



Application form

Please complete all pages of this form in black ink using **BLOCK** letters. Mark appropriate boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

Please ensure this form is fully complete and all required documentation is provided to either your financial adviser or us, so we can process your application.

1. Investor type

Are you an existing Perpetual investor?

no

yes

If yes, would you like to open a new account?

yes*

no

Investor type (please select only one investor type)

individual** joint** company superannuation fund trust

partnership association government body other entity

* If you are opening a new account for an entity (not an individual or joint investor), you will also need to complete the 'Customer identification form' for your investor type, available on our website (unless you have previously provided a form for this entity).

** Individual or joint investors include adult(s) investing for a child under 18 years.

2. Investment amount and payment details

How much would you like to invest?

Source of funds being invested (tick most relevant option)

retirement savings employment income business activities

sale of assets inheritance/gift financial investments

other

If you are using this form to invest, please remit funds via Electronic Funds Transfer (EFT) to remit funds to the BSB and Account number using the Payee and reference details provided in the PDS.

3. Investor details

Existing investors in the Funds need only complete this section if you wish to change any details provided previously.

A. Individual and joint account holders

Investor 1 (individual account holder)

title
 Mr Mrs Miss Ms Other

first name(s)

last name

occupation

date of birth / / gender male female

Residency status for tax purposes
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. For the United States, tax residency can also be as a result of citizenship or residency.

Please answer BOTH of the following tax residency questions:

1. Are you a tax resident of Australia?
 yes (complete the following details and then proceed to question 2 below) no (proceed to question 2 below)

tax file number (TFN)
 or

TFN exemption code

2. Are you a tax resident of another country?
 yes (complete the following details) no

If 'yes', please list all relevant countries and provide your tax identification number (TIN) for each country.
A TIN refers to the number assigned by a country for the purpose of administering its tax laws and is the equivalent of a TFN in Australia. If a TIN is not provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

Country 1
 TIN If no TIN, list reason A, B or C

Country 2
 TIN If no TIN, list reason A, B or C

If there are more than two countries, provide details on a separate sheet and tick this box

Reason A: The country of tax residency does not issue TINs to tax residents.
Reason B: I have not been issued with a TIN.
Reason C: The country of tax residency does not require the TIN to be disclosed.

Investor 2 (joint account holder)

title
 Mr Mrs Miss Ms Other

first name(s)

last name

occupation

date of birth / / gender male female

Residency status for tax purposes
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. For the United States, tax residency can also be as a result of citizenship or residency.

Please answer BOTH of the following tax residency questions:

1. Are you a tax resident of Australia?
 yes (complete the following details and then proceed to question 2 below) no (proceed to question 2 below)

tax file number (TFN)
 or

TFN exemption code

2. Are you a tax resident of another country?
 yes (complete the following details) no

If 'yes', please list all relevant countries and provide your tax identification number (TIN) for each country.
A TIN refers to the number assigned by a country for the purpose of administering its tax laws and is the equivalent of a TFN in Australia. If a TIN is not provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.

Country 1
 TIN If no TIN, list reason A, B or C

Country 2
 TIN If no TIN, list reason A, B or C

If there are more than two countries, provide details on a separate sheet and tick this box

Reason A: The country of tax residency does not issue TINs to tax residents.
Reason B: I have not been issued with a TIN.
Reason C: The country of tax residency does not require the TIN to be disclosed.

