

# Application Form for the **Hamilton Investment Fund**

ARSN 144 611 165

Responsible Entity		Fund Administrator
Mail	Hamilton Asset Management Limited Level 1, 10 Murray Street Hamilton NSW 2303	Rees Pritchard Investor Services Pty Limited Level 1, 10 Murray Street Hamilton NSW 2303
Telephone	+61 2 4920 2877	+61 2 4920 2877
Email	<a href="mailto:client_services@hamiltonam.com.au">client_services@hamiltonam.com.au</a>	<a href="mailto:investor_services@reespritchard.com.au">investor_services@reespritchard.com.au</a>
Website	<a href="http://www.hamiltonam.com.au">www.hamiltonam.com.au</a>	<a href="http://www.reespritchard.com.au">www.reespritchard.com.au</a>

## Important Information

This Application Form is in respect of, and accompanies, the Product Disclosure Statement (“PDS”) and Information Booklet for the relevant class of units in the Hamilton Investment Fund (“Fund”) issued by Hamilton Asset Management Limited (“Hamilton”) and dated 7 January 2020. Use this Application Form if you are investing directly into the Fund.

The classes of units for which this Application Form may be used is listed on page 10.

The PDS and Information Booklet contain important information about investing in the relevant class of units in the Fund.

You must read the relevant Hamilton Investment Fund PDS and Information Booklet before completing this Application Form.

You can download a copy of the relevant PDS and Information Booklet at [www.hamiltonam.com.au/investments](http://www.hamiltonam.com.au/investments).

Terms defined in the relevant PDS and Information Booklet have the same meaning in the Application Form.

You should seek professional advice before investing.

## A. How to complete the application form

The classes of units for which this Application Form may be used is contained in section [D].

You need to complete the Application Form and return it to Hamilton in order to invest in the Fund.

When you complete this form, please:

- use a black pen
- write in BLOCK LETTERS
- answer all sections
- mark answer boxes with a tick (✓).
- sign the back page

Cheques should be made payable to:

**Perpetual Corporate Trust Limited – HIF Applications Account a/c [applicants name]**

If you make an error, please do not use correction fluid. Instead cross out your mistake and initial any amendments.

If paying by bank cheque, please ensure that the name of the applicant is included in the name of the payee.

Your completed Application Form, supporting documentation and cheque should be sent to:

**Hamilton Asset Management Limited  
PO Box 402  
Hamilton  
New South Wales 2303**

You must contact the Fund Administrator for instructions before investing via bank transfer.

If sending applications by email, you accept full responsibility for any loss arising from Hamilton acting upon emailed/scanned instructions and you agree to release and indemnify Hamilton in respect of any liabilities arising from us acting on emailed/scanned instructions, even where such instructions are not genuine.

### Who can invest in a Fund?

- individuals 18 years old and over;
- partnerships;
- companies;
- incorporated bodies (e.g. strata bodies corporate, trade unions and some social or sporting associations);
- trustees including trustees of superannuation funds, minors and deceased estates;
- registered co-operatives;
- government bodies

A maximum of three applicants may make a single application.

### Correct forms of registrable name(s)

Only legal entities are permitted to invest in the Fund. Applications must be made in the name(s) of natural persons, companies or other legal entities in accordance with the Corporations Act. Full name including first, middle and surname is required for each natural person. The name of the beneficial owner or any other registrable name may be included by way of an account designation if completed exactly as described in the examples of the correct forms of registrable name(s) below.

Investor Type	Account Name	Example	Account designation
Individual	Title, full given names and surname of the individual	Mr John Barry Smith	N/A
Partnership or joint applicants	Title, full given names and surname of each individual partner	Mr John Barry Smith and Mr Robert James Jones	Smith, Jones & Associates
Company	Company name	ABCD Pty Limited	N/A
Incorporated body	Name of incorporated body	ABCD Rugby Club Inc	N/A
Superannuation fund	Full name of the corporate or individual trustee(s)	Mr John Barry Smith and Mrs Jennifer Jane Smith or ABCD Pty Limited	Smith Super Fund A/C
Trust	Full name of the trustee(s)	Mr John Barry Smith and Mrs Jennifer Jane Smith	Family Fund A/C
Corporate trust	Full name of the corporate trustee	ABCD Pty Limited	ABCD Staff Super Fund A/C
Minor (under 18 years of age)	Full name of the trustee(s)	Mr John Barry Smith and Mrs Jennifer Jane Smith	Mr Gary James Smith (name of the minor)
Deceased Estate	Full name(s) of the executor(s) of the estate	Mr John Barry Smith and Mrs Jennifer Jane Smith	Estate of Mildred Agnes Jones

## Address

There is a space for you to complete your address on the application form.

