# **Application for Class W Units**

direct debit

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

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

1. Investor type						
Are you an existing Perpe	etual investor?					
no ves	client number					
•		r maka an additio	and investment into	on ovioting or	annunt?	
If yes, would you like to o new account*	pen a new account o	i make an addilio	onai invesiment into a	an existing at	count?	
additional investment	existing account	number			please go to section 2	
Investor type (please se	lect only one invest	or type)				
individual**	jo	int**	company	sup	erannuation fund	trust
partnership	associa	ation	government body		other entity	
* If you are opening a new form' for your investor type ** Individual or joint invest 2. Investment ar	e, available on our we tors include adult(s) ir	ebsite (unless you	u have previously pro ld under 18 years.			er identification
How much would you like	to invest?					
Source of funds being in	nvested (tick most re	elevant option)				
retiren	ment savings		employment income		business a	activities
S	sale of assets		inheritance/gift	t	financial inve	stments
	other					
How will this investment	t be made? NOTE: C	Cash is not accep	eted.			
	heque (initial stments only)	make cheque pa	yable to <b>PIML-PISTI</b>	W – [insert r	name(s) of applicant(s)]	
		debit my/our ban	k account nominated	d in section 6		

www.perpetual.com.au/pure-credit-alpha-fund

I/We acknowledge and accept the terms and conditions of direct debit available at

### 3. Investor details

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

### A. Individual and joint account holders

nvestor 1 (individual account holder)				Investor 2 (joint account holder)									
title						title							
Mr	Mrs	Miss	Ms	Other		Mr	М	rs	Miss	Ms	Other		
first name	(s)					first na	ame(s	)					
						Ш	Ш						Ш
last name						last na	ame						
occupation	n					occup	ation						
date of bir	th			gender		date c	of birth				gender		
/	/			male	female	ш	/	/			male	female	
Tax resided tax resided on the amo	nt of a par lount of tim on's resider	differ by co ticular cou ne a person nce or plac	ountry. Whe ntry is ofte n spends i se of work.	n (but not a in a country For the Ui	dividual is a always) based y, the location nited States, or residency.	Residency status for tax purposes  Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the United States, tax residency can also be as a result of citizenship or residency.							
Please an	swer BOT	H of the fo	ollowing ta	ax residen	cy questions:	Pleas	e ansv	wer <u>BOT</u>	<u>H</u> of the fo	llowing t	ax residend	cy questi	ons:
1. Are you	ı a tax res	ident of A	ustralia?		,	1. Are	you a	a tax res	ident of A	ustralia?	•		
	(complete the then proceed			no	(proceed to question 2 below)	yes			e following de d to question		no	(proceed to question 2 below)	
tax file nui	mber (TFN	l)				tax file	e numl	oer (TFN	1)				
			or			ш				or			
TFN exem	nption code	2				TFN e	exemn	tion code	9				
ПТОЛОП	ipaon code						жоттр						
2. Are you	ı a tax res	ident of a	nother co	ountry?		2. Are	you a	a tax res	ident of a	nother co	ountry?		
yes	(complete the	e following d	etails)	no		yes	(cc	mplete the	e following de	etails)	no		
A TIN refe of adminis Australia.	tion numbers to the natering its to the IIII its to the IIII its to III	per (TIN) for umber ass ax laws ar not provide	or each co signed by a nd is the ea ed, please	ountry.	the three	identi A TIN of adr Austra	ification refers ministe ministe	on numb to the naring its to a TIN is	per (TIN) for number ass tax laws an not provide	or each c eigned by a ed is the e ed, please	es and pro country. a country for equivalent of e list one of not providing	or the purp f a TFN in the three	pose
Country 1						Count	ry 1						
TIN			If no Ti	IN, list reaso	on A, B or C	TIN				If no T	IN, list reaso	n A, B or C	
Country 2						Count	ry 2						
TIN			If no TI	N, list reaso	on A, B or C	TIN				If no T	IN, list reaso	n A, B or C	
If there are separate s				vide details	s on a				n two cour tick this bo		vide details	on a	
Reason A		country of the residents		ncy does n	ot issue TINs	Reaso	on A:		country of t		ncy does no	ot issue T	INs
Reason B		e not been				Reaso			e not been				
Reason C		country of to be disclo		ncy does n	ot require the	Reaso	on C:		country of to be disclo		ncy does no	ot require	the

# 3. Investor details (continued)

## A. Individual and joint account holders

Investor 1 (individual account holder)

### Investor 2 (joint account holder)

unit number	nandatory) street n	umber	unit number	ss (mandatory) street nu	ımber
street name			street name		
suburb (if relevant) OR	R city		suburb (if relevant	c) <b>OR</b> city	
state	postcoo	de	state	postcod	9
country			country		
phone (business hours	s)		phone (business h		
phone (after hours)			phone (after hours	5)	
mobile			mobile		
email address			email address		
statements (including to may include email notifi	ax statements), repications advising n	ports and other material ne/us when new informa	s or notifications requiration regarding my/our	investment (such as trained by the Corporations investment is available function by mail from time	Act) electronically. This or viewing online, via
Postal address (if diffe po box	rent to residential unit number	address) street number	Postal address (if po box	different to residential a unit number	ddress) street number
street name			street name		
suburb (if relevant) OR	R city		suburb (if relevant	) OR city	
state	postcode		state	postcode	
country			country		

## 3. Investor details (continued)

### B. All other account holders

company name/corpo	rate trustee						
name of superannuati	ion fund, trust, partr	ership, association, gove	ernment body, co-	-operative, or cl	hild*		
tax file number			and/or ABN		Ħ	H	
principal business act	ivity						
c/-					+++	+	
po box	unit number	street number					
street name							
suburb (if relevant) OI	R city						
	no de de						
state	postcode	country			Ш	П	
phone (business hou	rs)	mobile		fax	П	П	
email address							

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

### 4. Features

Existing investors in the Fund need only complete this section if you wish to add any new features or change existing features. Indicate which optional features you would like applied to your account.

