR	National Australia Bank	OR	ANZ Bank
Please select the tim	eframe	of the term deposit to be opene	ed:	
3 months	OR	6 months	OR	12 months
Amount of term dep	osit	\$	Note: A	minimum of \$5,000 per term deposit applie

Where an investment instruction for a term deposit or listed investment is made at the same time as a new application, these investment instructions will be processed before any other Investment Instruction relating to this new account is processed.

Step 10: Cash Account preferences

Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.
Please specify one of the following options:
Cash Account default minimum of 1% OR
Cash Account percentage nominated in your Deposit Instruction OR
Custom Cash Account minimum of %
Cash Account dollar-based minimum (optional)
You may also nominate a dollar-based minimum on the amount held in your Cash Account (subject to a \$5,000 minimum) that will be used in conjunction with your percentage-based minimum stated above.
If your Cash Account falls below zero, we will then top-up your Cash Account to the lower of your dollar-based minimum or percentage-based minimum.
To set a Cash Account dollar-based minimum please specify the amount here \$
Cash Account top-up
If the balance in your Cash Account is zero or below, the Service Operator will top up the balance to the lower of:
• your selected cash account limit; or
• the Cash Account dollar-based minimum
We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:
Pro-rata (default option) – Redeem funds across all managed investments according to the proportion of the portfolio that they represent. OR
Redemption instruction – percentage – Redeem funds from specified managed investments according to the percentage allocation nominated below.
OR
Pecking Order – Redeem funds from my managed investment(s) according to a prioritised list specified below.
If you don't indicate a top-up method, the default option of pro-rata will be applied.

Redemption

Redemption instructions - percentage and pecking order

APIR Code	Investment option	Instruction (%)	Pecking Order
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
	Total (must = 100%)		

Please note:

- If you selected the pecking order option, please specify which managed investments are to be used and the pecking order in which the funds are to be redeemed, one at a time.
- Where you have selected a percentage redemption instruction, the percentages allocated for your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Restricted investments, listed investments, investment options with extended redemption periods, capital guaranteed income/pension investment options and annuity funds and term deposits (maturing investments) cannot form part of your redemption instruction.

Step 11: Automatic Re-weight Facility

Use this to automate a re-weight of all the eligible investments in your portfolio, according to a percentage-based instruction at a set frequency. I direct the Service Operator to manage my portfolio as follows: Re-weight frequency (choose one): Half-yearly Quarterly Preferred re-weight commencement date (will commence on the 20th of the chosen month): Please note that if the portfolio contains investments which cannot be selected as part of a re-weight (for example maturing investments or investments which cannot be sold), the re-weight preference submitted will be applied to the remaining investments within the portfolio. Please ensure that the re-weight preference includes at least the default minimum allocation to the Cash Account. The default Cash Account minimum is 1%. Re-weight preference: Deposit Instruction - Re-weight my portfolio in accordance with my Deposit Instruction in Step 9a. OR Re-weight Instruction - Re-weight my portfolio in accordance with my Re-weight Instruction specified in the table below. If you have selected the Re-weight Instruction option, please specify which investments are to be used and the respective allocations. Please list all investments in your portfolio below. APIR code or ASX code Name of investment option % allocation Cash Account Total Must add up to 100% including the Cash Account allocation

Important note:

If your portfolio currently has investments held in a Managed Portfolio Service (MPS) model, then you cannot use the automatic re-weight facility for your account.

Step 12: Income preferences I direct the Service Operator to manage income distributions that I receive from managed investments as follows: Re-invest (default option) – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution. OR Retain in Cash Account – Leave all income distributions to accumulate in my Cash Account. OR Income Instruction – percentage – reinvest the income into managed investments selected below. If you have selected the Income Instruction – percentage, please specify which managed investments are to be used and the respective allocations. Please ensure that the Income Instruction does not contain listed or maturing investments. APIR Code Investment option Cash Account (Mandatory) Cash Account (Mandatory)

L								
							Total (must = 100%)	
C	OR							
Г								

Pay all accumulated income distributions to my/our nominated account provided in Step 15.

Transfer accumulated income distributions to my/our nominated account:

Automatic Income Distribution Facility

Quarterly

Half-yearly

The automatic withdrawal will occur on the 25th day of the month following the end of the relevant calendar quarter or half-year. Where the amount is less than \$200, it will remain in the Cash Account for the next quarterly or half-yearly payment. We may process your payment earlier than the specified date to ensure it reaches your nominated financial institution on time.