Hamilton is also required to collect your residential address. We cannot accept a PO Box, without you providing your current residential or registered address.

If your mailing address is care of a third party such as your adviser, please be aware that all correspondence will be sent to this address

## Who should sign?

All individual(s) in whose name the investment is held should sign. Joint applicants will be deemed to be holding Units as joint tenants. An application from a company, incorporated association or body corporate must be signed:

- by two officers (e.g. two directors or a director and secretary);
- as required by the constitution or rules of the company or body (e.g. under seal witnessed by two officers); or
- by one director for a single director company.

Additional documentation may also be required for applications in the name of a company, incorporated association or body. Please see section [B] for further details.

## Signing under Power of Attorney

If you are signing under a power of attorney, please provide an original certified copy of identification (e.g. driver's licence) for each attorney together with an original certified copy of the power of attorney and specimen signature(s) of the attorney(s) if not displayed in the document.

## Opening an account for a minor

If you are opening an account on behalf of a minor (i.e. acting as trustee) you are required to quote your Tax File Number (TFN) or exemption category so that withholding tax is not deducted from your investment income.

If you are making an investment on behalf of a minor or another entity, you are required to provide supporting documentation. Please contact the Fund Administrator for further details.

## What if not all sections are completed?

Hamilton will endeavour to open your account as soon as possible. In some circumstances, where questions are not answered, Hamilton will not be able to open your account until the missing information is provided. If Hamilton does not receive completed documentation within 30 days, your money will be returned. If your application form is incomplete and does not allow Hamilton to fulfil its AML/CTF legal obligations described below, the processing of your application may not proceed until it has been completed in full.

## Financial advisers' stamps

If a licensed or appropriately authorised financial adviser's stamp appears on the application form, Hamilton will supply them with information about your investment unless you instruct Hamilton not to do so.

## Anti-Money Laundering (AML) / Counter Terrorism Financing (CTF) and Identification forms

As part of Hamilton's commitment to Australian and international AML/CTF standards, Hamilton will fulfil its legal obligations as required. This includes collecting additional information from investors to facilitate compliance with AML/CTF laws.

## Identification forms

Investors must complete and submit an Identification Verification Form that relates to the type of account they are opening and the

type of investor they are (e.g. individual investors would complete and submit an individual Identification Verification Form, and company investors would complete and submit a company Identification Verification Form).

## When do I need to provide an Identification Verification Form?

You must supply an Identification Verification Form unless you have already supplied an Identification Form to Hamilton.

An Identification Verification Form is also required for each individual who is an authorised third party signatory on your account.

## Why do I need to provide identification?

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires the collection and verification of specific information from clients.

## Which Identification Verification Form should you use?

This will depend on the type of account you are opening and whether or not you are being identified through an authorised financial adviser. If you are investing directly, you will need to use the relevant Identification Verification Form for the type of account you are opening and the type of investor you are (i.e. individual, company, trustee of a trust). All Identification Verification Forms are available from [www.hamiltonam.com.au/forms](http://www.hamiltonam.com.au/forms).

