

# Application Form

1 April 2016



## How to invest

1. Read the attached PDS relating to the Trust.
2. Read all of the information in this application form.
3. Complete all of the relevant sections of this application form.
4. Read and sign the declaration on page 21 of this application form.
5. Attach your supporting identification and documents.
6. Lodge your application form together with your supporting identification and documents.

Issued by the Responsible Entity: IOOF Investment Management Limited (IIML),  
ABN 53 006 695 021, AFSL 230524.

Investment Manager: Perennial Investment Partners Limited (Perennial),  
ABN 59 087 901 620, AFSL 238763.

**For immediate assistance please call a Client Services Representative on 1300 730 032 (+612 8274 2777 if calling from New Zealand).**

**Please use CAPITAL letters and cross (X) boxes where appropriate.**

All words and phrases in this application form have the same meaning as given to them in the attached product disclosure statement (PDS).

### Use of this application form

This application form relates to the Perennial Value Wealth Defender Australian Shares Trust (the Trust). You should read the PDS attached to this application form.

Use this application form if you are an investor investing directly in the Trust. If you are investing via an Investor Directed Portfolio Service (IDPS) or Master Trust or Platform, contact the operator of the IDPS, the trustee of the Master Trust or your platform provider for any investor enquiries.

### Eligible investors

Investments offered in the Trust are only available to persons receiving the attached PDS within Australia and New Zealand. Applications from outside Australia and New Zealand will not be accepted.

### Important information for New Zealand investors

New Zealand investors are only permitted to invest in the Trust if they have received the attached PDS. If you are a New Zealand investor, please ensure you have read the section entitled 'Investment by New Zealand investors' in the attached PDS.

### Client identification requirements for new investors

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

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

- If you do not have any existing account set up with IIML;
- If you have existing accounts with IIML, but wish to open an additional account:
  - that will be in a different name to the existing accounts (e.g. in your family company name, or a joint account); or
  - that will be in a different capacity to the existing accounts (e.g. as Trustee for a Trust, a deceased estate, for a person under the age of 18 years, or on behalf of an unincorporated association).

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

### Completing this application form

Your investment may be made by BPAY<sup>\*1</sup> (refer below), cheque, transfer from an existing investment or a combination of these options.

If investing by cheque, please make payable to 'NNLOCA ANF IOOF Investment Management Ltd Application Account A/C Applicants Name', marked 'Not Negotiable'. For example, if Robert Brown proposes to invest, the relevant cheque will be made payable as: 'NNLOCA ANF IOOF Investment Management Ltd Application Account A/C Robert Brown'.

Investors are required to complete this application form together with the relevant customer identification form and send these and the required identification documentation together your cheque(s) to:

Perennial Trusts  
Registry Services  
GPO BOX 1406  
MELBOURNE VIC 3001

### Using BPAY

BPAY is a secure and convenient way to make initial investments and one-off additions to your investment. Please contact your financial institution to arrange to use BPAY through telephone or internet banking. Payment can be made from your cheque, savings, debt or transaction account.

To make an initial investment using BPAY, please cross the box on page 6 of the application form and a Client Services Representative will contact you once your account has been established. For investments using BPAY, you will need to know:

- The Biller Code for the Trust (please refer to Step 3 of the application form or the attached PDS); and
- Your Customer Reference Number (CRN).

Your payment request will generally be received by us on the business day after you make the payment via your financial institution (except where your payment has missed the cut-off time of your financial institution for that business day. This means that your payment will generally be processed by us on the business day after you have made your payment. Units will only be issued once we have received your funds and will be issued based on the entry price applying at the time of processing.

If the required documentation does not accompany your application monies, we may delay your application request for up to 30 days after which the application monies will be returned to you.

### Please note:

- BPAY payments generally cannot be reversed. Initial and additional investment minimums still apply to BPAY payments.
- BPAY is only available to investors with an Australian financial institution account.
- BPAY is not available from all financial institutions.

### Distribution instructions

You can nominate your preferred distribution method in the investment details section (Step 3) of this application form. If you do not nominate your preferred distribution method, this will be taken to be a direction to reinvest distributions as additional units in the Trust.

- Option A – Reinvestment of Distributions

Your income distributions can be reinvested as additional units in the Trust without the payment of any applicable contribution fee and/or transaction costs. Distributions will be reinvested using a unit price calculated on the commencement of the first day after the distribution period to which the distribution relates. No buy/sell spread is applicable to this unit price.

This facility can be implemented or cancelled at any time up to 10 days prior to the expiration of the current distribution period by sending us a written request. We can suspend or cancel the reinvestment of income distributions at any time.

- Option B – Credited to a Financial Institution Account

Your income distributions can be paid into your nominated account with a financial institution. However, if a payment is rejected by the financial institution, this will be taken as a direction to reinvest that income distribution and all future income distributions as additional units in the Trust.

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

We are unable to accept applications from persons under the age of 18 years. Applications in respect of children should be made by their parent or guardian. The investment may be titled 'name of parent/guardian' account for 'name of child'.

### Incomplete or incorrectly completed application forms

If, for any reason, we are unable to process your application (e.g. the application form is incomplete or incorrectly completed or we are not satisfied that we have received the necessary Proof of Identification requirements to meet our obligations under AML/CTF Law), the application monies will be held by us in a non-interest-bearing trust account for up to 30 days (while we endeavour to verify your identification information or obtain any necessary outstanding information) after which we will return the application monies to you.

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

### Keeping us informed

It is important that our records are up to date. You can download a 'change of information form' from [www.perennial.net.au](http://www.perennial.net.au) or inform us in writing (signed by the investor(s) or authorised signatories) of any changes to the personal details which you have given us. This may be a new postal address, a change of name or new financial institution account details for distribution payments.

Please quote your account number when you contact a Client Services Representative.

1. BPAY is a registered trademark of BPAY Pty Ltd ABN 69 079 137 518.

### US Foreign Account Tax Compliance Act (FATCA)

In order for IIML to comply with its FATCA obligations we are required to collect certain information. The additional FATCA information is essentially a 'self-certification' by an individual or entity of US tax residency status. Investors will need to declare their US tax residency status during the application process.