3. Investor details (continued)

A. Individual and joint account holders

Investor 1 (individual account holder)

| | | | | | | | | | |
|-------------------------------------|-----|-----|-----|-----|---------------|-----|-----|-----|-----|
| Residential address (mandatory) | | | | | | | | | |
| unit number | | | | | street number | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| street name | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| suburb (if relevant) OR city | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| state | | | | | postcode | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| country | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| phone (business hours) | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| phone (after hours) | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| mobile | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| email address | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |

Investor 2 (joint account holder)

| | | | | | | | | | |
|-------------------------------------|-----|-----|-----|-----|---------------|-----|-----|-----|-----|
| Residential address (mandatory) | | | | | | | | | |
| unit number | | | | | street number | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| street name | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| suburb (if relevant) OR city | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| state | | | | | postcode | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| country | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| phone (business hours) | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| phone (after hours) | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| mobile | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| email address | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |

By providing my/our email address, I/we agree to receive any information about my/our investment (such as transaction confirmations, statements (including tax statements), reports and other materials or notifications required by the Corporations Act) electronically. This may include email notifications advising me/us when new information regarding my/our investment is available for viewing online, via hyperlink or via Investor Centre. I/We acknowledge you may still need to send me/us information by mail from time to time.

Note: This consent does not relate to documents such as notices of meetings, voting or proxy forms or Fund annual reports.

| | | | | | | | | | |
|--|-----|-----|-------------|-----|----------|---------------|-----|-----|-----|
| Postal address (if different to residential address) | | | | | | | | | |
| po box | | | unit number | | | street number | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| street name | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| suburb (if relevant) OR city | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| state | | | | | postcode | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| country | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |

| | | | | | | | | | |
|--|-----|-----|-------------|-----|----------|---------------|-----|-----|-----|
| Postal address (if different to residential address) | | | | | | | | | |
| po box | | | unit number | | | street number | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| street name | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| suburb (if relevant) OR city | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| state | | | | | postcode | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| country | | | | | | | | | |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |

3. Investor details (continued)

B. All other account holders

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| company name/corporate trustee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| name of superannuation fund, trust, partnership, association, government body, co-operative, or child* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| tax file number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | and/or ABN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| principal business activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| po box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | unit number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | street number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| street name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| suburb (if relevant) OR city | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| state | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | postcode | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phone (business hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | mobile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | fax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| email address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

By providing my/our email address, I/we agree to receive any information about my/our investment (such as transaction confirmations, statements (including tax statements), reports and other materials or notifications required by the Corporations Act) electronically. This may include email notifications advising me/us when new information regarding my/our investment is available for viewing online, via hyperlink or via Investor Centre. I/We acknowledge you may still need to send me/us information by mail from time to time.

Note: This consent does not relate to documents such as notices of meetings, voting or proxy forms or Fund annual reports.

4. Features

Existing investors in the Funds need only complete this section if you wish to add any new features or change existing features.

Indicate which optional features you would like applied to your account.

| | | |
|---|--|--|
| Monthly Savings plan | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Monthly Withdrawal plan | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Investment information to be sent in the mail Note: most of your investment information is also available online through Investor Centre | online only (default) <input type="checkbox"/> | online and mail <input type="checkbox"/> |
| Marketing material I/We would like to receive investment education material and be informed about Perpetual Group's products, services and offers | yes (default) <input type="checkbox"/> | no <input type="checkbox"/> |

- For each optional feature you have selected, please ensure you have read and understood the relevant section in the PDS.
- If you have nominated an optional feature above, please ensure you also complete all details in the relevant columns of the table in the 'Investment allocation' section.

5. Fund Annual Reports

Fund annual financial reports are available on our website, www.perpetual.com.au

You can choose to receive a copy of the Fund annual report in one of the following ways:

electronically, such as an email with a link to the annual report mail

If you do not select one of the options above, we will not send you a copy of the annual report and the annual report will be available on our website for you to download.

6. Investment allocation

| Fund | APIR code | short code | initial investment (minimum \$25,000 in any Fund) | monthly savings plan or a monthly withdrawal plan (minimum \$100 in any Fund) | distributions (indicate a preference with an X) | |
|---|-----------|------------|--|--|--|--------------------------|
| | | | | | reinvest (default) | bank account 1 |
| Perpetual Pure Equity Alpha Fund | PER0668AU | PIWARA | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Perpetual Pure Microcap Fund | PER0704AU | PIWMCA | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Perpetual Pure Value Share Fund – Class A units | PER0439AU | PIBIAS | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Perpetual Pure Value Share Fund – Class P units | PER7814AU | PIBIAP | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | | | | |

7. Target Market Assessment

To be completed only by an investor who is investing into the Perpetual Pure Microcap Fund and is a non-advised direct investor (which is an investor without a financial adviser in this application). If this does not apply to you, please go to the next section.

