# **Application for Class W Units**

Please complete all pages of this form in black ink using BLOCK letters. Mark appropriate boxes with a cross like the following 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.

. Investo	r ty	pe
. Investo	r ty	р

Are you an existing Perpetual investor?				
no				
yes				
If yes, would you like to open a new accordance yes*	ount?			
no				
Investor type (please select only one	investor type)			
individual**	joint**	company	superannuation fund tr	ust
partnership	association	government body	other entity	
* If you are opening a new account for an form' for your investor type, available on				ntification
** Individual or joint investors include ad	ult(s) investing for	r a child under 18 years.		
2. Investment amount an	d paymen	t details		
How much would you like to invest?				
Source of funds being invested (tick r	nost relevant op	tion)		
retirement savings		employment income	business activiti	ies
sale of assets		inheritance/gift	financial investmen	nts
other				

If you are using this form to invest, please remit funds via Electronic Funds Transfer (EFT) to remit funds to the BSB and Account number using the Payee and reference details provided in the PDS.

## 3. Investor details

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

Investor 2 (joint account holder)

#### A. Individual and joint account holders

Investor 1 (individual account holder)

title Mr Mrs	s Miss Ms	Other	title Mr Mrs	s Mis	ss Ms	Other	
first name(s)			first name(s)				
last name			last name				
occupation			occupation				
date of birth	/	gender male female	date of birth	/		gender male	female
Tax residency tax resident o on the amour of a person's	f a particular country is o nt of time a person spend residence or place of wo	Whether an individual is a ften (but not always) based is in a country, the location rk. For the United States, of citizenship or residency.	tax resident on the amour of a person's	y rules diffe of a particul nt of time a residence	er by country. lar country is person sper or place of w	nds in a count ork. For the U	always) based ry, the location
Please answe	er <u>BOTH</u> of the following	tax residency questions:	Please answ	er <u>BOTH</u> of	f the followir	ng tax resider	ncy questions:
(com	tax resident of Australia aplete the following details and proceed to question 2 below)	(proceed to		nplete the follo	nt of Austral owing details ar juestion 2 below	nd no	(proceed to question 2 below)
tax file numbe		or	tax file numbe			or	·
Ti v exemple	Sir code		Ti i exemple	on code			
	tax resident of another		2. Are you a				
If 'yes', pleas identification A TIN refers to of administeria Australia. If a	n number (TIN) for each	y a country for the purpose equivalent of a TFN in se list one of the three	If 'yes', pleas identification	se list all ren number ( to the numbling its tax left) TIN is not (	(TIN) for eac per assigned aws and is th provided, ple	th country. by a country ne equivalent ease list one o	f the three
Country 1			Country 1				
TIN	If no	TIN, list reason A, B or C	TIN		lf :	no TIN, list reas	on A, B or C
Country 2			Country 2				
TIN	If no	oTIN, list reason A, B or C	TIN		lf :	no TIN, list reas	on A, B or C
	ore than two countries, p et and tick this box	rovide details on a	If there are m separate shee			provide detai	ls on a
Reason A:	The country of tax residents.	dency does not issue TINs	Reason A:	The coun	-	sidency does i	not issue TINs
Reason B:	I have not been issued	with a TIN.	Reason B:	I have no	t been issue	d with a TIN.	
Reason C:	The country of tax resid	dency does not require the	Reason C:		ntry of tax res disclosed.	sidency does	not require the

## 3. Investor details (continued)

## A. Individual and joint account holders

Investor 1 (individual account holder)

#### Investor 2 (joint account holder)

Residential address (mandatory unit number	) street number	Residential address (mandatory unit number	street number
street name		street name	
suburb (if relevant) OR city		suburb (if relevant) <b>OR</b> city	
state	postcode	state	postcode
country		country	
phone (business hours)		phone (business hours)	
phone (after hours)		phone (after hours)	
mobile		mobile	
email address		email address	
By providing my/our email addres	ss, I/we agree to receive any informa	ation about my/our investment (su	uch as transaction confirmations,

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 Investor Centre. I/We acknowledge you may still need to send me/us information by mail from time to time.