If you don't indicate your income preference, the default option of re-invest will be applied.

Step 13: Initial deposit details

For initial deposits ed	deposit is \$10,000 OR \$2,500 with a Reg qual to or more than \$2 million you must d Transaction form (www.myexpand.cor I copies of your identification document	also complete and attach:
Details of the initial depo	osit included in this application.	
Cheque		
ВРАУ		
Direct debit		Complete and attach Direct debit request form
External In specie transfer		Complete and attach Transfer of assets into eXpand Investment
Total initial deposit \$		
	Internal transfer source account name*	
Existing account \$	Existing account number(s), if multiple a	iccounts, please specify all.
Partial Transfers		
Please list below the inveall of your holdings in the		to transfer. If you transfer a listed investment, you must transfer
APIR code	Name of investment option	% or \$ amount

Step 14: Regular Withdrawal Plan (optional)

Regular withdrawals will be paid out of your Cash Account according to the frequency and date selected. Regular withdrawals may not be paid if there is insufficient funds in your account to meet the regular withdrawal amount. We may process your regular withdrawal earlier than the specified date to ensure it reaches your nominated financial institution on time.

Do you wish to set up	a Regular Withdrawal Plan?
No (go to Step 15)	
Yes (please compl	lete the details below and Step 15)
Regular Withd	Irawal Plan details
Commence regular withdrawals from	Monthly Quarterly Half Yearly Annually
Regular withdrawal amount required	\$ (minimum \$100)
Step 15: Non	ninated financial institution
•	ial institution details which will be used for Regular Withdrawal Plans (including Automatic Income nd for any ad hoc withdrawals.
Financial institution	
Account name	Account number Account
Please note: Please ensure y	rour account details are correct as we will not be liable for mistaken payments based

Step 16: Advice fees

- IOOF Investment Services Limited (IISL), as service operator of your account, is required to obtain specific written consent on an annual basis before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.
- You may revoke your consent at any time by contacting IISL via the options at the end of this form. Once your consent is revoked, no further fees will be deducted from your account however any amounts paid before you revoke your consent will not be automatically refunded.
- On termination of a fee arrangement, accrued but undeducted Advice Fees may be deducted after the termination date. Where advice fees are deducted monthly they are deducted monthly in arrears.

Choose your fee option(s) by completing the relevant sections below. Fees should be provided including GST. All relevant items in each fee section must be completed. Blank boxes will default to nil.

If you are selecting a Advice Fee - Ongoing, or Advice Fee - Upfront please provide your consent end date below:

The start date is optional, if no start date is provided fees will commence on the date this form is processed with the start da	ite
applying to all ongoing and upfront advice fees. This form must be signed no more than 90 days prior to the start date.	

	· ·	-	- ·	
Start date (optional)				
Consent end date (required)				

The consent end date is the date when all ongoing fees will end if we have not received your consent to continue. Your consent to an ongoing fee arrangement ends 150 days after the next anniversary date.

(1) Advice fee - one-off

A maximum of 10% of the account balance up to a fee of \$11,000 (inclusive of GST), OR a maximum fee of \$3,300 (inclusive of GST) where the fee is greater than 10% of the account balance.

(2) Advice fee - ongoing

Note: Please note this fee cannot be offered in conjunction with a fixed term arrangement.

The available fee options are:

(2a) Percentage based fee options - flat percentage or tiered percentage

Flat percentage fee

Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance % per annum (inclusive of GST)

OF

Tiered percentage fee

• Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance can be applied to the amount for each tier.

% por appum

- The default fee will be 0% if no nomination is made.
- Up to a maximum of 7 tiers.

