



Perpetual Select Investment Funds

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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 . 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 Perpetual investor?

no

yes client number

If yes, would you like to open 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

* If you are opening a new account for an entity (not an individual or joint investor), you will also need to complete the 'Customer identification form' for your investor type, available on our website (unless you have previously provided a form for this entity).

** Individual or joint investors include adult(s) investing for a child under 18 years.

2. Investment amount and payment details

How much would you like to invest? \$

Source of funds being invested (tick most relevant option)

retirement savings employment income business activities sale of assets

inheritance/gift financial investments other

How will this investment be made? **NOTE:** Cash is not accepted.

BPAY we will send you a customer reference number (CRN) once we receive your application form

cheque make cheque payable to **PIML-PSIF – [insert name(s) of applicant(s)]**

(initial investments only)

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)

title
 Mr Mrs Miss Ms other

first name(s)

last name

occupation

date of birth / / gender
 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?
 yes (complete the following details and then proceed to question 2 below) no (proceed to 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

If 'yes', please list all relevant countries and provide your tax 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.

Country 1
 TIN If no TIN, list reason A, B or C

Country 2
 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.

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 C: The country of tax residency does not require the TIN to be disclosed.

Investor 2 (joint account holder)

title
 Mr Mrs Miss Ms other

first name(s)

last name

occupation

date of birth / / gender
 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?
 yes (complete the following details and then proceed to question 2 below) no (proceed to 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

If 'yes', please list all relevant countries and provide your tax 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.

Country 1
 TIN If no TIN, list reason A, B or C

Country 2
 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.

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 C: The country of tax residency does not require the TIN to be disclosed.

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

street name

suburb (if relevant) OR city

state postcode

country

phone (business hours)

phone (after hours)

mobile

email address

Residential address (mandatory)

unit number street number

street name

suburb (if relevant) OR city

state postcode

country

phone (business hours)

phone (after hours)

mobile

email address

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.

Postal address (if different to residential address)

po box unit number street number

street name

suburb (if relevant) OR city

state postcode

country

same contact details as investor 1

po box unit number street number

street name

suburb (if relevant) OR city

state postcode

country

3. Investor details (continued)

B. All other account holders

company name/corporate trustee		
<input type="text"/>		
name of superannuation fund, trust, partnership, association, government body or co-operative		
<input type="text"/>		
tax file number	and/or ABN	
<input type="text"/>	<input type="text"/>	
principal business activity		
<input type="text"/>		
c/-		
po box	unit number	street number
<input type="text"/>	<input type="text"/>	<input type="text"/>
street name		
<input type="text"/>		
suburb (if relevant) OR city		
<input type="text"/>		
state	postcode	
<input type="text"/>	<input type="text"/>	
country		
<input type="text"/>		
phone (business hours)	mobile	fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
email address		
<input type="text"/>		

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	<input type="checkbox"/>	please go to section 5	
yes	<input type="checkbox"/>	please complete the details below. I have read the terms and conditions associated with appointing an authorised representative.	
Online Account Access for my authorised representative			
view and transact (default)	<input type="checkbox"/>	or view only <input type="checkbox"/>	or no access <input type="checkbox"/>
Authorised representative details:			
first name(s)	<input type="text"/>		
last name	<input type="text"/>		
po box	unit number	street number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
street name			
<input type="text"/>			
suburb (if relevant) OR city			
<input type="text"/>			
state	postcode	country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
signature of authorised representative	<input type="text"/>	date <input type="text"/> / <input type="text"/> / <input type="text"/>	

5. Features

Indicate which optional features you would like applied to your account		Frequency (if applicable)
Savings plan	yes <input type="checkbox"/>	monthly (default) <input type="checkbox"/> quarterly <input type="checkbox"/> on 10th <input type="checkbox"/> or 20th <input type="checkbox"/>
BPAY for making investments electronically	yes (default) <input type="checkbox"/> no <input type="checkbox"/>	n/a
Regular withdrawal plan	yes <input type="checkbox"/>	monthly (default) <input type="checkbox"/> quarterly <input type="checkbox"/> on 10th <input type="checkbox"/> or 20th <input type="checkbox"/>
Auto-rebalancing	yes <input type="checkbox"/>	quarterly <input type="checkbox"/> half-yearly (default) <input type="checkbox"/> yearly <input type="checkbox"/>
Phone withdrawal facility	yes <input type="checkbox"/>	n/a
Investor Online Account Access	view and transact (default) <input type="checkbox"/> view only <input type="checkbox"/> no access <input type="checkbox"/>	n/a
Adviser Online Account Access Note: your adviser can access information about your account online	view and transact (default) <input type="checkbox"/> view only <input type="checkbox"/>	n/a
Investment information to be sent in the mail Note: most of your investment information is also available through Online Account Access	yes <input type="checkbox"/>	n/a
Annual financial reports to be sent in the mail Note: annual financial reports are also available on our website	yes <input type="checkbox"/> no (default) <input type="checkbox"/>	n/a
Marketing material I/We would like to be informed about Perpetual's products, services and offers	yes <input type="checkbox"/>	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)	distributions (indicate a preference with an X). If no selection is made, reinvest will be assumed	
		\$ or %	\$	%	reinvest	bank account 1
Conservative	PCCF					
Diversified	PCBF					
Balanced	PCIG					
Growth	PCGF					
Geared High Growth	PCGHGF					
Fixed Income	PCAFI					
Real Estate	PCPF					
Australian Share	PCASF					
Geared Australian Share	PCGASF					
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

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.

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

 / /

Bank account 2

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

branch name

branch number (BSB)

account number

 -

name of account holder

signature of account holder A

signature of account holder B

date

 / /

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 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	<input type="checkbox"/> original <input type="checkbox"/> certified copy	<input type="checkbox"/> original <input type="checkbox"/> certified copy
document name/type		
document issuer		
issue date		
expiry date		
document number		
accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> sighted	<input type="checkbox"/> N/A <input type="checkbox"/> sighted

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	<input type="text"/>	AFSL number	<input type="text"/>
representative/employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text"/>