

#### **Perpetual Select Investment Funds**

Product Disclosure Statement issue number number 10 dated 1 October 2020

Perpetual Investment Management Limited ABN 18 000 866 535 AFSL 234426

# **Application form**

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross like the following  $\overline{\mathbf{X}}$ . 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 Perpetu	al investor?
no	
yes	client number
	en a new account or make an additional investment into an existing account?
new account*	
additional investment	existing account number please go to section 2
Investor type (please select	only one investor type)
individual**	joint** company superannuation fund trust
partnership	association government body other entity
2. Investment amo	ount and payment details
Source of funds being inves	sted (tick most relevant option)
retirement savings	employment income business activities sale of assets
inheritance/gift	financial investments other
How will this investment be r	nade? NOTE: Cash is not accepted.
_	
BPAY	we will send you a customer reference number (CRN) once we receive your application form
cheque (initial investments only)	make cheque payable to PIML-PSIF - [insert name(s) of applicant(s)]
direct debit	debit my/our bank account nominated in section 7 as bank account 1.  I/We acknowledge and accept the terms and conditions of direct debit which are available at www.perpetual.com.au/select-investment-updates

#### 3. Investor details

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

A. Individual and joint account holders Investor 1 (individual account holder)	Investor 2 (joint account holder)
title	title
Mr Mrs Miss Ms other	Mr Mrs Miss Ms other
Mr Mrs Miss Ms other first name(s)	Mr Mrs Miss Ms other first name(s)
iiist riaire(s)	iiist iiaiie(s)
Lead women	last some
last name	last name
occupation	occupation
date of birth gender	date of birth gender
/ / male female	/ / male female
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 answer BOTH of the following tax residency questions:  1. Are you a tax resident of Australia?  (complete the following details and yes then proceed to question 2 below)  tax file number (TFN)  or  TFN exemption code	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 answer BOTH of the following tax residency questions:  1. Are you a tax resident of Australia?  (complete the following details and yes then proceed to question 2 below) no question 2 below) tax file number (TFN)  or  TFN exemption code  2. Are you a tax resident of another country?
yes (complete the following details) no	yes (complete the following details) no
If 'yes', please list all relevant countries and provide your taxidentification number (TIN) for each country.	If 'yes', please list all relevant countries and provide your tag identification number (TIN) for each country.
A TIN refers to the number assigned by a country for the purpose of administering its tax laws and is the equivalent of a TFN in Australia. If a TIN is not provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.	A TIN refers to the number assigned by a country for the purpose of administering its tax laws and is the equivalent of a TFN in Australia. If a TIN is not provided, please list one of the three reasons specified below (A, B or C) for not providing a TIN.
Country 1	Country 1
TIN If no TIN, list reason A, B or C	TIN If no TIN, list reason A, B or C
Country 2	Country 2
TIN If no TIN, list reason A, B or C	TIN If no TIN, list reason A, B or C
If there are more than two countries, provide details on a separate sheet and tick this box.	If there are more than two countries, provide details on a separate sheet and tick this box.
<b>Reason A:</b> The country of tax residency does not issue TINs to tax residents.	Reason A: The country of tax residency does not issue TINs to tax residents.
Reason B: I have not been issued with a TIN.	Reason B: I have not been issued with a TIN.
Reason C: The country of tax residency does not require the	Reason C: The country of tax residency does not require the

TIN to be disclosed.

TIN to be disclosed.

#### 3. Investor details (continued)

A. Individual and joint account holders Investor 1 (individual account holder)

Residential address (mandatory)

country

Investor 2 (joint account holder)

Residential address (mandatory)

unit number		street number	unit number		street number
street name			street name		
auburb (if ralayant	) OR city		suburb (if rolovan	t) OR city	
suburb (if relevant	) OR City		suburb (if relevan	i) OR City	
state	postcode		state	postcode	
Julia	postodas			pooloodo	
country			country		
phone (business h	ours)		phone (business I	nours)	
phone (after hours			phone (after hours	-)	
priorie (arter riours	·)		priorie (arter riour	>)	
mobile			mobile		
email address			email address		
By providing this e	mail address, I/w	ve agree that Perpetual may us	e this email addres	s to provide me/u	us with information about
my/our investment	(such as transac	ction confirmations, statements	, reports and other		
Corporations Act).	From time to tim	e we may still need to send yo	u mail.		
Destal address ("	e .1·ee	J P. L. J.J			
Postal address (in	i aimerent to resi	dentiai address)	same contact de	tails as investor	1
po box	unit numbe	r street number	po box	unit numbe	r street number
street name			street name		
<del></del>	<del>           </del>			<del>           </del>	
suburb (if relevant	) OR city		suburb (if relevan	) OR city	
state	postcode		state	postcode	

country

## 3. Investor details (continued)

#### B. All other account holders

company name/c	corporate trustee						
name of superan	nuation fund, trust, partne	rship, association, go	vernment body or co-	-operative			
tax file number principal business	s activity		and/or ABN				
c/-							
po box	unit number	street number					
street name							
suburb (if relevan	t) OR city						
state	postcode						
country							
phone (business	hours)	mobile		fax			
email address				ш	ш	芷	

By providing this email address, I/we agree that Perpetual may use this email address to provide me/us with information about my/our investment (such as transaction confirmations, statements, reports and other materials or notifications required by the Corporations Act). From time to time we may still need to send you mail.