	Balance from	Balance to	% per annum (inclusive of GST)
Tier 1	\$	\$	
Tier 2	\$	\$	
Tier 3	\$	\$	
Tier 4	\$	\$	
Tier 5	\$	\$	
Tier 6	\$	\$	
Tier 7	\$	\$	

Your adviser has estimated a fee of \$		for the 12 months commencing	
This fee will be calculated daily using thaccount monthly.	he percentage fee above, you	ır daily account balance and will be	charged to your
AND/OR			
(2b) Flat dollar fee.			
Up to a maximum of \$18,000 per annu	ım (inclusive of GST).	\$	per annum (inclusive of GST)
This fee will be pro-rated based on the	number of days in the mont	h and deducted monthly.	
(3) Advice fee – upfront			
Note: Please note this fee cannot be off Up to a maximum of 5.5% (inclusive of C		ed term arrangement.	
Deposits received via cheque and BPA	Y	% (inclusive of GST)	
Your adviser has estimated a fee of \$		for the 12 months commencing	
This fee will be calculated using the peare received.	rcentage fee above, on your o	deposit amount and will be charge	d to your account as deposit
(4) Member Advice Fee -	fixed term arrange	ment	
Fixed Term Arrangement is for fees that date. If the supplied start date is in the			
Start date			
End date			
The available fee options are:			
(4a) Percentage based fee o	ptions – flat percenta	age or tiered percentage	
Flat percentage fee			
Up to a maximum of 2.2% per annum (inclusive of GST) of your account balar	nce	% per annum (inclusive of GST)	
OR			
Tiered percentage fee			
• Up to a maximum of 2.2% per anneach tier.	num (inclusive of GST) of you	ur account balance can be applie	d to the amount for
• The default fee will be 0% if no no	mination is made.		
• Up to a maximum of 7 tiers.		% per annum	
Balance from	Balance to	(inclusive of GST)	
Tier1 \$	\$		
Tier 2 \$	\$		_
Tier 3 \$	\$		
Tier 4 \$	\$		
Tier 5 \$	\$		

\$

\$

\$

\$

Tier 6

Tier 7

Your adviser has estimated	d a fee of \$			for the	term of the	e Fixed Terr	m Arrangement.	
This fee will be calculated account monthly.	daily using t	he percenta	ge fee above	, your daily a	ccount bal	ance and w	vill be charged to y	our
AND/OR								
(4b) Flat dollar fee.								
Up to a maximum of \$18,0	00 per annı	um (inclusive	e of GST).	\$			per annur (inclusive	
This fee will be pro-rated b	ased on the	number of o	days in the m	nonth and de	educted m	onthly.		
Step 17: Finance We will only register a fina holds a current AFSL; or is a representative of a content of a	ncial advise r	r who:	tails (fi	nancia	advis	er to d	complete)	
Financial adviser	details							
Licensee name								
Financial adviser name								
Contact name								
Phone				Phone	e (mobile)			
Email								
AFSL				ac	Finan dviser num			
If you are a new financial	adviser¹, pl	ease also co	mplete the	following de	etails:			
Business name								
Business address								
Suburb					State		Postcode	
Mailing address (if different from above)							7	
Suburb					State		Postcode	

Declaration by financial adviser

In submitting this Application:

Name of financial adviser or AFSL holder representative

- I declare that I hold a current AFSL **OR** I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFSL.
- I declare each applicant has authorised me, as their agent, to request withdrawals from their account.
- I declare that the financial institution details specified in this form belong to each applicant and I am authorised to instruct the Service Operator to pay any withdrawal proceeds to the nominated bank account.
- I release and indemnify the Service Operator and any member of the Group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority.
- I confirm that I have provided each applicant with all the necessary information concerning their chosen investment, including the product disclosure statement.
- I confirm that all fees have been fully explained to each applicant
- Where a percentage-based investor advice fee is being charged, I have made reasonable inquiries and confirm that no borrowed funds will be used to to contribute to the account.
- I consent to provide the Group access to all proof of identification records and other relevant documents for the purposes of this Application if requested (pursuant to the AML/CTF legislation Part 7.2).