## Anti-Money Laundering and Counter-Terrorism Financing Act 2006 – terms and conditions

- (a) You must not knowingly do anything to put Hamilton in breach of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*, *Anti-Money Laundering and Counter-Terrorism Financing Rules Instrument 2007 (No.1)* or any other subordinate instruments (AML/CTF Laws). You agree to notify Hamilton if you are aware of (or become aware of) anything that would put Hamilton in breach of the AML/CTF Laws.
- (b) You agree to provide additional information and assistance to us on request, and to comply with all reasonable requests to facilitate Hamilton's compliance with the AML/CTF Laws and equivalent laws in overseas jurisdictions.
- (c) You represent and warrant that you have no reason to suspect:
  - that the money used to fund your investment is derived from or related to money laundering, terrorism financing or similar illegal activities; or
  - that any proceeds of your investment in the Fund will fund illegal activities.
- (d) Hamilton is subject to the AML/CTF Laws. In making an application on these terms and conditions, you consent to Hamilton disclosing, in connection with the AML/CTF Laws, any of your personal information (as defined in the *Privacy Act 1988 (Cth)*) and acknowledge and agree that Hamilton may be prohibited (under the AML/CTF Laws) from telling you that any such disclosure has been made.
- (e) In certain circumstances Hamilton may be obliged to freeze or block your account where it is used in connection with illegal activities or suspected illegal activities. Freezing or blocking can arise as a result of the account monitoring that is required by the AML/CTF Laws. If your account is frozen or blocked, Hamilton is not liable to you for any consequences or losses whatsoever and you agree to indemnify Hamilton in respect of any liability to a third party in connection with the freezing or blocking of your account.
- (f) Hamilton may, in its absolute discretion, delay, and block or freeze any transactions in respect of your investment or redeem

any Units issued to you if it believes doing so is necessary to comply with the AML/CTF Laws. In these circumstances, Hamilton will not be liable to you for any resulting loss.

Hamilton retains the right not to provide services or issue products to any applicant. This means that Hamilton may, in its absolute discretion, not issue Units to you.

### **Tax File Numbers**

Supply of any Tax File Number ("TFN") is discretionary. It is not an offence if you decide not to supply your TFN. If you do not supply your TFN, however, tax will be deducted from your income earned at the highest marginal tax rate (plus Medicare levy) and forwarded to the Australian Taxation Office. These deductions will appear on your statements.

### **Direct debit customer service agreement**

By completing section 6 Regular Savings plan in the Application Form, you acknowledge that you have authorised Hamilton to arrange for amounts to be debited to your account at the financial institution identified on the application form through the Bulk Electronic Clearing System.

Hamilton will only arrange for funds to be debited to your account as authorised in section 6 Regular Savings plan.

If a due date for a debit falls on a day that is not a Banking Day, Hamilton may direct your financial institution to debit your account on the following Banking Day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

### **Amendments to the direct debit customer service agreement by Hamilton**

Hamilton may vary any conditions of your direct debit customer service agreement at any time by giving you at least 10 business days written notice.

### **Amendments to the direct debit customer service agreement by you**

You may change, stop or defer a debit payment, or terminate your direct debit customer agreement by giving Hamilton at least 10 business days written notice or by arranging it through your own financial institution.

### **Your obligations under the direct debit customer service agreement**

You must ensure that you have sufficient cleared funds available in your account to allow a debit payment to be made in accordance with your direct debit customer service agreement.

If there are insufficient cleared funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;

- (b) you may also incur fees or charges imposed or incurred by us;

- (c) you must arrange for the debit payment to be made by another method, or arrange to have sufficient cleared funds in your account by an agreed time for Hamilton to be able to process the debit payment.

### **Disputes**

If you believe that there has been an error in debiting your account, you should notify us directly on +61 2 4920 2877 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.

If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

### **Accounts**

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

### **Confidentiality**

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

## B. Application form checklist

Please follow the checklist and complete all sections of the Account Application Form for the specific type of account you wish to open