## 4. 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 5								
yes I ha		mplete the details be terms and condition		ed with appointir	ng an authorise	ed representative	Э.			
Online Acc	count Acces	ss for my authorised	d representat	ive						
vie	w and tran	sact (default)	or	view only	or	no access				
Authorise	d represen	tative details:								
first na	ame(s)									
last	t name									
po box		unit number	street nu	mber						
street name	e									
suburb (if r	elevant) OF	Ricity								
state		postcode	country							
							Ш		Ш	
signa	ture of									
	orised					date	/	/		

#### 5. Features

Indicate which optional features you would like applied to	your account	Frequency (if applicable)
Savings plan	yes	monthly (default) quarterly on 10th or 20th
BPAY for making investments electronically	yes (default)	n/a
Regular withdrawal plan	yes	monthly (default)  quarterly  on 10th or 20th
Auto-rebalancing	yes	quarterly half-yearly (default) yearly
Phone withdrawal facility	yes	n/a
Investor Online Account Access	view and transact (default) view only no access	n/a
Adviser Online Account Access Note: your adviser can access information about your account online	view and transact (default) view only	n/a
Investment information to be sent in the mail Note: most of your investment information is also available through Online Account Access	yes	n/a
Annual financial reports to be sent in the mail Note: annual financial reports are also available on our website	yes no (default)	n/a
Marketing material  I/We would like to be informed about Perpetual's products, services and offers	yes	n/a

- 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 fill out the relevant columns in section 6 completely.

#### 6. Investment allocation

The minimum investment amount is \$5,000 per Fund.

Fund	short code	initial investment	savings plan or regular withdrawal plan	investment strategy (BPAY and auto-rebalancing)	distrib (indicate a prefer If no selection is n be ass	rence with an X). nade, reinvest will
		\$ or %	\$	%	reinvest	bank account 1
Diversified	PCBF					
Balanced	PCIG					
Growth	PCGF					
Fixed Income	PCAFI					
Real Estate	PCPF					
Australian Share	PCASF					
International Share	PCOSF					
Total		\$	\$	100%		

#### 7. 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 authorise Perpetual to use these details for all future transaction requests that you nominate.

Bank account 1	Bank account 2
Complete your account details in this section if you would like us to debit or credit your bank account for applications, withdrawals and payment of distributions, as applicable.	Only complete your account details in this section if you would like us to debit a different bank account for your savings plan.
name of financial institution	name of financial institution
branch name	branch name
branch number (BSB) account number	branch number (BSB) account number
name of account holder	name of account holder
signature of account holder A	signature of account holder A
signature of account holder B	signature of account holder B
date / /	date / /

8. Financial adviser use only

phone (business hours)	mobile
email	
[1] Perpetual adviser ID	
OR [2] dealer group AND	
dealer branch*	
	*City or suburb of the dealer group office you operate through  If Senior Adviser details are completed above, please also provide name of your accountant
financial adviser signature	date / / ADVISER STAMP
IL GN	(Group) (Adviser) (Client)

#### 9. Declaration and signature

I/We declare and agree that:

- I/We have read the PDS, including any incorporated information that forms part of the PDS, and all Supplementary Product Disclosure Statements (SPDSs) (if applicable) 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 constitutions of the Funds 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 Funds
- 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 section 10 (individual and joint investors) or the relevant customer identification form (companies, trusts and other customer types) OR I/we are not investing through a financial adviser, and therefore have included certified copies of acceptable identification documentation as described in section 10 (individual and joint investors) or the relevant customer identification form (companies, trusts and other customer types).

#### 9. Declaration and signature (continued)

I/We acknowledge that:

- the information contained in the PDS is not investment advice or a recommendation that any 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 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 Funds 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 Funds or any particular rate of return from the Funds
- 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 at any time whilst I/we remain an investor in the Funds.

Please make cheque payable to 'PIMI	PSIF-[insert name(s) of applicant(s)].		
signature of investor 1 or company officer	signature of investor 2 or company officer		
print name	print name		
capacity (company investments only)	capacity (company investments only)		
sole director director secretary	director secretary		
date	date		
/ /	/ /		
Important notes:	Final checklist		
If signing under power of attorney, the attorney certifies	Have you:		
that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be	Completed all sections of your application form?		
sent to Perpetual, if not previously provided.	Signed your application form?		
Perpetual has the absolute discretion to accept or reject	Provided your financial adviser the customer identification		
any application.	documents requested in this application form or the		
Investors should retain a copy of the PDS.	relevant Customer Identification form		
A business day is a working day for Perpetual in Sydney.	OR, if you do not have a financial adviser, enclosed certified copies of your customer identification documents		
	and relevant Customer Identification forms (only required		
	for companies, trusts and non-individual investor types)?		
	Please send your completed application form to:		
	Reply Paid 4171		
	Perpetual Select Investment Funds GPO Box 4171, Sydney NSW 2001		
	or email investments@perpetual.com.au		

#### 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). 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 the Department of Human Services (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

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

A certified copy means a document that has been certified as a true and correct copy of a document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018.

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 procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1		Document 2	
verified from	original	certified copy	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 verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- the information provided in relation to residency status for tax purposes is reasonable considering the identity documentation provided.

AFS licensee	
name	AFSL number
representative/	
employee name	phone number
	date verification
signature	completed