1	this Application if requested (pursuant to the AML/CTF legislation Part 7.2).
ı	I declare that I have met the obligations required by FATCA and CRS by ensuring that the applicant, and/or controlling persons of the applicants, have provided valid and reasonable information in their answers relating to their tax residency (self-certification). This includes confirmation that the self-certification is complete and (please tick as relevant):
[I am not aware of any information that conflicts with the tax residency and tax status provided by the applicant OR
	I have identified a conflict with the tax residency and tax status as provided by the applicant and have attached relevant information to the application for review by the Service Operator. Where there is a conflict I have made the applicant aware that the application may not be finalised until the conflict is reviewed and resolved.
	I also declare that I do not have a 'reason to know' that the information included in the self-certification is incorrect and/or unreliable. I undertake to inform the Service Operator if I become aware that any of these details change.
	I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation and:
	I have attached original certified copies of each applicant's identification document(s) with this Application; Please note: Compulsory where: initial deposit 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 an FPA/FSC identification form which is attached to this Application (and retained an original certified copy of each applicant's identification document(s)); OR
	I have sighted and retained the original certified copies of each applicant's identification documents recorded in the Record of proof of identity, Proof of Regulated Trust, and Proof of Company (if applicable) tables.
l ha	ave attached the following compulsory forms to the application (if applicable):
	High Threshold form – applicable where the initial deposit is equal to or more than \$2 million.
	Politically Exposed form – applicable if the applicant is a Politically Exposed Person.
	Overseas Investor form - applicable for each trustee, director or controlling person not residing in Australia.
Sig	nature Date

Step 18: Applicant declaration and signature(s)

Privacy

Information (including my personal information) provided to the Service Operator is used for the purpose of opening an investment account and for other related purposes. For the purpose of providing me with the products or services I have requested, the Service Operator may disclose my personal information to its related bodies corporate, my financial adviser, professional advisers, businesses that have referred me to the Service Operator, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me. The Service Operator is required to collect my personal information under the Corporations Act 2001 and the AML/ CTF legislation. If I do not provide all of the requested information, the Service Operator may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Service Operator may also solicit personal information about me from reliable identity verification service providers. My personal information will be handled in accordance with the Service Operator's privacy policy, which contains information about how I may access or correct my personal information and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by contacting ClientFirst on 1800 517 124 or by visiting www.myexpand.com.au/privacy.

Proof of identity

- I have provided the appropriate documents, or details
 of my identity as outlined in the 'Completing Proof of
 Identity' document on www.myexpand.com.au, that may
 be required for the purposes of the AML/CTF legislation
 for all beneficial owners or controlling persons related to
 this account.
- I confirm that I have correctly indicated my foreign residency or United States tax residency status in this Application form and during the customer identification process.
- If I previously have opened a product from the Group and my adviser has not conducted the customer identification procedure under the AML/CTF legislation in conjunction with this application, I confirm that I am not a U.S. citizen or resident and/or any other foreign resident 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.
- I understand that the Service Operator may subsequently require me to provide a certified copy of my identification.

Electronic communications

By default, you will receive communications from the Service Operator electronically via eXpand Online.

Transferring from another product within eXpand

If I am transferring from another product within eXpand, then I do so on the terms and conditions outlined in the Offer Document.

Financial adviser

- If I have acquired the services of a financial adviser to obtain advice concerning my investment in eXpand Investment then I confirm that I have been fully informed of the nature and risks of the selected investment options and am satisfied these investments are suitable for my investment needs.
- The Service Operator will acquire the services of my financial adviser who will act on my behalf in relation to managing my account.
- I hereby authorise my current or any future financial adviser and their staff, to act as my agent to operate my account, to give any instructions on my behalf in relation to my account to the Service Operator by any methods as set out in the Offer Document and to withdraw any funds from my account and authorise payment of the withdrawal to my nominated bank account.
- I release and indemnify the Service Operator and any member of the Group from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly out of or in connection with the Service Operator acting or omitting to act on instructions given by my financial adviser and their staff under this authority.
- I authorise the Service Operator to continue to follow instructions given under this authority until the Service Operator receives notice in writing signed by me to cancel the authority.
- I acknowledge that I will promptly advise my financial adviser and/or Service Operator if any of my details change at any time.
- I understand this authority applies to my current or any future financial adviser and their staff, acting as my agent.

Margin Lending

I acknowledge that I have read and understood the obligations under margin lending arrangements in respect of my account in eXpand Investment as detailed in the Offer Document.

Cash Account

If there are insufficient holdings in my Cash Account to meet future expenses, I direct the Service Operator to redeem all or part of my investment options in accordance with the Cash Account top-up instruction provided in Step 5.

Deposit Instruction

- The Service Operator is directed to process the Deposit Instruction specified on this form.
- The Instructions provided in this form override any previous Instructions.