Please complete the following questions by ticking one box for each question. We are seeking this information in relation to our Design and Distribution Obligations (DDO) under the *Corporations Act 2001* (Cth).

We do not use the information you provide us in this application form to consider your individual objectives, financial situation or needs, however your responses to the questions below will assist us in determining whether you are likely to be in the target market for this product. If you are not in the target market for the product, your application may be rejected.

What is your primary investment objective?

- | | |
|--|--------------------------|
| Capital Growth (seeks to invest in a product designed or expected to generate capital returns over the investment timeframe, or otherwise seeks an investment return above the current inflation rate) | <input type="checkbox"/> |
| Capital Preservation (seeks to invest in a product designed or expected to have low volatility and minimise capital loss) | <input type="checkbox"/> |
| Income Distribution (seeks to invest in a product designed or expected to distribute regular and/or tax-effective income) | <input type="checkbox"/> |

What is the intended use of this product (% of investable assets)?

(Investable assets are those assets that the investor has available for investment, excluding the residential home.)

- | | |
|----------------------------------|--------------------------|
| Standalone Solution (up to 100%) | <input type="checkbox"/> |
| Major allocation (up to 75%) | <input type="checkbox"/> |
| Core component (up to 50%) | <input type="checkbox"/> |
| Minor allocation (up to 25%) | <input type="checkbox"/> |
| Satellite allocation (up to 10%) | <input type="checkbox"/> |

What is your intended investment timeframe?

- | | |
|---|--------------------------|
| Short term (two years or less) | <input type="checkbox"/> |
| Medium term (more than 2 years but less than 5 years) | <input type="checkbox"/> |
| Medium to Long term (equal to 5 years or less than 7 years) | <input type="checkbox"/> |
| Long term (more than 7 years) | <input type="checkbox"/> |

What is the risk and return profile for the relevant portion of your portfolio you are investing in this fund?

(for this product only)

- | | |
|---|--------------------------|
| Low (seeks to minimise volatility and potential losses and comfortable with a low target return) | <input type="checkbox"/> |
| Medium (seeks low volatility and potential losses and comfortable with a moderate target return) | <input type="checkbox"/> |
| High (can accept higher volatility and potential losses in order to target a higher target return over a long timeframe) | <input type="checkbox"/> |
| Very high (can accept very high volatility and higher potential losses and seeks to maximise returns over a long timeframe) | <input type="checkbox"/> |
| Extremely high (can accept significant volatility and losses to seek accelerated returns potentially in a short timeframe) | <input type="checkbox"/> |

8. Bank account details

Existing investors in the Funds need only complete this section if you wish to add or change your bank account details.

You can only nominate a bank account that is held in your name(s). By providing your bank account details in this section, you accept the terms in the direct debit service agreement and authorise Perpetual to use these details for all future transaction requests that you nominate.

Bank account 1

Complete your account details in this section if you would like us to debit or credit your bank account for savings plan, withdrawals and payment of distributions, as applicable.

name of financial institution

branch name

branch number (BSB)

account number

name of account holder

signature of account holder A

signature of account holder B

date

Bank account 2

Only complete your account details in this section if you would like us to debit a **different** bank account for your **savings plan**.

name of financial institution

branch name

branch number (BSB)

account number

name of account holder

signature of account holder A

signature of account holder B

date

9. Authorised representative

Existing investors in the Funds need only complete this section if you wish to add or change an authorised representative. Would you like to appoint an authorised representative? Before appointing an authorised representative, refer to the PDS for more details.

no please go to the next section

yes please complete the details below.
I have read the terms and conditions associated with appointing an authorised representative.