BPAY for additional investments	yes (default)	no	
Investor myPerpetual online access	view & transact (default)	view only	
Adviser myPerpetual online access  Note: your financial adviser can access information about your account online (and may extend to their authorised delegates the same level of online access you have determined for your adviser)	view & transact (default)	view only	
Investment information to be sent in the mail  Note: most of your investment information is also available online through myPerpetual	online only (default)	online and mail	
Annual financial reports to be sent in the mail  Note: annual financial reports are also available on our website	no (default)	yes	
Marketing material  I/We would like to receive investment education material and be informed about Perpetual Group's products, services and offers	yes (default)	no	

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

### 5. Investment allocation

Fund	APIR short code		initial investment (minimum \$25,000)	additional investment (minimum \$5,000)	distributions (indicate a preference with an X)		
			(11111111111111111111111111111111111111	(11111111111111111111111111111111111111	reinvest (default)	bank account	
Perpetual Pure Credit Alpha Fund – Class W	PER0669AU	PISTIW					

### 6. Bank account details

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

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

#### Bank account

Complete your account details in this section if you would like us to payment of distributions, as applicable.	debit or credit your bank account for applications, withdrawals and
name of financial institution	
branch name	
branch number (BSB)	account number
name of account holder	
signature of account holder A	signature of account holder B
date / /	date / /

# 7. Authorised representative

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

no please go to section 8.			
yes please complete the detail		ppointing an authorised representative	
myPerpetual online access for my au		pponning an authorison representative	
view and transact (default)	or view only		
authorised representative details:			
first name(s)			
last name			
po box	unit number	street number	
street name			
suburb (if relevant) <b>OR</b> city			
state postcode	country		
signature of			
authorised representative		date	/ / /

# 8. Financial adviser use only

### Financial adviser details

financial adviser name phone (business hours)	phone (after hours)	
mobile postal address		
email AFSL licensee name		
AFSL number either Perpetual adviser number		
or dealer group		
financial adviser signature	date /	/
IL GN IL AN IL CN	/ (Group)  / (Adviser)  / (Client)	ADVISER STAMP

### 9. Declaration and signature

I/We declare and agree that:

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

I/We acknowledge and agree that:

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

# 9. Declaration and signature (continued)

Joint applicants must both sign

signature of investor 1 or company officer	signature of investor 2 or company officer				
print name	print name				
capacity (company investments only. If you are not a sole director, two signatories are required.)	capacity (company investments only. If you are not a sole director, two signatories are required.)				
sole director director secretary	director secretary				
date	date				
<ul> <li>Important notes:</li> <li>If signing under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be sent to Perpetual, if not previously provided.</li> <li>Perpetual has the absolute discretion to accept or reject any application.</li> <li>Investors should retain a copy of the PDS.</li> <li>A business day is a working day for Perpetual in Sydney.</li> </ul>	Final checklist  Have you  Completed all sections of your application form?  Signed your application form?  Provided your financial adviser the customer identification documents requested in this application form or the relevant Customer Identification form?  OR, if you are opening a new account and do not have a financial adviser, completed the following section of this application form (for individuals) or enclosed the relevant customer identification form (for entities) and certified copies of your identification documents (as requested in the following section of this application form or the relevant customer identification form)?  Please send your completed application form to:  Reply Paid 4171  Perpetual Investment Funds  GPO Box 4171  Sydney NSW 2001				

### 10. Identification verification for individuals and joint investors

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

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

#### **Identity documentation**

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

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

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

PART I – Primary ID documents
Provide ONE of the following:
current Australian State/Territory driver's licence containing your photograph
Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
current foreign passport or similar travel document containing your photograph and signature
OR
PART II – should only be completed if you do not own a document from Part I
Provide ONE of the following:
Australian birth certificate
Australian citizenship certificate
concession card such as a pension, health care or seniors health card issued by Services Australia (excludes Medicare cards)
AND provide ONE valid document from the following:
a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)
OR
PART III – should only be completed if you do not own document(s) from Part I OR Part II
BOTH documents from this section must be provided
foreign driver's licence that contains a photograph of you and your date of birth
national ID card issued by a foreign government containing your photograph and your signature

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

### 10. Identification verification for individuals and joint investors (continued)

#### How to certify your documents

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

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

- 'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'
- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- · A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect
- A teacher employed on a full-time basis at an Australian school or tertiary education institution

- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- A registered migration agent
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A financial adviser or financial planner
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

#### IMPORTANT: Please ensure that you have either

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

Record of verification  This section is to be used be documentation.	-				ertified copies of ide	ntity
ID document details	Document 1			Document 2		
verified from	original	certified cop	у	original	certified copy	
document name/type						
document issuer						
issue date						
expiry date						
document number						
accredited English translation	N/A	sighted		N/A	sighted	
By completing and signing	this record of verifica	ation procedure I d	leclare that:			
an identity verification p their authorised represe		ompleted in accor	dance with the A	AML/CTF rules, in the	e capacity of an AFS	L holder or
the information provided provided.	I in relation to the res	sidency status for t	ax purposes is	reasonable consider	ing the identity docu	mentation
AFS licensee name				AFSL number		
representative/employee name				phone number		
signature				date verification completed		