Investment options with extended redemption periods

- I acknowledge that if I make an investment in an investment option that is designated as an investment option with extended redemption periods (in the investment menu as updated on the eXpand website), I have been informed that:
 - the Service Operator is not required to transfer the whole of my withdrawal amount (or a partial amount requested to be transferred) until after receiving all that is necessary to process my request.
 - the reasons why an investment is illiquid is due to the underlying fund manager imposing withdrawal restrictions or having the ability to extend the withdrawal period in certain market conditions.
 - the maximum period in which a transfer must be effected is the period set out in the underlying product disclosure statement for the investment option with extended redemption periods which may be up to 365 days for some restricted investments.
- I understand and accept the conditions as outlined above when investing in an investment option with extended redemption periods because of the illiquid nature of the investment.

Product disclosure statements for managed investment options

- I have received (either from the eXpand website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Service Operator provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the eXpand website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into eXpand Investment.

Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.
- I acknowledge that certain investment options are only available if I am a client of a particular financial adviser or AFS Licensee, and if I cease to be a client of that financial adviser or AFS Licensee, I will not be able to make any new investments into those exclusive investment options (see the footnotes to the Investment Options Menu in the Investment Guide for information on these exclusive investment options).

Listed investments

I hereby authorise that the designated investments be executed on my behalf and acknowledge that this authority is provided on the basis that the Service Operator will effect it according to the terms and conditions as set out in the **Investment Guide**. I also acknowledge these assets will be held in the name of eXpand Investment.

Maturing investments (term deposits or fixed-term annuities)

If I have invested in maturing investments:

- I have read, understood and agree to the terms and conditions regarding investing in maturing investments as set out in the Offer Document.
- the Service Operator provided me with the product guide for the underlying maturing investment I have selected via the eXpand website and I agree to receive the product guide by obtaining it from the website.
- I have received (either from the eXpand website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying maturing investment I have selected.
- I acknowledge that this Investment Instruction for a maturing investment will be processed before any other Investment Instruction relating to my new account is processed.

Portfolio Management Fee (will be applicable to clients when using the Managed Portfolio Service only)

- The amount of any Portfolio Management Fee that is paid to the managed discretionary account operator, Managed Portfolio Services Limited, as agreed by me separately in the Managed Portfolio Service Investor Agreement, will be an additional cost to me and charged against my account.
- I authorise the Service Operator to charge the agreed Portfolio Management Fee against my account.

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, as outlined in the 'Completing Proof of Identity' document on www.myexpand.com.au, for both the Applicant and the Attorney, with your Application. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received. Generally, a Power of Attorney is insufficient to sign on behalf of a director or trustee.

Source of wealth and investment funds

Under AML/CTF legislation, we are required to identify your source of wealth and investment funds and may request further information or evidence from you.

Document verification

We may seek to validate any government issued ID (such as your driver's licence) that you provide for identity verification purposes. This may include providing your personal details such as name, date of birth and address and any identification document information to our service provider, who will crossmatch this with the Australian Government's document verification service (DVS). If you do not provide the required identification document when requested, the identification provided cannot be verified by DVS, or we are not satisfied as to your identity we may not be able to process your application.

In signing this Application, I declare that:

- I have received, read, signed and understood the Offer Document for eXpand Investment.
- I understand that the agreement with the Service Operator for an eXpand Investment account will be governed by the laws in force in Victoria, Australia.
- All details in this Application are true and correct and I undertake to inform the Service Operator of any changes to the information supplied as and when they occur.
- I wish to apply to establish an account in eXpand Investment.
- I am aware that information provided about me and my account will be provided to the Australian Taxation Office and any relevant international taxation authority.
- Where this Application is signed by only one Director, I am the sole Director and Company Secretary of the applicant company.
- If this Application is for a Trust, I confirm that all Trustees and/or Directors are 18 years of age or over.
- If this Application is for a Trust, I authorise the Service
 Operator to accept instructions from any Trustee
 or director to operate the account (excluding the
 establishment of a Direct Debit Request) and agree this
 authority will extend to a Trustee or director over the age
 of 18 who is appointed in the future. I agree to release
 the Service Operator from, and indemnify against, any
 and all losses and liabilities arising from any payment or
 action the Service Operator makes based on receipt of an
 instruction from the other Trustee(s) and/or director(s).
- I acknowledge that by investing through eXpand Investment, I do not have access to some of the rights and entitlements that would otherwise be available to me as a retail investor if I invested in the underlying investment options directly. I understand that this includes not having the same rights as direct retail investors or not having access to:
 - cooling-off rights (see the 'Cooling-off period' section of the Offer Document and the 'Differences between investing in listed investments directly and through eXpand's section of the Investment Guide)
 - withdrawal rights (see the 'Differences between investing in listed investments directly and through eXpand's section of the **Investment Guide**)
 - voting rights (see the 'Differences between investing in listed investments directly and through eXpand's section of the Investment Guide)
 - corporate actions (see the 'Differences between investing in listed investments directly and through eXpand's section of the Investment Guide).