You can self-service through Investor Centre to provide **View only** online access to that representative.

authorised representative details:

first name(s)

last name

po box unit number street number

street name

suburb (if relevant) **OR** city

state postcode country

signature of authorised representative date / /

10. Financial adviser use only

Financial adviser details and personal advice

I declare to Perpetual that:

- my registered business or dealer group (as the case may be) is lawfully authorised to advise on, and deal in, the financial product offered in the PDS under an Australian Financial Services Licence (AFSL). In providing personal advice in relation to the financial product(s) requested under this Application Form, I have considered the Target Market Determination for the financial product(s) as part of providing the personal advice.
- I will advise Perpetual in writing when my relationship with my client is terminated.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|------|--|---|--|---|--|--|--|--|--|--|--|--|--|--|
| financial adviser name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phone (business hours) | | | | | | | | | | | phone (after hours) | | | | | | | | | | | | | | | | | | | |
| mobile | | | | | | | | | | | fax | | | | | | | | | | | | | | | | | | | |
| postal address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFSL licensee name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFSL number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| either Perpetual adviser number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| or dealer group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dealer branch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| financial adviser signature | | | | | | | | | | | | | | | | date | | / | | / | | | | | | | | | | |

11. Declaration and signature

I/We declare and agree that:

- I/we have read the Product Disclosure Statement (PDS) and all Supplementary Product Disclosure Statements (SPDSs) (if applicable), and any relevant incorporated material to which this application applies, and have received and accepted the offer to invest in Australia
- all of the information provided in my/our application is true and correct
- I am/we are bound by any terms and conditions in this PDS and all SPDSs (if applicable) and the provisions of the constitution/s (as amended) of the Fund/s that I am/we are invested in
- I/we have the legal power to invest and/or are at least 18 years of age
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/We consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/We consent to Perpetual disclosing this information to my/our financial adviser (named in this form) in relation to the investments described in this form. Where the financial adviser named in this form no longer acts on my/our behalf, I/we will notify Perpetual of the change
- if I/we have received this PDS from the internet or other electronic means that I/we received it personally or a print out of it, accompanied by or attached to this application form
- if this is a joint application, each of us agrees, unless otherwise indicated on this application, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawals by any available method
- in relation to trust investors, only the trustee has rights and obligations under the Funds
- withdrawals by companies must be signed by an authorised representative or in accordance with the company's constitution or under power of attorney
- I/we confirm that I/we have provided my/our financial adviser with acceptable identification documentation as described in the following section or the relevant customer identification form OR I/we are not investing through a financial adviser, and therefore have included certified copies of acceptable identification documentation with the completed application form as described in the following section or the relevant customer identification form.

I/We acknowledge and agree that:

- the information contained in the PDS is not investment advice or a recommendation that a Fund is suitable having regard to my/our investment objectives, financial situation or particular needs
- Perpetual may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with income tax law and the Anti-Money Laundering and Counter-Terrorism Act 2006 or associated regulation and any tax-related requirements for tax residents of other countries
- investments in the Fund/s are not investments, deposits or other liabilities of Perpetual Limited or its subsidiaries (Perpetual Group) and are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested
- neither Perpetual Investment Management Limited nor Perpetual Group guarantee the repayment of capital or the performance of the Fund/s or any particular rate of return from the Fund/s
- the PDS has referred me/us to additional information or terms and conditions ('information') of this product which may assist me/us in making my/our investment decision and I/we have referred to this information to the extent I/we considered it was necessary to make my/our investment decision
- Perpetual Group may contact me/us where required by using the email address(es) provided on the application form. I/We will notify Perpetual of any change to my/our email address(es). I/We understand that failure to advise such a change may result in me/us not receiving correspondence relating to my/our investment.

