



## Perennial Trusts

# Application Form

1 February 2017

### How to invest

1. Read the PDS relating to the Trust(s).
2. Read the important information in the Additional Information Booklet relating to the Trust(s).
3. Read all of the information in this application form.
4. Complete all of the relevant sections of this application form.
5. Read and sign the declaration on page 22 of this application form.
6. Attach your supporting identification and documents.
7. Lodge your application form together with your supporting identification and documents as well as your cheque or electronic payment.

Issued by the Responsible Entity: Perennial Investment Management Limited (PIML)  
ABN 13 108 747 637 AFSL 275101

Investment Manager: Perennial Value Management Limited (Perennial)  
ABN 22 090 879 904 AFSL 247293

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

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

All words and phrases in this application form have the same meaning as given to them in the relevant Product Disclosure Statement (PDS) and Additional Information Booklet.

### Use of this free of charge application form

This application form relates to the Perennial Trusts (the Perennial Trusts). You should read the PDS and the Additional Information Booklet relating to the Trust(s) you wish to invest in.

Use this application form if you are an investor investing directly in a Perennial Trust(s). 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 Perennial Trusts are only available to persons receiving the PDS and the Additional Information Booklet relating to the Perennial Trusts within Australia and New Zealand.

### Important information for New Zealand investors

New Zealand investors are only permitted to invest in the Trust(s) if they have received both the PDS and the Additional Information Booklet relating to the Trust(s). If you are a New Zealand investor, please ensure you have read the section entitled 'Investment by New Zealand investors' in the Additional Information Booklet relating to the Trust(s). Copies of the Additional Information Booklet(s) can be obtained free of charge from [www.perennial.net.au](http://www.perennial.net.au) or by contacting a Client Services Representative on +612 8274 2777.

### Completing this application form

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

If investing by cheque, please make payable to 'NNLOCA ANF Perennial Investment Management Ltd Application Account A/C Applicant Name', marked 'Not Negotiable'. For example, if Robert Brown proposes to invest, the relevant cheque will be made payable as: 'NNLOCA ANF Perennial 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 with 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 tick the box on page 6 of the application form and a Client Services Representative will contact you once your account has been opened.

For investments using BPAY, you will need to know:

- The Biller Code for the Trust in which you wish to make an investment, (please refer to Step 5 of the application form or the relevant PDS); and
- Your Customer Reference Number (CRN). Your CRN consists of the first four digits of the Trust's Biller Code and your Investor Number. If you have ticked 'Yes, I would like to make my initial deposit via BPAY' box on page 6 of the application form, a Client Services Representative will contact you to provide your Investor Number once your account has been opened.

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 your financial institution's cut-off time 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.

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.

### Paying via Electronic Funds Transfer (EFT)

To make your initial deposit or any additional applications via EFT tick the box 'I will be making my initial deposit via EFT' on page 6 of the application form and deposit the funds to the below account:

Bank	National Australia Bank
Account name	NNLOCA ANF Perennial Investment Management Ltd Application Account
BSB	083-043
Account Number	46-771-9297
Reference	Account Name OR Investor Number

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

### 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'.

### 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 investor number when you contact a Client Services Representative.

### Beneficial Owners

Beneficial Owner of an investment means an individual who ultimately owns or controls (directly or indirectly) the investment. In this definition:

- (a) "control" includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights and includes exercising control through the capacity to determine decisions about financial and operating policies; and
- (b) "owns" means ownership (either directly or indirectly) of 25% or more of an investment.

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

In order for PIML 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. 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.

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 PIML reasonably believes to be your Representative acts on your behalf, PIML 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 9 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 relevant PDS and/or Additional Information Booklet.

**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 a sole trader. Please refer to the Guide: Proof of Identity requirements section on page 4 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.

## Guide: Proof of Identity Requirements

AML/CTF Law obligates PIML 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, 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>Category A:</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>Category B Documents - If none of the documents under Category A can be provided please provide two documents from Category B.</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 9 'Representative Facility' of the application form (Step 9 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> <p><b>Note:</b> All beneficial owners must provide certified proof of identity documentation.</p>	<ul style="list-style-type: none"><li>Record of the registered status via ASIC search noting registered name and ACN<sup>1</sup>; <b>OR</b></li><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> <b>OR</b></li><li>Copy of certificate of incorporation. <b>OR</b></li><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> <p><b>Note:</b> All beneficial owners must provide certified proof of identity documentation.</p>	<ul style="list-style-type: none"><li>If applicable, record of registered status via ASIC search noting registered name and ACN.<sup>1</sup> <b>OR</b></li><li>Record of the foreign registration status via search of foreign registration/exchange (i.e. ASIC equivalent).<sup>1</sup> <b>OR</b></li><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>