Target Market conf	irmation				
I have received personal f	inancial advice in relation to eXpand Investment a	nd any inve	estment(s) selected in this form;		
OR					
	I have reviewed and understand the Target Market Determination for eXpand Investment and any relevant investment(s) selected and confirm that eXpand Investment and any investment(s) selected meets my objectives, financial situation and needs.				
	nt objective(s), timeframe and/or risk profile are ind ted, then we suggest you seek financial advice tha				
AML/CTF legislation confirm	nation where I do not have a financial adviser				
the obligations under the	I do not have a financial adviser and confirm that I have provided the relevant applicant proof of identification in line with the obligations under the AML/CTF legislation and I have attached original certified copies of each applicant's identification document(s) with this Application. Please note: compulsory where				
• the initial deposit is eq	ual to or more than \$2 million or				
	cally Exposed Person or				
 the applicant is not res 	iding in Australia.				
An overseas investor form	n is attached for anyone listed in this application w	/ho is not re	esiding in Australia.		
N/A					
Trusts/companies					
a : a					
Signatory 1 Role if applicable (such as Director/		Date			
Trustee/Company Secretary)					
Full name					
Cinna tana 2		Ditt			
Signatory 2 Role if applicable (such as Director/		Date			
Trustee/Company Secretary)					
Full name					
Ciaracter 7		Data			
Signatory 3 Role if applicable (such as Director/		Date			
Trustee/Company Secretary)					
Full name					
Signatory 4		Date			
Role if applicable (such as Director/		Date			
Trustee/Company Secretary)					
Full name					
Signatory 5		Date			
Role if applicable (such as Director/		Date			
Trustee/Company Secretary)					

Full name

Signatory 6		Date		
Signatory 6				
Role if applicable (such as Director/Trustee)				
Full name				
		_		
Common seal				
(of company) if required				

Advice fees (if you completed Step 16)

- I authorise the Service Operator to charge the advice fee(s) selected against my account.
- The amount of any advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account. An advice fee will not be charged unless I tell the Service Operator to do so.
- Any agreed advice fee(s) will be charged to my account and paid in full to the financial adviser, or their Licensee, until I instruct the Service Operator to cease payment or when I change my nominated financial adviser.
- Where I have chosen Ongoing fees, I understand the consent for IISL to pay the ongoing fees to my adviser will cease on the consent end date, which is 150 days after the next anniversary date for my ongoing fee arrangement.
- I understand my consent for one-off fees will last until the one-off fee is paid.
- I understand my consent for a fixed term arrangement, will last until the end date stated above.
- I understand I can withdraw my consent or vary the ongoing fee arrangement at any time by notice in writing to my adviser, or by contacting ClientFirst.
- I understand I can withdraw my consent at any time before the cost is passed on to me by contacting the Service Operator before the fee is paid.

This form must be signed	within 90 days of the start date of the advice fee.				
Applicant(s) signati	Applicant(s) signature(s)				
Trusts/companies					
·					
Signatory 1	Date				
Role if applicable (such as Director/ Trustee/Company Secretary)					
Full name					
Signatory 2	Date				
Role if applicable (such as Director/ Trustee/Company Secretary)					
Full name					
Signatory 3	Date				
Role if applicable (such as Director/ Trustee/Company Secretary)					
Full name					
. d.i. ridiriid					
Signatory 4	Date				
Role if applicable (such as Director/ Trustee/Company Secretary)					
Full name					

Signatory 5	Date
Role if applicable (such as Director/ Trustee/Company Secretary)	
Full name	
Signatory 6	Date
Role if applicable (such as Director/Trustee)	
Full name	
Common seal (of company) if required	

Post: eXpand Email: clientfirst@myexpand.com.au

Reply Paid 264, Melbourne VIC 8060 **Telephone:** 1800 517 124



1 July 2022

Family Fee Aggregation Application

Complete the following form to apply for Family Fee Aggregation across eXpand products1.