**Note:** A financial institution, or a Trust with a Trustee that is a financial institution will need to provide a Global Intermediary Identification Number (GIIN) or alternatively their FATCA status.

The following investor types are not required to provide FATCA information:

- Deceased estates
- Regulated superannuation funds (Self Managed Superannuation Funds, APRA regulated super funds, government superannuation funds or Pooled Superannuation Trusts)
- Non Financial Public Companies
- Government bodies

### Privacy

Information provided to us is primarily used for the purpose of opening an investment account and for other ancillary purposes detailed in the PDS and Privacy Policy, for example: assisting your financial adviser in providing you with advice and to provide you with statements through mail houses. The Responsible Entity may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, a person with whom you have a joint investment, your financial adviser, mail houses, professional advisers, businesses that may have referred you to us, banks and other financial institutions. We are required to collect your personal information under the Corporations Act 2001 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you do not provide all of the requested information, we will not be able to action your request. We are not likely to disclose your personal information to overseas recipients. Your personal information will be used in accordance with our Privacy Policy. The Privacy Policy contains information about how you may access or correct your personal information held by us and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the Privacy Policy by contacting a Client Services Representative on 1300 730 032 or through Perennial's website at [www.perennial.net.au](http://www.perennial.net.au).

### Representative facility (optional)

You can nominate another person such as your spouse, a relative, or your financial adviser, accountant or solicitor to transact on your account. Only you (the investor) can authorise a Representative to act on your behalf. To cancel the authority of your nominated Representative, you must give us 14 days prior written notice.

Your security password must be provided by your Representative when acting or enquiring on your behalf via the telephone.

The following conditions apply:

- Your Representative can do everything that you can do in respect of your investment in the Trust (except appoint other representatives). This includes making withdrawals. However, any payments must be made to you (the investor) either by cheque or electronically.
- You are responsible for anything that your Representative does on your behalf.
- If someone whom IIML reasonably believes to be your Representative acts on your behalf, IIML will treat the request as if you had personally acted.
- If your Representative is a company, its directors or authorised officers can act as the representative.
- If your Representative is a partnership, each partner can act as the Representative.

Please refer to Step 8 of this application form.

A person who gives another person access to the application form must at the same time, and by the same means, give the other person access to the attached PDS.

Please note: Proof of Identification requirements under AML/CTF Law, apply for Representatives. Under AML/CTF Law, disclosure of an ABN is required for those individual investors who are sole traders. Please refer to pages 4 and 5 of this application form for further information.

## Certification

Certification is the process of verifying that something is a true and exact copy of an original document issued by a court or government agency.

Certification occurs where a copy of an original document is made and a court, government agency or qualified person attests that the copy is a true and exact reproduction of the original document and it is stamped and signed as being an **original certified copy**.

Eligible certifiers include:

- Certified practising or chartered accountants with two or more years of continuous membership.
- Lawyers.
- Justices of the Peace.
- Public Notaries.
- Police Officers.
- Judges.
- Permanent employees of Australia Post with more than two years of experience.
- Officers with, or authorised representatives of, a holder of an Australian Financial Services Licence, having two or more continuous years of experience.

The person certifying the document should write their qualification beneath their signature.

AML/CTF Law obligates IIML to verify the identity of each of its investors before providing financial services to them.

**Please note:** Generally, existing investors with us, who have already been identified, do not need to provide the Proof of Identity listed below.

If you are a new investor in the Trust, making a new investment application, you will need to provide originals or original **certified copies** of one or more of the following documents. The Proof of Identity documents are required to be submitted with your application form.

**Please note:** Documents that are written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

(a) Individual Investor Applicants

Type of Investor	Proof of Identity – please provide the relevant documents
<p><b>(i) Individual:</b></p> <ul style="list-style-type: none"> <li>– Acting for themselves.</li> <li>– As a sole trader.</li> <li>– As an individual Trustee of a Trust.</li> </ul> <p>Note: For joint investors, the necessary Proof of Identity is required for each investor.</p>	<p><b>Either ONE of the following documents:</b></p> <ul style="list-style-type: none"> <li>– Current driver’s licence containing a photograph of the individual (please copy front and back of licence).</li> <li>– Passport (a passport that has expired within the preceding two years is acceptable).</li> <li>– Card issued under a State or Territory for the purpose of providing a person’s age containing a photograph of the person.</li> </ul> <p><b>OR</b></p> <p><b>ONE of the following documents:</b></p> <ul style="list-style-type: none"> <li>– Birth certificate or birth extract.</li> <li>– Citizenship certificate.</li> <li>– Centrelink card issued by Centrelink that entitles the person to financial benefits.</li> </ul> <p><b>AND</b></p> <p>A notice issued to an individual showing the current residential address (e.g. tax notice within the last 12 months, utilities bill within the last 3 months).</p>
<p><b>(ii) Individuals who have been nominated as a Representative or Power of Attorney for:</b></p> <ul style="list-style-type: none"> <li>– An individual.</li> <li>– A company.</li> <li>– A Trust.</li> <li>– A partnership.</li> <li>– An association.</li> <li>– A registered co-operative.</li> <li>– A government body.</li> <li>– A deceased estate.</li> </ul>	<ul style="list-style-type: none"> <li>– Verification of the identity of the nominated Representative or Power of Attorney – please refer to the ‘Proof of Identity Requirements’ listed in section (a)(i) above.</li> </ul> <p><b>Please note:</b></p> <ul style="list-style-type: none"> <li>– Nominated representatives must COMPLETE Step 8 ‘Representative Facility’ of the application form (Step 8 is not required for Power of Attorney).</li> <li>– Where a Power of Attorney has been granted, an original certified copy of the Power of Attorney must be provided.</li> </ul>