## (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> <p><b>Note:</b> All beneficial owners must provide certified proof of identity documentation.</p>	<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>.<sup>1</sup></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> With an:</p> <ul style="list-style-type: none"><li>Individual as Trustee*.</li><li>Company Trustee.</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><b>Note:</b> All beneficial owners must provide certified proof of identity documentation.</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><li>Settlor/s and or Appointers (where applicable)</li></ul><b>OR</b></li><li>Extract of the government legislation showing the name of the Trust (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); <b>OR</b></li><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>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>

1. Search must be dated within last three months.

#### (d) Government Body Investor Applicants

**Select ONE of the following options:**

- Perform a search of the relevant Commonwealth, State, Territory or Foreign government website for confirmation of the body's existence.
- Perform a search of the relevant State, Territory or Foreign Country register of government bodies.
- A copy or extract of the legislation establishing the body obtained from a reliable and independent source, such as a government website.

**AND**

- If applicable, verification of nominated Representative or Power of Attorney, as outlined in section (a)(ii).

(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 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 the 'How the trust works' section of the relevant PDS for the minimum initial investment for each Trust you choose).

**Yes**, please provide your **investor number**:

Investor Number

If an investor number is not advised, a new investor number will be issued.

**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).

If this is an additional application for a Trust you are already invested in, please use the **additional application form**.

I would like to make my initial deposit via BPAY.

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

I will be making my initial deposit via EFT. Please see EFT details on page 2.

#### 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 tick your investor type and complete all referenced sections. **ALL applicants must complete Step 8 - Applicant Declaration.**

#### Investor Type

- Individual, Joint Investors, Sole Trader
- Company
- Trust/Superannuation Fund, with individual Trustee(s)
- Trust/Superannuation Fund, with corporate Trustee(s)
- Other<sup>1</sup> which may include Partnerships, Associations, Government Bodies or Registered Co-operatives

Investor Type	Steps to complete for new investments	Pages
<input type="checkbox"/> Individual, Joint Investors, Sole Trader	2, Part A 3, 4, 6, 7	6-8, 16-17, 19-22
<input type="checkbox"/> Company	2, Part B 3, 4, 6, 7	6, 9-11, 16-17, 19-22
<input type="checkbox"/> Trust/Superannuation Fund, with individual Trustee(s)	2, Part C 3, 4, 6, 7	6, 12-14, 16-17, 19-22
<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
<input type="checkbox"/> Other <sup>1</sup> which may include Partnerships, Associations, Government Bodies or Registered Co-operatives	2, Part B (a), (b) and (h) only and/or D 3, 4, 6, 7	6, 9, 11, 16-17, 19-22

Step 9, 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 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<sup>1</sup>

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

1. **Please note:** By providing your email address you agree to receive an email for the opportunity to register for Perennial Online. For more information on Perennial Online please see page 22 of the application form, relevant PDS and/or Additional Information Booklet.

(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? If **No**, state country of residence  
 **Yes**  **No**

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 tick (✓) 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 (h)** 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 New Zealand) or visit [www.perennial.net.au](http://www.perennial.net.au).

### (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)

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

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

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

**(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) 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)  
   /   /

- Please note:**
  - All future notices and correspondence will be forwarded to the Contact Person.
  - If the Contact Person is intended to have authority to transact on the account, on behalf of all directors/shareholders, Step 9 'Representative Facility' must be completed. Conditions applying to the appointment of a Representative are detailed on page 24 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 Step 3.
- For Trusts with Individual Trustees, please COMPLETE sub-section (f), then proceed to Step 3.

##### (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

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 9 'Representative Facility', must be completed. Conditions applying to the appointment of a Representative are located on page 24 of this form.

Email

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) Beneficial Owners**

Please confirm the Trustees listed in sub-section (e) are beneficial owner(s) of the Trust. This includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

Trustee 1 Yes  No

Trustee 2 Yes  No

Trustee 3 Yes  No

Trustee 4 Yes  No

Please also provide full details of other individuals who directly or indirectly control the Trust.

