

## Additional Investor Form

Please complete the form in **BLOCK LETTERS** and mark appropriate boxes with an **X**. Return to us at the above address.

### 1. New Investor Details

#### 1.1 New Investor (if a SMSF Member, please go to section 1.2)

##### Investor 3

Mr  Mrs  Ms  Dr  Other

Given Name(s)

Surname

Date of Birth

/  /   
D D M M Y Y Y Y

Sex: Male  Female

Email

Tax File Number (TFN) or Reason for Exemption

Country of Residence for Tax Purposes (if not Australia)

If a TFN, ABN or exemption is not quoted, tax will be deducted from any income you earn at the highest marginal tax rate plus Medicare levy.

##### Investor 4

Mr  Mrs  Ms  Dr  Other

Given Name(s)

Surname

Date of Birth

/  /   
D D M M Y Y Y Y

Sex: Male  Female

Email

Tax File Number (TFN) or Reason for Exemption

Country of Residence for Tax Purposes (if not Australia)

If a TFN, ABN or exemption is not quoted, tax will be deducted from any income you earn at the highest marginal tax rate plus Medicare levy.

**Investor 5**

Mr  Mrs  Ms  Dr  Other

Given Name(s)

Surname

Date of Birth  
 /  /   
D D M M Y Y Y Y Sex: Male  Female

Email

Tax File Number (TFN) or Reason for Exemption

Country of Residence for Tax Purposes (if not Australia)

If a TFN, ABN or exemption is not quoted, tax will be deducted from any income you earn at the highest marginal tax rate plus Medicare levy.

**Investor 6**

Mr  Mrs  Ms  Dr  Other

Given Name(s)

Surname

Date of Birth  
 /  /   
D D M M Y Y Y Y Sex: Male  Female

Email

Tax File Number (TFN) or Reason for Exemption

Country of Residence for Tax Purposes (if not Australia)

If a TFN, ABN or exemption is not quoted, tax will be deducted from any income you earn at the highest marginal tax rate plus Medicare levy.

## 1.2 New Member Details (to be completed by SMSF Members)

### Member 3

Mr  Mrs  Ms  Dr  Other

Given Name(s)

Surname

Date of Birth

/  /       Sex: Male  Female   
D D      M M      Y Y Y Y

Email

Please confirm phase: Accumulation  Pension

### Member 4

Mr  Mrs  Ms  Dr  Other

Given Name(s)

Surname

Date of Birth

/  /       Sex: Male  Female   
D D      M M      Y Y Y Y

Email

Please confirm phase: Accumulation  Pension

### Member 5

Mr  Mrs  Ms  Dr  Other

Given Name(s)

Surname

Date of Birth

/  /       Sex: Male  Female   
D D      M M      Y Y Y Y

Email

Please confirm phase: Accumulation  Pension

### Member 6

Mr  Mrs  Ms  Dr  Other

Given Name(s)

Surname

Date of Birth

/  /       Sex: Male  Female   
D D      M M      Y Y Y Y

Email

Please confirm phase: Accumulation  Pension

## 2. Account Contact Details

### Investor/Member 3

**Residential Address** (if a Company, provide registered office address)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

Telephone: Home

Business Hours

Mobile

**Postal Address** (if different to Residential Address. This must not be your Financial Adviser's address details)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

### Investor/Member 4

**Residential Address** (if a Company, provide registered office address)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

Telephone: Home

Business Hours

Mobile

**Postal Address** (if different to Residential Address. This must not be your Financial Adviser's address details)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

**Investor/Member 5**

**Residential Address** (if a Company, provide registered office address)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

Telephone: Home

Business Hours

Mobile

**Postal Address** (if different to Residential Address. This must not be your Financial Adviser's address details)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

**Investor/Member 6**

**Residential Address** (if a Company, provide registered office address)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

Telephone: Home

Business Hours

Mobile

**Postal Address** (if different to Residential Address. This must not be your Financial Adviser's address details)

Street Address

Suburb, City or Town

State

Postcode

Country (if not Australia)

### 3. Declaration and Signing

To: Investment Administration Services Pty Ltd (IAS)

I/We declare that:

- All details provided by me/us in this form are true and correct and I/we authorise IAS to use this information in conjunction with the completed Application Form, which this accompanies.
- I/We received an Application Form together with the complete and unaltered IAS Managed Account Contract, Custody Agreement and the Investment Option document and that I/we have read and understood each of these and agree to be bound by the terms of the Managed Account Contract and Custody Agreement as amended from time to time,
- I/We have read and agree to all the terms and conditions of the Application Form this accompanies.
- Where I/we are signing under Power of Attorney, I/we verify that, at the time of signing I/we had not received notice of revocation of that Power of Attorney. A certified copy of the Power of Attorney has been enclosed with this form (if not previously provided).

#### Signature of Investor/Member 3

X

Signatory Name – please print

Date

/  /   
D D M M Y Y Y Y

#### Signature of Investor/Member 5

X

Signatory Name – please print

Date

/  /   
D D M M Y Y Y Y

#### Signature of Investor/Member 4

X

Signatory Name – please print

Date

/  /   
D D M M Y Y Y Y

#### Signature of Investor/Member 6

X

Signatory Name – please print

Date

/  /   
D D M M Y Y Y Y