



## Perennial Trusts

# Request to Transfer Units Form

2 November 2015

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

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

**For immediate assistance please call a Client Services Representative on 1300 730 032 (+612 8274 2700 if calling from New Zealand).**

**Please use CAPITAL letters and tick (✓) boxes where appropriate.**

All words and phrases in this request to transfer units form have the same meaning as given to them in the relevant product disclosure statement (PDS) and Reference Guide (if applicable).

### 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).

### Important Information

- All investors registered on the Perennial Trust account listed for transfer need to COMPLETE Step 1.
- Upon registration of the transfer of units, complete ownership of the relevant units listed in Step 1 will be transferred from the current registered holder(s) (transferor(s)) to the new registered holder(s) (transferee(s)) as listed in Step 2.

## Guide: Proof of Identity Requirements

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 Perennial Trusts, 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>(i) <b>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><b>Note:</b> 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 (<i>please copy front and back of licence</i>).</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</b> of the following documents:</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>(ii) <b>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><b>Nominated Representatives</b> must COMPLETE Step 6 'Representative Facility' of this form (Step 6 is <b>not required</b> for Power of Attorney).</li> <li>Where a <b>Power of Attorney</b> has been granted, an <b>original certified copy</b> 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>(i) <b>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>(ii) <b>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 SuperFund look-up at <a href="http://www.business.gov.au">www.business.gov.au</a>.</li></ul> <p><b>OR</b></p> <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></ul> <p>The date upon which the Trust was established.</p> <p><b>AND</b></p> <ul style="list-style-type: none"><li>Record of ASIC registration (<i>Company Trustee only</i>).</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>Verification of identified Trustee (<i>Individual Trustee only</i>), 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 fund (DO NOT require the entire legislation) [<i>only for government superannuation funds established by legislation</i>].</li></ul> <p><b>AND</b></p> <ul style="list-style-type: none"><li>Verification of identified Trustee (<i>Individual Trustee only</i>) as outlined in section (a)(i);</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>Record of ASIC registration (<i>Company Trustee only</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, as outlined in section (a)(ii).</li></ul> <p>* <b>Note:</b> 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><b>Select ONE of the following options:</b></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 or 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 2700 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: Current Registered Holder(s) and Transfer Details (Transferor(s))**

**Investor Details**

**I/We:**

**Current Investor 1**

All correspondence will be sent to current Investor 1.

Full name

Mailing Address

Suburb/City

State

Postcode

**Current Investor 2**

Full name

**OR**

**If the account is registered in the name of an entity (e.g. a Company or Trust). Please include the name of the entity:**

being the Registered Holder(s) of the units held in account number

**hereby request** IIML to transfer, on the terms and conditions as set out in the constitution for the

(name of the relevant Perennial Trust),

(insert number of units), units to the New Registered Holder(s) (Transferee(s)).

Details of the New Registered Holder(s) will be listed in Step 2 of this form.

**Are the units being transferred to an existing account?**

**No**, the units are being transferred to a new account.

**Yes**. Please provide the account number to which the units are being transferred:

**Step 2: New Registered Holder(s) details (to be completed by the new registered holder(s)) (Transferee(s))**

**The new Registered Holder(s) must complete certain sections of this Transfer of Units Form depending on their investor type.**