**Other Beneficial Owner 1**

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

Residential Address (PO Box not acceptable)

Suburb/City

State

Postcode

Date of Birth (dd/mm/yyyy)

Country of Residence

**Other Beneficial Owner 2**

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

Residential Address (PO Box not acceptable)

Suburb/City State Postcode

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

**Other Beneficial Owner 3**

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

Given Name(s)

Residential Address (PO Box not acceptable)

Suburb/City State Postcode

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

**Other Beneficial Owner 4**

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

Residential Address (PO Box not acceptable)

Suburb/City State Postcode

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

**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.
- If the Contact Person is intended to have authority to transact on the account, on behalf of all directors/shareholders, Step 9 'Representative Facility' must be completed. Conditions applying to the appointment of a Representative are detailed on page 24 of this form.

**Step 3: FATCA**

All investors must complete this section unless you are a:

- Regulated super funds which is a Self-Managed Superannuation Funds, APRA regulated superannuation funds, government superannuation funds or pooled superannuation trusts. Other types of regulated trusts must also complete this section;
- Deceased estate(s); or an
- Australian Registered Charity

Please select (✓) only ONE of the following categories and provide the information requested

**FATCA exempt.**

For example, investors have no affiliation with the US, are not US citizens and hold no assets (directly or indirectly) in the US.

**Non-Financial Public Company.**

If the company is a Non-Financial Public Company, no further information is required. The FATCA section is now complete, please go to Step 4.

**An individual(s)**

Is a US citizen or resident of the US for tax purposes. Please provide the individual's US Taxpayer Identification Number (TIN):

**Investor 1**

**Investor 2**

**Australian Regulated Trusts** only which are **not** Self-Managed Superannuation Funds, APRA regulated superannuation funds, government superannuation funds or pooled superannuation trusts

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

(Please complete box with one of the following statuses: Deemed Compliant Financial Institution, excepted Financial Institution, Exempt Beneficial Owner, Non Reporting IGA Financial Institution, Non - participating Financial Institution, Other (please describe your status in the box))

**United States Company/United States Partnership/Unregulated Trust** (A company/ Unregulated Trust created in the US, established under the laws of the US or a US taxpayer) Provide the company's/Trusts US Taxpayer Identification Number (TIN)

Is the company/ Unregulated Trust an exempt payee for US tax purposes?  Yes  No

If the company/unregulated trust is an exempt payee, provide its exemption code.

Please provide the Company's/ Unregulated Trusts US Taxpayer Identification Number (TIN):

**Financial Institution or Trust with a Trustee that is a Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes or 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 Company's/Trust or Trustees 's Global Intermediary Identification Number (GIIN), if applicable

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

(Please complete box with one of the following statuses: Deemed Compliant Financial Institution, excepted Financial Institution, Exempt Beneficial Owner, Non Reporting IGA Financial Institution, Non - participating Financial Institution, Other (please describe your status in the box))

If the Trust is a Financial Institution or has a Trustee that is a Financial Institution Step 3 is complete, proceed to Step 4.



**Non-Financial Proprietary**

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 2**

Full Given Name(s) Surname US TIN

**US Person 3**

Full Given Name(s) Surname US TIN

**Other** (Trusts/Partnerships that are not US Trusts/Partnerships, 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 ( as per section) 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 4 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/City State Postcode

**US Person 2**

Full Given Name(s) Surname US TIN

Residential Address (PO Box not acceptable)

Suburb/City State Postcode

**US Person 3**

Full Given Name(s) Surname US TIN

Residential Address (PO Box not acceptable)

Suburb/City State Postcode

**US Person 4**

Full Given Name(s) Surname US TIN

Residential Address (PO Box not acceptable)

Suburb/City State Postcode

#### Step 4: Politically Exposed Persons

Are you an immediate family member(s) and/or close associates of a politically exposed person (PEP) or organisation for the purpose of any AML/CTF Law?

Select one option

Yes  No - Please proceed to Step 5

If Yes, please provide details below

##### Individual/Director/Shareholder/Beneficial Owner 1

Name

Date of Birth

Occupation

##### Individual/Director/Shareholder/Beneficial Owner 2

Name

Date of Birth

Occupation

##### Individual/Director/Shareholder/Beneficial Owner 3

Name

Date of Birth

Occupation

##### Individual/Director/Shareholder/Beneficial Owner 4

Name

Date of Birth

Occupation

Politically exposed persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates. Examples may include:

- head of state or head of a country or government;
- government minister or equivalent senior politician or senior government official;
- senior judge of court of Australia or foreign country or international organisation;
- governor of a central bank;
- senior foreign representative, ambassador or high commissioner;
- high-ranking member of the armed forces; or
- board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation.