(b) Company Investor Applicants

Type of Company	Proof of Identity – please provide the relevant documents
<p><b>(i) Australian Company:</b></p> <ul style="list-style-type: none"> <li>– Listed public company and subsidiaries.</li> <li>– Public unlisted company subject to regulatory oversight.</li> <li>– Public listed company NOT subject to regulatory oversight.</li> <li>– Proprietary company subject to regulator oversight.</li> <li>– Proprietary company NOT subject to regulator oversight.</li> </ul>	<ul style="list-style-type: none"> <li>– Record of the registered status via ASIC search noting registered name and ACN.<sup>1</sup></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>– If regulated, record of regulated status via search of regulator’s register – i.e. RSE Licence from APRA register, AFSL from ASIC.<sup>1</sup></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>– Copy of certificate of incorporation.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>– Copy of the relevant licence.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>– If applicable, verification of nominated representative, or Power of Attorney, as outlined in section (a)(ii).</li> </ul>
<p><b>(ii) Foreign Company:</b></p> <ul style="list-style-type: none"> <li>– Foreign listed company (or subsidiary) registered with ASIC.</li> <li>– Foreign listed company NOT registered with ASIC.</li> <li>– Company registered with foreign body.</li> </ul>	<ul style="list-style-type: none"> <li>– If applicable, record of registered status via ASIC search noting registered name and ACN.<sup>1</sup></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>– Record of the foreign registration status via search of foreign registration/exchange (i.e. ASIC equivalent).<sup>1</sup></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>– If applicable, certificate of registration issued by foreign registration body noting registered name and identification number.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>– If applicable, verification of nominated representative, or Power of Attorney, as outlined in section (a)(ii).</li> </ul>

1. Search must be dated within last three months.

(c) Trust Investor Applicants

Type of Trust	Proof of Identity – please provide the relevant documents
<p>1. <b>Regulated Trust</b></p> <ul style="list-style-type: none"><li>– SMSF with an individual or company as Trustee.</li></ul>	<ul style="list-style-type: none"><li>– Record of the regulated status via search of ASIC, ATO or the relevant regulator’s database (e.g. ASIC/APRA) or Super Fund Lookup at <a href="http://www.business.gov.au">www.business.gov.au</a>.</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>– Extract of the Trust Deed showing the following details:<ul style="list-style-type: none"><li>– The full name and type of Trust and the country in which it was established;</li><li>– The full name of any Trustee in respect of the Trust (and, if individuals, showing their signatures).</li><li>– The full name of any beneficiary in respect of the Trust (including details of their class).</li><li>– The date upon which the Trust was established.</li></ul></li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>– Record of ASIC registration (Company Trustee only).</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>– Verification of identified Trustee (Individual Trustee only), as outlined in section (a)(i).</li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>– If applicable, verification of nominated representative or Power of Attorney, please refer to section (a)(ii).</li></ul>
<p>2. <b>Other Trust</b></p> <p>With an:</p> <ul style="list-style-type: none"><li>– Individual as Trustee*.</li><li>– Company Trustee.</li></ul>	<p>Extract of the Trust Deed showing the following details:</p> <ul style="list-style-type: none"><li>– The full name and type of Trust and the country in which it was established;</li><li>– The full name of any Trustee in respect of the Trust (and, if individuals, showing their signatures).</li><li>– The full name of any beneficiary in respect of the Trust (including details of their class).</li><li>– The date upon which the Trust was established.</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>– Extract of the government legislation showing the name of the Trust (DO NOT require the entire legislation) [only for government superannuation funds established by legislation].</li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>– Verification of identified Trustee (Individual Trustee only) as outlined in section (a)(i).</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>– Record of ASIC registration (Company Trustee only).</li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>– If applicable, verification of nominated representative or Power of Attorney, as outlined in section (a)(ii).</li></ul>
<p>Note: Where the beneficiary of the Trust is a child, the parent, as individual Trustee, must be verified in accordance with the Proof of Identity requirements in section (a)(i).</p>	
<p>3. <b>Deceased Estate</b></p>	<ul style="list-style-type: none"><li>– Extract of Will, grant of probate or letters of administration including the names of the executors.</li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>– If applicable, verification of nominated Representative or Power of Attorney, as outlined in section (a)(ii).</li></ul>

(d) Government Body Investor Applicants

<p>Select <b>ONE</b> of the following options:</p> <ul style="list-style-type: none"><li>– Perform a search of the relevant Commonwealth, State, Territory or Foreign government website for confirmation of the body’s existence</li><li>– Perform a search of the relevant State, Territory of Foreign Country register of government bodies.</li><li>– A copy or extract of the legislation establishing the body obtained from a reliable and independent source, such as a government website.</li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>– If applicable, verification of nominated Representative or Power of Attorney, as outlined in section (a)(ii).</li></ul>
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(e) Other Investor Applicants (e.g. Partnerships, Associations, Registered Co-Operatives)

Additional Proof of Identity is also required.

For a copy of the applicable Identification Form and Proof of Identity requirements, please contact a Client Services Representative on 1300 730 032 (+612 8274 2777 if calling from New Zealand), or visit [www.perennial.net.au/pds\\_aml](http://www.perennial.net.au/pds_aml) to download the relevant AML Identification form.

## Step 1: Application Details

Are you an existing investor?

- No**, this is a new investment application (please refer to section 1 (Key features of the Perennial Value Wealth Defender Australian Shares Trust) of the attached PDS for the minimum initial investment for the Trust).

Please note: Generally, existing investors who hold investments with us will not be required to provide proof of identification requirements under AML/CTF Law, unless they are applying under a different name to their existing accounts (e.g. as joint investors, or in a family company name) or in a different capacity to their existing accounts (e.g. as Trustee for a Trust, or a director of a company).

- Yes**, please provide your account number:

Account Number

If no account number is advised, a new account number will be issued.

- Yes**, I would like to make my initial deposit via BPAY.

If you would like to make your initial deposit via BPAY a Client Services Representative will contact you once your account has been established.

If this is an additional application for the Trust, please use the additional application form.

If this is an application to switch?