Note: This consent does not relate to documents such as notices of meetings, voting or proxy forms or Fund annual reports.

Postal address (if different to residential address)			Postal address (if different to residential address)				
po box	unit number	street number	po box	unit number	street number		
street name			street name				
suburb (if relevant) O	R city		suburb (if relevant) O	PR city			
state	postcode		state	postcode			
country			country				

## 3. Investor details (continued)

#### B. All other account holders

company name/corpor	rate trustee								
name of superannuation	on fund, trust, partners	hip, association, gover	nment body,	co-operativ	e, or child*				
tax file number			and/or ABN						
principal business acti	vity								
c/-									
po box	unit number	street number							
street name									
							Ш	Ш	ш
suburb (if relevant) OF	City						П	П	
state	postcode	country				П		П	
phone (business hour	s)	mobile			fax				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 Investor Centre. I/We acknowledge you may still need to send me/us information by mail from time to time.

Note: This consent does not relate to documents such as notices of meetings, voting or proxy forms or Fund annual reports.

#### 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	
EFT for additional investments	yes	no	
Investment information to be sent in the mail  Note: most of your investment information is also available online through Investor Centre	online only (default)	online and mail	
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. Fund Annual Reports (optional)

Fund annual financial reports are available on our website, www.perpetual.com.au

You can choose to receive a copy of the Fund annual report in o	ne of the following ways:
electronically, such as an email with a link to the annual report	mail

If you do not select one of the options above, we will not send you a copy of the annual report and the annual report will be available on our website for you to download.

## 6. Investment allocation

Fund	APIR code	short code		initial investment (minimum \$25,000)	(indic	eate a nce with X)
			(minimum \$25,000)	reinvest (default)	bank account	
Perpetual Pure Credit Alpha Fund – Class W	PER0669AU	PISTIW				

## 7. 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 / /

## 8. 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 pleas	e go to the next sec	tion						
	e complete the deta e read the terms and	ils below. I conditions associated w	ith appointing	ı an authorise	ed representative.			
You can self-ser	vice through Investor	Centre to provide View	only online a	ccess to that	representative.			
authorised repr	esentative details:							
first name(s)			ш	ш		Ш	Ш	
last name						Ш		
po box		unit number			street number			
street name								
suburb (if relevar	nt) OR city							
state	postcode	country						
								ш
signature of					_	47	4	
authorised representative					date	/	7	

## 9. Financial adviser use only

Financial adviser details and personal advice

- my registered business or dealer group (as the case may be) is lawfully authorised to advise on, and deal in, the financial product
  offered in the PDS under an Australian Financial Services Licence (AFSL). In providing personal advice in relation to the financial
  product(s) requested under this Application Form, I have considered the Target Market Determination for the financial product(s) as
  part of providing the personal advice.
- I will advise Perpetual in writing when my relationship with my client is terminated.

financial adviser name	
phone (business hours)	phone (after hours)
mobile	fax
postal address	
email	
AFSL licensee name	
AFSL number	
either Perpetual adviser number	
or dealer group	
dealer branch	
financial adviser signature	date / /

## 10. 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 (Perpetual Group) 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 Group 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.

# 10. 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.)  sole director director secretary	capacity (company investments only. If you are not a sole director, two signatories are required.)  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:  Perpetual Investments Unit Registry  Locked Bag 5038  Parramatta NSW 2124		

## 11. 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.

## 11. 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.

ID document details	Document 1		D	ocument 2		
verified from	original	certified copy		original	certified copy	
document name/type						
document issuer						
ssue date						
expiry date						
document number						
accredited English ranslation	N/A	sighted		N/A	sighted	
completing and signing	g this record of verific	ation procedure I de	clare that:			
an identity verification putheir authorised repres		completed in accord	ance with the Al	ML/CTF rules, in t	he capacity of an AFS	L holde
I will not knowingly do		etual in breach of the	AML/CTF Law	6		
I will notify Perpetual in					ch of the AML/CTF La	ws and
the information provide provided	ed in relation to the re	esidency status for ta	x purposes is re	easonable conside	ering the identity docu	mentat
AFS licensee name				AFSL number		
representative/employee name				phone number		
signature				date verification completed		