## Step 5: 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
Perennial Value Australian Shares Trust	\$25,000	IOF0200AU	29561	\$
Perennial Value Shares For Income Trust	\$25,000	IOF0078AU	29579	\$
Perennial Value Smaller Companies Trust	\$25,000	IOF0214AU	29819	\$
Perennial Value Shares Wholesale Trust	\$25,000	IOF0206AU	29686	\$
Perennial Value Wealth Defender Australian Shares Trust	\$25,000	IOF0228AU	969287	\$
Perennial Value Microcap Opportunities Trust	\$25,000	WPC3982AU	266312	\$

**How would you like to receive any income distributed?¹**

**Option B²**  
Deposit directly to your

**Option A**  
Reinvest as additional units

nominated financial institution account

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<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. Payments cannot be made to a third party.

Name of Account³

Financial Institution

Branch

BSB Number

-

Account Number

### Distribution Instructions

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 from which the income was derived.

- Option A – Reinvestment of Distributions

Your income distributions can be reinvested as additional units in the same Trust without the payment of any applicable contribution fee and/or transaction costs. Distributions will be reinvested using a unit price the ex-distribution mid price. 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 relevant Trust(s).

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: 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 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 TFNs, or ABNs, 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 PIML 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 PIML 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

**Step 7: 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, please also complete the following details:

Business Name

Business Address

Suburb/City

State

Postcode

Mailing Address

Suburb/City

State

Postcode

Phone

Fax

Mobile

Email

AFSL

**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 relevant Product Disclosure Statement(s) and Additional Information Booklet.
- 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. In addition I will make available to Perennial, on request, original verification and identification records in respect to the client and we will keep those records for a period of seven years after my relationship with the client has ended.

## Step 8: Applicant Declaration

I/We wish to invest in the Perennial Trusts nominated at Step 5 as described in the PDS and Additional Information Booklet that this application form relates to. I/We have personally received an electronic or paper copy of the relevant PDS and Additional Information Booklet before applying for an investment in the Trust(s).

### 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 neither PIML or Perennial guarantee the performance of the Perennial Trusts 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 relevant PDS, the relevant Additional Information Booklet 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.

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

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

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

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

### Marketing Material

I/We do **not** agree to PIML utilising my/our personal information for the marketing purposes of PIML or Perennial.

### Investor Communications

I/We do **not** agree to PIML utilising my/our e-mail address for the provision of information including statements, transaction confirmations and other investor communications relating to my account.

### Perennial Online

Please note that by providing your e-mail address you agree to receive an email with a link that will provide you with the opportunity to register for Perennial Online. Perennial Online is Perennial's online portal where you can view your account information online. To find out more information about Perennial Online please read the Perennial Online section on page 6 of the Perennial Additional Information Booklet and the relevant PDS.

### Financial Report

The Annual Financial Report for the Trust(s) you are invested in, detailing the financial performance of the Trust(s) for the year ending 30 June, can be downloaded from [www.perennial.net.au](http://www.perennial.net.au) or via Perennial Portfolio Online after 30 September each year. Alternatively, you may choose to receive a hard copy of the Annual Financial Report by ticking (✓) 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 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 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 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)

**Signatory 2**

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)

/   /

If more than two signatories have signed above, please tick (✓) this box  for PIML 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 PIML of any changes to signatory requirements.

**Step 9: 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 24 of this form and agree to those conditions.
- Release, discharge and agree to indemnify PIML or Perennial 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 PIML 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 PIML or Perennial.
- 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 PIML 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 3 (for additional Trustees if applicable)

Title (if applicable)

e.g. Director/Company Secretary

Secretary

Print name

Date (dd/mm/yyyy)

□□/□□/□□□□

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

### Signatory 2

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

Print name

Date (dd/mm/yyyy)

□□/□□/□□□□

**Only sign above if nominating an authorised Representative. All investors must sign the Applicant Declaration in Step 8 of the application form.**

## Checklist

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 5, as relevant to your investor type and:
- Enclosed required documents as outlined in the Guide: Proof of Identity Requirements on page 4.

Selected your payment instruction; either

- Enclosed a cheque payable to 'NNLOCA ANF Perennial Investment Management Ltd Application Account A/C Applicant Name';  
OR
- Ticked the box to request a CRN in 'Step 1' if using BPAY (please see details on page 2 of the application form).  
OR
- Ticked the box to advise payment via EFT in 'Step 1' (please see account details on page 2 of the application form).

If nominating a Representative, please note that additional Proof of Identity is required to be provided with this application form. Please refer to Step 9 '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 Perennial Investment Management Ltd Application Account A/C Applicant Name', marked 'Not Negotiable'. For example, if Robert Brown proposes to invest, the relevant cheque will be made payable as: 'NNLOCA ANF Perennial Investment Management Ltd Application Account A/C Robert Brown'.