If **Yes**, please provide an account number to switch 'to':

- Yes**     **No**

**Go to Step 2**

## Step 2: Investor Details

You will need to complete certain sections of this application form depending on your investor type. Please put a cross against your investor type and complete all referenced sections. **ALL applicants must complete Step 7.**

Investor Type	Steps to complete for new investments		Steps to complete for a switch from one Perennial Trust to another Trust	
	Steps	Page numbers	Steps	Page numbers
<input type="checkbox"/> Individual, Joint Investors, Sole Trader	2, Part A 3, 4, 6, 7	6-8, 16-17, 19-22	5 and 7	18 and 21
<input type="checkbox"/> Company	2, Part B 3, 4, 6, 7	6, 9-11, 16-17, 19-22	5 and 7	18 and 21
<input type="checkbox"/> Trust/Superannuation Fund, with individual Trustee(s)	2, Part C 3, 4, 6, 7	6, 12-14 16-17, 19-22	5 and 7	18 and 21
<input type="checkbox"/> Trust/Superannuation Fund, with corporate Trustee(s)	2, Part B and C 3, 4, 6, 7	6, 9-14 16-17, 19-22	5 and 7	18 and 21
<input type="checkbox"/> Other <sup>1</sup> which may include Partnerships, Associations or Registered Co-operatives	2, Part B (a), (b) and (i) only 3, 4, 6, 7	6, 9, 11 16-17, 19-22	5 and 7	18 and 21

Step 8, Representative Facility, is optional.

1. An additional identification form will need to be completed for those applying under the Other investor category. The form may be obtained from [www.perennial.net.au/pds\\_aml](http://www.perennial.net.au/pds_aml) or by contacting a Client Services Representative on 1300 730 032 (+612 8274 2777 if calling from New Zealand).

Part A: Individual or Joint Investor

(a) Investor 1

All notices and correspondence will be forwarded to the address of Investor 1.

**Personal Details**

Title (Dr/Mr/Mrs/Ms/Miss/Other)  Surname

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City  State  Postcode

Mailing Address (if different from above)

Suburb/City  State  Postcode

Phone (after hours)  Phone (business hours)

Mobile  Fax

Email

Date of Birth (dd/mm/yyyy)  
 /  /

Occupation

Industry of Occupation

Are you an Australian resident for tax purposes?  
 Yes  No  If **No**, state country of residence

Are you a US citizen or resident of the US for tax purposes?  
 Yes  No  If **Yes**, please provide your US Taxpayer Identification Number (TIN).

(b) Sole Traders Only

Please also complete this section if you are an individual investor applying as a sole trader.

Business Name (if applicable)

Australian Business Number (ABN)

Business Address (PO Box not acceptable)

Suburb/City  State  Postcode

(c) Investor 2 (Joint investors only)<sup>1</sup>

**Personal Details**

Title (Dr/Mr/Mrs/Ms/Miss/Other)  Surname

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City  State  Postcode

Mailing Address (if different from above)

Suburb/City  State  Postcode

Phone (after hours)  Phone (business hours)

Mobile  Fax

Email

Date of Birth (dd/mm/yyyy)  
 /  /

Occupation

Industry of Occupation

Are you an Australian resident for tax purposes?  
 Yes  No

If No, state country of residence

Are you a US citizen or resident of the US for tax purposes?  
 Yes  No

If Yes, please provide your US Taxpayer Identification Number (TIN).

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



Part B: Companies

If you are investing as a:

- Domestic Company**, please COMPLETE all required sections of PART B below.
- Foreign Company** (domiciled in Australia), please COMPLETE sub-section (a) below only. You will also need to complete a separate client identification form, 'Identification Form – Australian and Foreign Companies'.
- Other Investor<sup>1</sup>** as nominated in **Step 2**, please COMPLETE **sub-sections (a), (b) and (i)** below only. You will also need to complete a separate client identification form, relevant to your investor type.

For copies of these forms, please call a Client Services Representative on 1300 730 032 (+612 8274 2777 if calling from New Zealand) or visit [www.perennial.net.au/pds\\_aml](http://www.perennial.net.au/pds_aml).

(a) Company Details

Registered Name of Company/Entity

Australian Company Number (ACN)

OR

Australian Registered Body Number (ARBN) (if applicable)

OR

Foreign Registration Number (if unregistered in Australia)

Registered Business Address (PO Box not acceptable)

Suburb/City

State

Postcode

Country (if applicable)

Principal Business Address (if different from above – PO Box not acceptable)

Suburb/City

State

Postcode

Country (if applicable)

Industry in which Company Operates

(b) Director Details for proprietary companies (Please list the full names of all Directors)

**Director 1**

Given Name

Surname

**Director 2**

Given Name

Surname

**Director 3**

Given Name

Surname

**Director 4**

Given Name

Surname

For more than four directors, please attach a separate sheet.

1. Other investors may include Partnerships, Associations (such as Incorporated/Unincorporated Club/Body) and Registered Co-Operatives.

(c) Is the Company regulated?

Yes  No If No, go to sub-section (d)

If Yes, please specify regulator:

Regulator (e.g. ASIC, APRA)

Licence Number

(d) Is the Company listed with the ASX?

Yes  No

(e) Is the Company a majority owned subsidiary of a listed company?

Yes  No If No, continue to sub-section (f)

If Yes, please provide name of the listed company

(f) Company Type

Public  Private/Proprietary

If Proprietary Company, please COMPLETE sub-section (g) below.

(g) For Proprietary Companies

Please list full names and addresses of shareholders who own more than 25% of the Company.

**Shareholder 1**

Title (Dr/Mr/Mrs/Ms/Miss/Other) Surname

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Country of Residence

**Shareholder 2**

Title (Dr/Mr/Mrs/Ms/Miss/Other) Surname

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Country of Residence

**Shareholder 3**

Title (Dr/Mr/Mrs/Ms/Miss/Other) Surname

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Country of Residence

**Shareholder 4**

Title (Dr/Mr/Mrs/Ms/Miss/Other) Surname  
[ ] [ ]

Given Name(s)  
[ ]

Residential Address (PO Box not acceptable)  
[ ]

Suburb/City State Postcode  
[ ] [ ] [ ]

Country of Residence  
[ ]

(h) FATCA Information (US Foreign Account Tax Compliance Act)

US FATCA status (select only ONE of the following categories, provide the information requested and proceed to section (i))

**United States Company**  
(A company created in the US, established under the laws of the US or a US taxpayer)  
Provide the company's US Taxpayer Identification Number (TIN) [ ]  
Is the company an exempt payee for US tax purposes?  Yes  No

**Financial Institution**  
(A custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes)  
Provide the company's Global Intermediary Identification Number (GIIN), if applicable [ ]  
If the company does not have a GIIN, please provide its FATCA status [ ]

**Non-Financial Public Company**  
If the company is a Non-Financial Public Company, no further information is required.  
The FATCA section is now complete, proceed to (i)

**Non-Financial Proprietary Company**  
Are any of the beneficial owners US citizens or residents of the US for tax purposes?  Yes  No  
If yes, provide the name and US Taxpayer Identification Number (TIN) of each beneficial owner who is a US citizen or resident of the US for tax purposes.