**What part of Step 2 needs to be completed by the new Registered Holder(s)?**

<p><b>COMPLETE Part A if you are:</b></p> <p><input type="checkbox"/> an Individual Investor<sup>1</sup>; or <input type="checkbox"/> Joint Investors</p>	<p><b>COMPLETE Part B if you are:</b></p> <p><input type="checkbox"/> a Company</p>	<p><b>COMPLETE Part C if you are:</b></p> <p><input type="checkbox"/> a Trust with Individual Trustees; or <input type="checkbox"/> a Trust with a Company Trustee; or <input type="checkbox"/> Other Trust<sup>2</sup></p>	<p><b>COMPLETE Part B (a), (b) and (h) only if you are:</b></p> <p><input type="checkbox"/> Other investors<sup>3</sup></p> <p><b>then go straight to Step 3</b></p> <p><b>Note:</b> New applicants from this category will also need to complete an additional 'Identification Form'. For a copy of the form, please contact a Client Services Representative on 1300 730 032 (+612 8274 2700 if calling from New Zealand) or visit <a href="http://www.perennial.net.au/pds_aml">www.perennial.net.au/pds_aml</a></p>
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**Please note:** New investors/policy owner(s) who are not registered investors within the IOOF group will be required to provide proof of identity information as required under the AML/CTF Law. Refer to the Guide: Proof of Identity Requirements on page 2.

Generally, existing investors who hold investments in other products within the IOOF group, will not be required to provide proof of identification requirements under the 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 director of a company).

**Please now complete the appropriate part of Step 2 based on your investor type.**

1. Individual investors include individuals acting for themselves or as sole traders.  
2. Other Trust may include Family or Charitable Trusts, Deceased Estate, or accounts set up for a Minor Child.  
3. Other investors may include Partnerships, Associations (such as Incorporated/Unincorporated Club/Body), Registered Co-operatives or Government Entities.

**Part A – Individual or Joint Investors**

**(a) New Investor 1** (All notices and correspondence will be forwarded to the address of Investor 1)

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)  /  /  Country of Residence

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)

**Please note:** 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 'named parent/guardian' account for 'name of child'.

**For 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 (if different to Residential Address above. PO Box not acceptable)

Suburb/City  State  Postcode

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

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

**(b) New Investor 2** (For Joint Investors only)<sup>1</sup>

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

Given Name(s)

Residential Address (Must be completed. 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) Country of Residence

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)

**Please note:** 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 'named parent/guardian' account for 'name of child'.

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

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

**1. Note for Joint Investors.** If any of the joint investors are able to operate the account and bind the other joint investor(s) for future transactions (including additional investments, switches and withdrawals) please tick  this box.

**Part B – Companies or Other Investors**

If the new policy owner(s) are 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 2700 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 Business Number (ABN)  
 **OR**

Australian Registered Body Number (ARBN) (if applicable)  
 **OR**

Foreign Registration Number (if unregistered in Australia)

Registered Business Address

Suburb/City  State  Postcode

Country (if applicable)

Principal Business Address (if different from above)

Suburb/City  State  Postcode

Country (if applicable)

Industry in which Company Operates

**(b) Directors/Officeholders/Partners Details** (Please list full names) (as applicable):

**Director 1**  
Full Name

**Director 2**  
Full Name

**Director 3**  
Full Name

**Director 4**  
Full Name

**(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

1. 'Other investors' may include Partnerships, Associations (Incorporated/Unincorporated Club/Body), Registered Co-operatives, Government Entities.

(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, 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**

Full Name

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Country of Residence

**Shareholder 2**

Full Name

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Country of Residence

**Shareholder 3**

Full Name

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Country of Residence

**Shareholder 4**

Full Name

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.

**US Person 1**

Full Given Name(s)  Surname  US TIN

**US Person 1**

Full Given Name(s)  Surname  US TIN

**US Person 1**

Full Given Name(s)  Surname  US TIN

**(i) Contact Person**

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)  
 /  /

**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 company/entity, Step 6 'Representative Facility' must be completed. Conditions applying to the appointment of a representative are detailed at Step 6 of this form.

**Security Password**

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

**Please note:** When an investor is not an individual (e.g. a company or a trust) or when a representative is nominated, no account information will be provided via the telephone unless this password is quoted.