Terms and conditions

- Each person applying to link for the purposes of Family Fee Aggregation must be a member of the same immediate family (such as spouse, son, daughter, partner, father, mother, brother, sister, grandparents and the spouses of immediate family members) including multiple accounts for the same person.
- Any new Family Fee Aggregation nomination will override any previous nomination.
- A maximum of six accounts are allowed to be linked together for Family Fee Aggregation purposes.
- Accounts nominated for Family Fee Aggregation within the same group must be associated with the same financial adviser.
- A Family Fee Aggregation request may not be accepted and a linking can be cancelled at any time by the Trustee/ Service Operator.
- Each linked account will be able to access information about the other members in the Family Fee Aggregation Group, including names, account numbers and the aggregate account balance.

Any account(s) in eXpand Investment can be linked for the purposes of Family Fee Aggregation, provided that either a director, trustee, company secretary or joint investor has a linked account in their own name or the director, trustee, company secretary or joint investor is an immediate family member with another linked account. The Trustee/Service Operator collects the information in this form for the purpose of processing the application.

Any personal information provided in this form will be handled in accordance with the Trustee/Service Operator's privacy policy, available at www.myexpand.com.au/privacy.

Please ensure that each linked account holder (including yourself) completes and signs this form, and that each account holder has read and understood the terms and conditions of this form and the information in the relevant PDS or Offer Document.

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.

Linked account	
Account Name	
Account number (if known)	
Relationship to group (such as spouse)	
Fee Aggregation. I wish to apply	ent PDS and/or Offer Document for the above account and the terms and conditions of Family for the above account to be linked to other accounts detailed on this form for the purpose of ee, and warrant that the information I have disclosed in this form is true and correct.
Signature	Date

Linked account	
Account Name	
Account number (if known) Relationship to group (such as spouse)	
Fee Aggregation. I wish to apply	rent PDS and/or Offer Document for the above account and the terms and conditions of Family of for the above account to be linked to other accounts detailed on this form for the purpose of see, and warrant that the information I have disclosed in this form is true and correct.
Signature	Date
Linked account	
Account Name	
Account number (if known)	
Relationship to group (such as spouse)	
Fee Aggregation. I wish to apply	rent PDS and/or Offer Document for the above account and the terms and conditions of Family of or the above account to be linked to other accounts detailed on this form for the purpose of see, and warrant that the information I have disclosed in this form is true and correct.
Signature	Date
Linked account	
Account Name	
Account number (if known) Relationship to group	
(such as spouse)	
Fee Aggregation. I wish to apply	rent PDS and/or Offer Document for the above account and the terms and conditions of Family for the above account to be linked to other accounts detailed on this form for the purpose of ee, and warrant that the information I have disclosed in this form is true and correct.
Signature	Date
Linked account	
Account Name	
Account number (if known)	
Relationship to group (such as spouse)	
Fee Aggregation. I wish to apply	rent PDS and/or Offer Document for the above account and the terms and conditions of Family for the above account to be linked to other accounts detailed on this form for the purpose of fee, and warrant that the information I have disclosed in this form is true and correct.
Signature	Date

Linked account				
Account Name				
Account number (if known)				
Relationship to group (such as spouse)				
Declaration: I have read the current PDS and/or Offer Document for the above account and the terms and conditions of Family Fee Aggregation. I wish to apply for the above account to be linked to other accounts detailed on this form for the purpose of calculating the Administration Fee, and warrant that the information I have disclosed in this form is true and correct.				
Signature	Date			

Please forward all correspondence and enquiries to:

Post:

Reply Paid 264, Melbourne VIC 8060

Email: clientfirst@myexpand.com.au

1800 517 124 Telephone:

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Contact us

Postal address

eXpand GPO Box 264 Melbourne VIC 3001

Telephone

1800 517 124

Email

clientfirst@myexpand.com.au

Website

www.myexpand.com.au

Service Operator

IOOF Investment Services Ltd ABN 80 007 350 405 AFSL 230703

Registered address

Level 1, 800 Bourke Street Docklands VIC 3008