	Full given name(s)	Surname	US TIN
1	[ ]	[ ]	[ ]
2	[ ]	[ ]	[ ]
3	[ ]	[ ]	[ ]

(i) Contact Person<sup>1</sup>

A contact person must be nominated for the account.

Title (Dr/Mr/Mrs/Ms/Miss/Other) Surname  
[ ] [ ]

Given Name(s)  
[ ]

Mailing Address  
[ ]

Suburb/City State Postcode  
[ ] [ ] [ ]

Phone (after hours) Phone (business hours)  
[ ] [ ]

Mobile Fax  
[ ] [ ]

Email  
[ ]

Date of Birth (dd/mm/yyyy)  
[ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

1. **Please note:**
- All future notices and correspondence will be forwarded to the Contact Person.
  - The Contact Person must be one of the signatories on the account.
  - If the Contact Person is intended to have authority to transact on the account, on behalf of all directors/shareholders, Step 8 'Representative Facility' must be completed. Conditions applying to the appointment of a Representative are detailed on page 3 of this form.

Part C: Trusts

All Trusts are to COMPLETE this section,

AND

Part B (applicable parts) – if the Trustee is a Company

General Information

(a) Full name of Trust

(b) Full Business Name (if any)

(c) Country of Establishment

(d) Type of Trust

Managed investment scheme

Either:  Registered (provide ARSN if registered) OR  Unregistered

ARSN

Regulated Trust (i.e. a SMSF)

ABN OR licensing details

Provide name of regulator (e.g. ASIC, APRA, ATO)

Government superannuation fund

Provide name of the legislation establishing the fund

Other Trust type

Trust description (e.g. family, charitable, deceased estate, child)

Note for Trustees

- For Trusts with a Company Trustee, Company details are also required, please COMPLETE Part B, then proceed to sub-section (f).
- For Trusts with Individual Trustees, please COMPLETE sub-section (e), then proceed to sub-section (f).

(e) Details of Individual Trustee(s)

Please list all Trustee(s), including name(s) and address(es).

Trustee 1<sup>1</sup>

Contact Person

Title (Dr/Mr/Mrs/Ms/Miss/Other)

Surname

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Mailing Address (if different from above)

Suburb/City

State

Postcode

Phone (after hours)

Phone (business hours)

Mobile

Fax

Email

1. All future notices and correspondence will be sent to the Identified Trustee (Trustee 1 for Individual Trustees). If the Identified Trustee is intended to have authority to transact on the account on behalf of all Trustees/signatories, Step 8 'Representative Facility', must be completed. Conditions applying to the appointment of a Representative are located on page 3 of this form.

Date of Birth (dd/mm/yyyy)

/   /

Country of Residence

Occupation

Industry of Occupation

**Trustee 2**

Full Name (Dr/Mr/Mrs/Ms/Miss/Other)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Date of Birth (dd/mm/yyyy)

/   /

Country of Residence

**Trustee 3**

Full Name (Dr/Mr/Mrs/Ms/Miss/Other)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Date of Birth (dd/mm/yyyy)

/   /

Country of Residence

**Trustee 4**

Full Name (Dr/Mr/Mrs/Ms/Miss/Other)

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Date of Birth (dd/mm/yyyy)

/   /

Country of Residence

**(f) FATCA Information – Regulated Trusts only (Unregulated Trusts please proceed to (g))**

Note: Regulated super funds (Self-Managed Superannuation Funds, APRA regulated superannuation funds, government superannuation funds or pooled superannuation trusts) are not required to complete section (f) and can proceed to the next relevant section.

Provide the Trust or Trustee's Global Intermediary Identification Number (GIIN), if applicable

If neither the Trust nor the Trustee has a GIIN, please provide the Trust's FATCA status

**(g) FATCA Information – Unregulated Trusts only**

This section is not required for deceased estates – deceased estates can proceed to the next relevant section. Select only ONE of the following categories, provide the information requested and proceed to the next relevant section).

- United States Trust** (A trust created in the US, established under the laws of the US or a US taxpayer).
 

Provide the Trust’s US Taxpayer Identification Number (TIN)

Is the Trust an exempt payee for US tax purposes?  Yes  No
  
- Financial Institution or Trust with a Trustee that is a Financial Institution** (A trust that is primarily established for custodial or investment purposes or a Trust that has a Trustee that is a Financial Institution in its own right)
 

Provide the Trust or Trustees’s Global Intermediary Identification Number (GIIN), if applicable

If neither the Trust nor the Trustee has a GIIN, please provide the Trust’s FATCA status
  
- Other** (Trusts that are not US Trusts, Financial Institutions or do not have Financial Institution Trustees)
 

Are any of the Trust beneficiaries, trustees or settlors US citizens or residents of the US for tax purposes?  Yes  No

If the Trustee is a company, are any of this company’s beneficial owners US citizens or residents of the US for tax purposes?  Yes  No

Provide the name, address and US Taxpayer Identification Number (TIN) of each beneficiary, trustee, settlor or beneficial owner who is a US citizen or resident of the US for tax purposes. Addresses are only required if they have not already been provided in this form. If there are more the 3 US persons, provide the details of the additional US persons on a separate sheet.