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

**(a) Full name of Trust**

**(b) Full Business Name** (if any) of the trustee in respect of the trust

**(c) Country of Establishment of Trust**

**(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) Individual Trustee(s)**

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

**Trustee 1<sup>1</sup>**

Title (Dr/Mr/Mrs/Ms/Miss/Other)	Surname	
<input type="text"/>	<input type="text"/>	
Given Name(s)		
<input type="text"/>		
Residential Address (PO Box not acceptable)		
<input type="text"/>		
Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)		
<input type="text"/>		
Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (after hours)	Phone (business hours)	
<input type="text"/>	<input type="text"/>	
Mobile	Fax	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		
Date of Birth (dd/mm/yyyy)	Country of Residence	
<input type="text"/>	<input type="text"/>	
Occupation	Industry of Occupation	
<input type="text"/>	<input type="text"/>	

**Trustee 2**

Full Name (Dr/Mr/Mrs/Ms/Miss/Other)		
<input type="text"/>		
Residential Address (PO Box not acceptable)		
<input type="text"/>		
Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (dd/mm/yyyy)	Country of Residence	
<input type="text"/>	<input type="text"/>	

**Trustee 3**

Full Name (Dr/Mr/Mrs/Ms/Miss/Other)		
<input type="text"/>		
Residential Address (PO Box not acceptable)		
<input type="text"/>		
Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (dd/mm/yyyy)	Country of Residence	
<input type="text"/>	<input type="text"/>	

**Trustee 4**

Full Name (Dr/Mr/Mrs/Ms/Miss/Other)		
<input type="text"/>		
Residential Address (PO Box not acceptable)		
<input type="text"/>		
Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (dd/mm/yyyy)	Country of Residence	
<input type="text"/>	<input type="text"/>	

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 6 'Representative Facility', must be completed. Conditions applying to the appointment of a representative are located at Step 6 of this form.

**(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 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

**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**

Full Given Name(s)

Surname

US TIN

Residential Address (PO Box not acceptable)

Suburb  State

Country  Postcode

**US Person 2**

Full Given Name(s)

Surname

US TIN

Residential Address (PO Box not acceptable)

Suburb  State

Country  Postcode

**US Person 3**

Full Given Name(s)

Surname

US TIN

Residential Address (PO Box not acceptable)

Suburb  State

Country  Postcode

**Step 3: 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 your income earned at the highest marginal tax rate plus 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 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 applicants 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, 'For Sole Traders Only'.

#### Step 4: Distribution Instructions

I/We elect to receive our income by:

Tick applicable box (A or B)

(a)  Additional units

**OR**

(b)  Please pay my income directly into my financial institutional account, details of which are shown below.

Where no election is made, reinvestment of income will be assumed and additional units will be allocated in the Trust from which the income was derived.

Name of Account

Financial Institution

Branch

BSB Number

-

Account Number

This account must be from an Australian bank, building society or credit union. If a payment is rejected by your financial institution, it will be taken as a direction to reinvest that income distribution and all future income distributions as additional units in the Trust from which the income was derived.

**Step 5: 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

1. 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 Australian Financial Services Licence (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 necessary information concerning their chosen investment, including the relevant Product Disclosure Statement(s) and Reference Guide(s) (if applicable).
- 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 2700 if calling from New Zealand), or visit [www.perennial.net.au/pds\\_aml](http://www.perennial.net.au/pds_aml).



**Step 6: Representative Facility (Optional) – for completion by new registered holder(s) if applicable**

**Note:** On registration of the transfer of units to the new registered holder(s) (transferee(s)), any existing Representative or Power of Attorney nominated to act on behalf of the existing account owner(s) will be automatically revoked.

**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.

For new registered holder(s) – do you wish to nominate a Representative on your Perennial Trust account?

**Yes**  Please complete the section below.

**No**  Go to Step 7.

**Power of Attorney**  
If this application is signed under a Power of Attorney, you **do not** need to complete this section.

**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

Relationship to Investor

Proof of identity is required for all nominated Representatives.  
Please ensure the required proof of identity documents are included with this transfer of units form, as detailed in the Guide: Proof of Identity Requirements on page 2.

**Declaration of Representative**

I, the Representative, have read and agree to the conditions detailed below 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 as detailed below 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(s).
- Authorise IIML to continue to follow instructions regarding this authority, until further notice in writing to cancel this authority is received.