11. Declaration and signature (continued)

Joint applicants must both sign

signature of investor 1 or company officer

print name

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

capacity (company investments only. If you are not a sole director, two signatories are required.)

sole director director secretary

date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

signature of investor 2 or company officer

print name

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

capacity (company investments only. If you are not a sole director, two signatories are required.)

director secretary

date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

Important notes:

- If signing under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be sent to Perpetual, if not previously provided.
- Perpetual has the absolute discretion to accept or reject any application.
- Investors should retain a copy of the PDS.
- A business day is a working day for Perpetual in Sydney.

Final checklist

Have you

Completed all sections of your application form?

Signed your application form?

Provided your financial adviser the customer identification documents requested in this application form or the relevant Customer Identification form?

OR, if you are opening a new account and do not have a financial adviser, completed the following section of this application form (for individuals) or enclosed the relevant customer identification form (for entities) and certified copies of your identification documents (as requested in the following section of this application form or the relevant customer identification form)?

Please send your completed application form to:

**Perpetual Investments Unit Registry
Locked Bag 5038
Parramatta NSW 2124**

12. Identification verification for individuals and joint investors

This section is only applicable if you are investing as an individual or joint investor (as selected in section 1 of this form) and have not provided this documentation previously. **If you are investing as a company, trust or any other investor type, please complete the relevant 'Customer Identification form' available on our website or by contacting us.**

The identity documentation requested below is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your application without this information.**

Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

If you are a joint investor, please provide the relevant documents for BOTH investors.

- **If you are applying directly with Perpetual** - You will need to provide a certified copy of the document(s) with your application.
- **If you are lodging this application through a financial adviser** - You may provide a certified copy with your application OR have your adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

PART I – Primary ID documents

Provide ONE of the following:

- current Australian State/Territory driver's licence containing your photograph
- Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
- current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
- current foreign passport or similar travel document containing your photograph and signature

OR

PART II – should only be completed if you do not own a document from Part I

Provide ONE of the following:

- Australian birth certificate
- Australian citizenship certificate
- concession card such as a pension, health care or seniors health card issued by Services Australia (excludes Medicare cards)

AND provide ONE valid document from the following:

- a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
- a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
- a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

PART III – should only be completed if you do not own document(s) from Part I OR Part II

BOTH documents from this section must be provided

- foreign driver's licence that contains a photograph of you and your date of birth
- national ID card issued by a foreign government containing your photograph and your signature

Any documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

12. Identification verification for individuals and joint investors (continued)

How to certify your documents

In accordance with the AML Rules, a certified copy means a document that has been certified as a true and correct copy of an original document by a person listed below, including all persons described in the Statutory Declarations Regulations 2023 (Cth).

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect
- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- A registered migration agent
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A financial adviser or financial planner
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents **OR**
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

| ID document details | Document 1 | | Document 2 | |
|--------------------------------|-----------------------------------|---|-----------------------------------|---|
| verified from | <input type="checkbox"/> original | <input type="checkbox"/> certified copy | <input type="checkbox"/> original | <input type="checkbox"/> certified copy |
| document name/type | <input type="text"/> | | <input type="text"/> | |
| document issuer | <input type="text"/> | | <input type="text"/> | |
| issue date | <input type="text"/> | | <input type="text"/> | |
| expiry date | <input type="text"/> | | <input type="text"/> | |
| document number | <input type="text"/> | | <input type="text"/> | |
| accredited English translation | <input type="checkbox"/> N/A | <input type="checkbox"/> sighted | <input type="checkbox"/> N/A | <input type="checkbox"/> sighted |

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative
- I will not knowingly do anything to put Perpetual in breach of the AML/CTF Laws
- I will notify Perpetual immediately if I become aware of anything that would put Perpetual in breach of the AML/CTF Laws and
- the information provided in relation to the residency status for tax purposes is reasonable considering the identity documentation provided

| | | | |
|------------------------------|----------------------|-----------------------------|----------------------|
| AFS licensee name | <input type="text"/> | AFSL number | <input type="text"/> |
| representative/employee name | <input type="text"/> | phone number | <input type="text"/> |
| signature | <input type="text"/> | date verification completed | <input type="text"/> |