US Person 1		US Person 2		US Person 3	
Full given name(s) <input style="width: 100%; height: 15px;" type="text"/>		Full given name(s) <input style="width: 100%; height: 15px;" type="text"/>		Full given name(s) <input style="width: 100%; height: 15px;" type="text"/>	
Surname <input style="width: 100%; height: 15px;" type="text"/>		Surname <input style="width: 100%; height: 15px;" type="text"/>		Surname <input style="width: 100%; height: 15px;" type="text"/>	
US TIN <input style="width: 100%; height: 15px;" type="text"/>		US TIN <input style="width: 100%; height: 15px;" type="text"/>		US TIN <input style="width: 100%; height: 15px;" type="text"/>	
Residential Address (PO Box is NOT acceptable) <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		Residential Address (PO Box is NOT acceptable) <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		Residential Address (PO Box is NOT acceptable) <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	
Suburb <input style="width: 100%; height: 15px;" type="text"/>	State <input style="width: 100%; height: 15px;" type="text"/>	Suburb <input style="width: 100%; height: 15px;" type="text"/>	State <input style="width: 100%; height: 15px;" type="text"/>	Suburb <input style="width: 100%; height: 15px;" type="text"/>	State <input style="width: 100%; height: 15px;" type="text"/>
Country <input style="width: 100%; height: 15px;" type="text"/>	Postcode <input style="width: 100%; height: 15px;" type="text"/>	Country <input style="width: 100%; height: 15px;" type="text"/>	Postcode <input style="width: 100%; height: 15px;" type="text"/>	Country <input style="width: 100%; height: 15px;" type="text"/>	Postcode <input style="width: 100%; height: 15px;" type="text"/>

Part D: Government Body

(a) General Information

**Full name of Government Body**

**Principal place of operations**

**Address** (PO Box not acceptable)

Suburb/City

State

Postcode

Country

(b) Government Information (select **ONE** of the following)

**Commonwealth of Australia Government Body**

**Australian State or Territory Government Body**

Please specify State or Territory

**Foreign Country Government Body**

Please specify Foreign Country

(c) Contact Person<sup>1</sup>

A contact person must be nominated for the account.

Title (Dr/Mr/Mrs/Ms/Miss/Other)

Surname

Given Name(s)

Mailing Address

Suburb/City

State

Postcode

Phone (after hours)

Phone (business hours)

Mobile

Fax

Email

Date of Birth (dd/mm/yyyy)

1. Please note:

- All future notices and correspondence will be forwarded to the Contact Person.
- The Contact Person must be one of the signatories on the account.
- If the Contact Person is intended to have authority to transact on the account, on behalf of the Government Body, Step 8 'Representative Facility' must be completed. Conditions applying to the appointment of a Representative are detailed on page 3 of this form.

**Step 3: Investment Details**

Please indicate the amount you would like to invest. For new applications the current minimum initial investment is \$25,000. You can also establish a regular savings plan via direct debit by completing the direct debit request form available from [www.perennial.net.au/pds](http://www.perennial.net.au/pds).

Name of Trust	Minimum initial investment	APIR Code	BPAY Biller Code	Amount to be invested	How would you like to receive any income distributed? <sup>1</sup>	
					Option A Reinvest as additional units	Option B <sup>2</sup> Deposit directly to your nominated financial institution account
Perennial Value Wealth Defender Australian Shares Trust	\$25,000	IOF0228AU	969287	\$	<input type="checkbox"/>	<input type="checkbox"/>

**Only complete this section if you have selected Option B above.** If you have elected to have your investment income paid directly into your financial institution account, please provide your details here.

Name of Account<sup>3</sup>

Financial Institution

Branch

BSB Number Account Number  
-

1. If you do not nominate an income distribution method, this will be taken as a direction to reinvest your investment income and allocate additional units in the Trust.  
 2. If you nominate Option B and a payment is rejected by the financial institution, this will be taken as a direction to reinvest that income distribution and all future distributions as additional units in the Trust.  
 3. This account must be an Australian Bank, Building Society or Credit Union.



**Step 4: Tax File Number (TFN) or Australian Business Number (ABN) Notification or Exemption**

Important information regarding your TFN or ABN:

- Collection of your TFN or ABN information is authorised, and their use and disclosure are strictly regulated by tax laws and the Privacy Act 1988 (Cth).
- Quotation of your TFN or ABN is not compulsory<sup>1</sup> and it is not an offence if you decide not to supply us with this information.
- If you do not supply us with your TFN or ABN, tax will be deducted from any income earned on your investment at the highest marginal tax rate plus the Medicare Levy, and forwarded to the Australian Tax Office (ATO).
- If you are exempt from quoting your TFN or ABN, you must indicate this in the box below or tax will be deducted from any income earned on your investment.
- An investor who is not an Australian resident for tax purposes is not required to provide a TFN or ABN.

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

An ABN may be used as an alternative to a TFN if your investment is undertaken in the course of an enterprise.

I authorise this TFN or ABN to be used for the investment for which I am applying.

**Investor 1**

TFN or ABN (for applications on behalf of a Trust, please provide the Trust's TFN or ABN).

**Please note:** The TFNs for individual Trustees cannot be accepted for a Trust.

OR  I authorise IIML to use the TFN or ABN already held on file.

OR  I am not an Australian resident for taxation purposes.

OR  I claim an exemption from quoting the TFN or ABN.

Reason for exemption

**Investor 2**

TFN or ABN (for applications on behalf of a Trust, please provide the Trust's TFN or ABN).

**Please note:** The TFNs for individual Trustees cannot be accepted for a Trust.

OR  I authorise IIML to use the TFN or ABN already held on file.

OR  I am not an Australian resident for taxation purposes.

OR  I claim an exemption from quoting the TFN or ABN.

Reason for exemption

1. Please note: Under AML/CTF Law, disclosure of an ABN is required for those individual investors investing as sole traders. If applicable, please provide this information under Step 2 – Part A (b), 'For Sole Traders Only'.

### Step 5: Switching Details

Complete this step if you wish to switch from another Perennial trust to the Perennial Value Wealth Defender Australian Shares Trust. Please indicate which Trust(s) you wish your money to be switched out of from the list below.

- The minimum switch amount is \$5,000. Please refer to the relevant PDS for details regarding switching and minimum balance requirements that may impact your investments in the Trust.
- Switching operates as a withdrawal of units in one Trust and the investment of units in another and therefore may have taxation implications. Please contact a licensed financial or taxation adviser for further information.
- If expressed in percentage terms, the below box titled 'Switch to the Perennial Value Wealth Defender Australian Shares Trust APIR Code IOF0228AU' must equal 100%. If expressed in dollar terms, the total value of the box must equal the amount/s stated under 'Switch from \$ or %'.