**For Company Investors**

This nomination must be signed:

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

**New Investor/Signatory 1**

Title (if applicable)

e.g. Director/Sole Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/


/

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

Title (if applicable)

e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/


/

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

**New Investor/Signatory 2**

(for Joint Investors or additional Trustees if applicable)

Title (if applicable)

e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/


/

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

Title (if applicable)

e.g. Director/Company Secretary

Print Name

Date (dd/mm/yyyy)

/


/

**Only sign the above if nominating a Representative. All new registered holder(s) must also sign the Declaration at Step 8.**

**Step 7: Declaration and signature of current registered holder(s)**

**All current owners(s) of the account listed in Step 1 must sign this section.**

In signing the Declaration in this section of the transfer of units form, I/we the **current** registered holder(s) of the units in the Perennial Trust account listed in Step 1 of this form, declare that all details provided on this form are true and correct and authorise and request Perennial to transfer the units, including full investment rights regarding the Perennial Trust account listed in Step 1, to the new registered holder(s) as detailed in Step 2 of this form.

**Who needs to sign?**

All original investors registered on the account must sign this section. Individual investors must sign in the presence of a witness, who must also sign this section below.

**Corporate investors**

This form must be signed:

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

**Current Investor/Signatory 1**

Title (if applicable)

e.g. Director/Sole 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)

/  /

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

**Witness Signature**

Print Name

Date (dd/mm/yyyy)

/  /

**Current Investor/Signatory 2**

(for Joint Investors or 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)

/  /

## Step 8: Declaration and signature of new registered holder(s)

### All new registered holder(s) listed in Step 2 of this transfer of units form must sign this section.

As the new registered holder(s) of the units from the Perennial Trust account number listed in Step 1 of this transfer of units form, I/we accept transfer of the units and acknowledge and agree that by signing this declaration, I/we:

- Declare that all details provided in this Transfer of Units are true and correct and I/we undertake to inform IIML of any changes to the information supplied as and when they occur.
- Agree to assume account ownership (including all investment rights) of the Perennial Trust account detailed in Step 1 of this transfer of units form.
- Have received and accepted this offer in Australia or New Zealand.
- 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 Perennial Trusts 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 Perennial Trusts or the return or repayment of capital or income.
- The relevant PDS in its entirety and on becoming a unit holder, I/we agree to be bound by the provisions of the relevant PDS, the relevant Reference Guide (if applicable) and the constitution of the Perennial Trust(s) (as amended from time to time).
- That investments in the Trust(s) are subject to investment risks, including delays in repayment and loss of income and capital invested.

### AML/CTF Law

I/We acknowledge that I/we have read and understood the client identification requirements in line with the AML/CTF Law as disclosed in the relevant PDS, and confirm that I/we have provided either original or certified copies of the relevant proof of identity documentation\* which accompanies this transfer of units form.

### 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.

### Individual Investors

Individual investors must sign in the presence of a witness, who must also sign this section below.

### Power of Attorney

If signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power. The attorney's signature must be witnessed and the witness must sign below.

Please attach an original certified copy of the Power of Attorney and the required proof of identification documents in accordance with AML/CTF Law. For further information, please refer to the Guide: Proof of Identity requirements on page 2, or at [www.perennial.net.au](http://www.perennial.net.au), or alternatively contact a Client Services Representative on 1300 730 032 (+612 8274 2700 if calling from New Zealand).

### Company Investors

This request to transfer units form must be signed:

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

\* Proof of identity requirements are generally not required for existing investors with us.

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

**New Investor/Signatory 1**

Title (if applicable)

e.g. Director/Sole 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)

□□ / □□ / □□□□

**Common Seal** (if required)

**Witness Signature**

Print Name

Date (dd/mm/yyyy)

□□ / □□ / □□□□

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

**Post to: Perennial Trusts  
Reply Paid 264**

**Melbourne VIC 8060**

**Enquiries: Client Services Representative on 1300 730 032  
(+612 8274 2700 if calling from New Zealand)**

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