Name of Trust	APIR Code	Switch from \$ or %
Perennial Value Australian Shares Trust	IOF0200AU	\$
Perennial Value Shares For Income Trust	IOF0078AU	\$
Perennial Value Smaller Companies Trust	IOF0214AU	\$
Perennial Value Shares Wholesale Trust	IOF0206AU	\$

#### Switch to the Perennial Value Wealth Defender Australian Shares Trust APIR Code IOF0228AU

Total amount to be invested in the Trust

\$ or %

How would you like to receive any income distribution<sup>1</sup>?

- Option A – Reinvest as additional units.
- Option B<sup>2</sup> – Deposit directly to your nominated financial institution account.

**Only complete this section if you have selected Option B above.** If you have elected to have your investment income paid directly into your financial institution account, please provide your details here.

Name of Account<sup>3</sup>

Financial Institution

Branch

BSB Number Account Number

1. If you do not nominate an income distribution method, this will be taken as a direction to reinvest your investment income and allocate additional units in the Trust.
2. If you nominate Option B and a payment is rejected by the financial institution, this will be taken as a direction to reinvest that income distribution and all future distributions as additional units in the Trust.
3. This account must be an Australian Bank, Building Society or Credit Union.

**Step 6: Financial Adviser Details (Financial Adviser to complete, if applicable)**

We will only register a financial adviser who:

- Holds a current Australian Financial Services Licence (AFSL); or
- Is an authorised representative of an AFSL.

**Financial Adviser Details**

Dealer Group

Licensee Name

Financial Adviser Name

Financial Adviser Number

AFSL

Perennial Adviser ID

If you are a new financial adviser<sup>1</sup>, please also complete the following details:

Business Name

Business Address

Suburb/City

State

Postcode

Mailing Address

Suburb/City

State

Postcode

Phone

Fax

Mobile

Email

To register for Perennial Adviser Online, please visit [www.perennial.net.au](http://www.perennial.net.au).

Dealer Stamp

**Declaration by Financial Adviser**

In submitting this application form:

- I declare that I hold a current AFSL OR I am a representative or an authorised representative to act on behalf of a holder of a current AFSL.
- I confirm that I have provided the applicant with all of the necessary information concerning their chosen investment, including the attached Product Disclosure Statement.
- I confirm that the applicant's FATCA customer identification information is satisfactory considering the identification documentation sighted.
- I confirm that I conducted the relevant customer identification procedure in line with obligations under the AML/CTF Law, and  
 I have attached the necessary Proof of Identity documents with this application form.

OR

- I have sighted and retained certified copies of the necessary Proof of Identity documents as recorded below in the applicable Record of Proof of Identity table.

**(a) Name of Individual Investor/Trustee 1:**

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 Issuer		
Issue Date		
Expiry Date		
Document Number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

**Name of Individual Investor/Trustee 2:**

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 Issuer		
Issue Date		
Expiry Date		
Document Number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

**(b) Company Investor/Trustee**

ID Document Details	Document 1	Document 2
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy <input type="checkbox"/> Performed Search	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy <input type="checkbox"/> Performed Search
Document Issuer/Website		
Public Document Type		
Document issue date/Search date and website		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	

**(c) Trust**

ID Document Details	Document 1
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy <input type="checkbox"/> Performed Search
Document Issuer/Website	
Document issue date/Search date and website	
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

**(d) Government Body**

ID Document Details	Document 1
Verified From	<input type="checkbox"/> Copy of legislation sighted <input type="checkbox"/> Performed Search
URL link/full name of legislation	
Document issue date/Search date and website	
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

**(e) Other Investor Applicants (e.g. Partnerships, Associations, Registered Co-operatives)**

For a copy of the applicable Identification Form and Proof of Identity requirements, please call a Client Services Representative on 1300 730 032 (+612 8274 2777 if calling from New Zealand), or visit [www.perennial.net.au/pds\\_aml](http://www.perennial.net.au/pds_aml).

## Step 7: Applicant Declaration

I/We wish to invest in the Perennial Value Wealth Defender Australian Shares Trust as described in the attached PDS that this application form dated 1 April 2016, relates to. I/We have personally received an electronic or paper copy of the attached PDS before applying for an investment in the Trust.

### I/We declare that:

- All details in this application form are correct.
- I/We have received and accepted this offer in Australia or New Zealand.
- I/We agree to provide any information that may be required for the purposes of AML/CTF Law.
- I/We have correctly indicated my/our US tax residency status during the application process.

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

- That an investment into the Trust does not represent an investment in IIML, Perennial nor any related body corporate within the IOOF group.
- That neither IIML, Perennial, nor any related body corporate within the IOOF group, guarantees the performance of the Trust or the return or repayment of capital or income.
- The PDS in its entirety and on becoming a unit holder, I/we agree to be bound by the provisions of the attached PDS, and the constitution of the Trust (as amended from time to time).
- That investments in the Trust are subject to investment risks, including delays in repayment and loss of income and capital invested.

I/We acknowledge that I/we have read and understood the Privacy section in the attached PDS and I/we consent to providing IIML with personal information pursuant to the Privacy Act 1988 (Cth) and for use as described in the PDS.

### New Zealand investors (must complete if New Zealand investor)

By crossing ( ) this box , I/we acknowledge that:

- I am/we are a New Zealand investor(s); and
- I/we have received the PDS relating to this Trust; and
- I/we confirm that I/we have read the content of the section entitled 'Investment by New Zealand investors'.

### Marketing Material

I/We do **not** agree to IIML utilising my/our personal information for the marketing purposes of IIML or related bodies corporate within the IOOF group.

### Financial Report

The Annual Financial Report for the Trust, detailing the financial performance of the Trust for the year ending 30 June, can be downloaded from [www.perennial.net.au](http://www.perennial.net.au) after 30 September each year. Alternatively, you may choose to receive a hard copy of the Annual Financial Report by crossing ( ) this box:

### Power of Attorney

If your application is signed under a Power of Attorney, please enclose an **original certified copy** of the Power of Attorney and the Proof of Identity documents as detailed on page 4 with your application form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

**For Company Investors**

This application must be signed:

- by two Directors or a Director and Company Secretary; or
- by the Sole Director (where applicable); or
- under Common Seal.

**Signatory 1**

Title (if applicable)

e.g. Director/Sole Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

□□ / □□ / □□□□

**Signatory 2**

Title (if applicable)

e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

□□ / □□ / □□□□

**Signatory 3 (for additional Trustees if applicable)**

Title (if applicable) e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

□□ / □□ / □□□□

**Signatory 4 (for additional Trustees if applicable)**

Title (if applicable) e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

□□ / □□ / □□□□

**Common Seal (of company) (if required)**

If more than two signatories have signed above, please cross ( ) this box  for IIML to accept and act on instructions from any two of the above signatories.<sup>1</sup>

1. It is the client's responsibility to inform IIML of any changes to signatory requirements.

**Step 8: Representative Facility (optional)**

If you wish to nominate a Representative, please complete all sections below.

**Nomination of Representative**

I/We nominate the following person as my/our Representative:

Title (Dr/Mr/Mrs/Ms/Miss/Other)

Surname

Given Name(s)

Residential Address

Suburb/City

State

Postcode

Phone (after hours)

Phone (business hours)

Mobile

Date of Birth (dd/mm/yyyy)

Email

Proof of Identity is required for all nominated Representatives. Please refer to the Guide: Proof of Identity Requirements on page 4 for further details.

**Representative Declaration**

I, the Representative have read and agree to the conditions as detailed on page 3 of this form entitled 'Representative Facility'.

**Representative Signature**

Date (dd/mm/yyyy)

**Investor(s) Authority to Nominate a Representative**

I/We:

- Have read the conditions applying to the appointment of a Representative on page 3 of this form and agree to those conditions.
- Release, discharge and agree to indemnify IIML, Perennial and any other related body corporate within the IOOF group from and against any and all losses, liabilities, actions, proceedings, accounts, claims and demands (whether authorised by me/us or not) arising from the appointment of or exercise of powers by the Representative.
- Agree that a payment made to my/our Representative in accordance with the requests or instructions of the Representative shall be to the complete satisfaction of the obligation of IIML to the extent of the payment, notwithstanding any fact or circumstance, including that the payment was requested, made or received without my/our knowledge or authority.
- Agree that if the payment is made in accordance with the request or instructions of the representative, I/we shall have no claim in relation to the payment against IIML, Perennial or any other related body corporate within the IOOF group.
- Understand and acknowledge that I/we are bound by the actions of my/our Representative in relation to the operation of my/our investment in the Trust.
- Authorise IIML to continue to follow instructions regarding this authority, until further notice in writing to cancel this authority is received.

**Power of Attorney**

If your nomination is signed under a Power of Attorney, please enclose an original certified copy of the Power of Attorney and the Proof of Identity documents as detailed in the Guide: Proof of Identity Requirements on page 4 with your application form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

**For Company Investors**

This request for an authorised Representative must be signed:

- by two Directors or a Director and Company Secretary; or
- by the Sole Director (where applicable); or
- under Common Seal.

**Signatory 1**

Title (if applicable)

e.g. Director/Sole Director/Company Secretary

Print name

Date (dd/mm/yyyy)

□□/□□/□□□□

**Signatory 2**

Title (if applicable)

e.g. Director/Company Secretary

Print name

Date (dd/mm/yyyy)

□□/□□/□□□□

**Signatory 3** (for additional Trustees if applicable)

Title (if applicable)

e.g. Director/Company Secretary e.g. Director/Company Secretary

Print name

Date (dd/mm/yyyy)

□□/□□/□□□□

**Signatory 4** (for additional Trustees if applicable)

Title (if applicable)

Print name

Date (dd/mm/yyyy)

□□/□□/□□□□

**Common Seal** (of company) (if required)

**Only sign above if nominating an authorised Representative. All investors must sign the Applicant Declaration in Step 7 of the application form.**



**Before sending your application, please use the checklist below to ensure that you have provided the required information and documentation.**

- Completed the relevant Client Identification section for the investor type (see Step 2) and:
- Completed Steps 3 to 8, as relevant to your investor type, and:
- Enclosed required documents as outlined in the Guide: Proof of Identity Requirements on page 4.
- Enclosed a cheque payable to 'NNLOCA ANF IOOF Investment Management Ltd Application Account A/C Applicants name' or crossed the box to request a CRN in 'Step 1' of the application form if using BPAY.

If nominating a Representative, please note that additional Proof of Identity is required to be provided with this application form. Please refer to Step 8 'Representative Facility'.

**Please return your completed form and your cheque, if paying by cheque, to:**

Perennial Trusts  
Registry Services  
GPO BOX 1406  
MELBOURNE VIC 3001

If investing by cheque, please make payable to 'NNLOCA ANF IOOF Investment Management Ltd Application Account A/C Applicants name', marked 'Not Negotiable'. For example, if Robert Brown proposes to invest, the relevant cheque will be made payable as: NNLOCA ANF IOOF Investment Management Ltd Application Account A/C Robert Brown'.



# Perennial Value Wealth Defender

Australian Shares Trust

## Contact details

### Responsible Entity

IOOF Investment Management Limited

#### Registered Office

Level 6, 161 Collins Street  
Melbourne VIC 3000

#### Phone

1300 730 032 (Australia)  
+612 8274 2777 (if calling  
from New Zealand)

### Investment Manager

Perennial Investment Partners Limited  
ABN 59 087 901 620, AFSL 238763

#### Principal place of business

Level 27, 88 Phillip Street  
Sydney NSW 2000

#### Phone

+612 8274 2777

#### Website

[www.perennial.net.au](http://www.perennial.net.au)

### Client Services

Monday to Friday  
8.30am to 5.30pm (Melbourne time)

#### Phone

1300 730 032 (Australia)  
+612 8274 2777 (if calling  
from New Zealand)

#### Fax

1300 365 601

#### Email

[invest@perennial.net.au](mailto:invest@perennial.net.au)