Client type	Sections to be completed	Whose name must the account be in	Who signs	Documentation required for ID verification
<b>Individual</b>	<p>Must complete</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1a. Applicant 1 details</li> <li><input type="checkbox"/> 2 Mailing address</li> <li><input type="checkbox"/> 3. Distribution and withdrawal and regular savings plan account details</li> <li><input type="checkbox"/> 4. Investment information</li> <li><input type="checkbox"/> 9. Declarations and acknowledgements</li> <li><input type="checkbox"/> 10. Applicants signature</li> <li><input type="checkbox"/> Identification Form for Individuals</li> </ul> <p>If applicable complete</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1f. Other account designations</li> <li><input type="checkbox"/> 5. Regular savings plan</li> <li><input type="checkbox"/> 6. Money for Living</li> <li><input type="checkbox"/> 7. Appointment of Financial Adviser</li> </ul>	The individual	The individual	<ul style="list-style-type: none"> <li><input type="checkbox"/> an original or certified copy of an Australian state or territory driver's licence containing a photograph of the signatory; or</li> <li><input type="checkbox"/> a certified copy of a card issued by a state or territory for the purpose of proving a person's age, containing a photograph of the person.</li> </ul> <p>If you cannot provide one of the above documents, additional information may be requested prior to the account being opened</p>
<b>Joint applicants and partnership</b>	<p>Must complete</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1a. Applicant 1 details, and</li> <li><input type="checkbox"/> 1b. Applicant 2 details; and/or</li> <li><input type="checkbox"/> 1c. Applicant 3 details.</li> <li><input type="checkbox"/> 2 Mailing address</li> <li><input type="checkbox"/> 3. Distribution and withdrawal and regular savings plan account details</li> <li><input type="checkbox"/> 4. Investment information</li> <li><input type="checkbox"/> 8. Account operating instructions</li> <li><input type="checkbox"/> 9. Declarations and acknowledgements</li> <li><input type="checkbox"/> 10. Applicants signature</li> <li><input type="checkbox"/> Identification Form for Individuals</li> </ul> <p>If applicable complete</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1f. Other account designations</li> <li><input type="checkbox"/> 5. Regular savings plan</li> <li><input type="checkbox"/> 6. Money for Living</li> <li><input type="checkbox"/> 7. Appointment of Financial Adviser</li> </ul>	All of the applicants	Each applicant	<p>For <b>each</b> applicant</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> an original or certified copy of an Australian state or territory driver's licence containing a photograph of the signatory; or</li> <li><input type="checkbox"/> a certified copy of a card issued by a state or territory for the purpose of proving a person's age, containing a photograph of the person.</li> </ul> <p>If you cannot provide one of the above documents, additional information may be requested prior to the account being opened</p>
<b>Company</b>	<p>Must complete</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1a. Applicant 1 details; and</li> <li><input type="checkbox"/> 1b. Applicant 2 details; and/or</li> <li><input type="checkbox"/> 1c. Applicant 3 details.</li> <li><input type="checkbox"/> 1d. Company and corporate details</li> </ul>	The company	<ul style="list-style-type: none"> <li><input type="checkbox"/> Two officers (e.g. two directors or a director and secretary); or</li> <li><input type="checkbox"/> as required by</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Certified copy of the certificate of incorporation or registration.</li> </ul> <p>For each director:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> an original or certified copy of an Australian state or territory drivers licence containing a photograph of</li> </ul>

Client type	Sections to be completed	Whose name must the account be in	Who signs	Documentation required for ID verification
	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2 Mailing address</li> <li><input type="checkbox"/> 3. Distribution and withdrawal and regular savings plan account details</li> <li><input type="checkbox"/> 4. Investment information</li> <li><input type="checkbox"/> 8. Account operating instructions</li> <li><input type="checkbox"/> 9. Declarations and acknowledgements</li> <li><input type="checkbox"/> 10. Applicants signature</li> <li><input type="checkbox"/> Identification Form for Australian and Foreign Companies</li> <li>If applicable complete</li> <li><input type="checkbox"/> 1f. Other account designations</li> <li><input type="checkbox"/> 5. Regular savings plan</li> <li><input type="checkbox"/> 6. Money for Living</li> <li><input type="checkbox"/> 7. Appointment of Financial Adviser</li> </ul>		<p>the constitution / rules of the company; or</p> <p><input type="checkbox"/> one director (for a sole director company)</p>	<p>the director; or</p> <p><input type="checkbox"/> a certified copy of a card issued by a state or territory for the purpose of proving a person's age, containing a photograph of the director</p>
<p><b>Superannuation funds, trusts and deceased estates</b></p>	<p>Must complete either</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1a. Applicant 1 details; and</li> <li><input type="checkbox"/> 1b. Applicant 2 details; and/or</li> <li><input type="checkbox"/> 1c. Applicant 3 details.</li> <li><input type="checkbox"/> 1e. Trust and superannuation fund details</li> <li><input type="checkbox"/> 2 Mailing address</li> <li><input type="checkbox"/> 3. Distribution and withdrawal and regular savings plan account details</li> <li><input type="checkbox"/> 4. Investment information</li> <li><input type="checkbox"/> 8. Account operating instructions</li> <li><input type="checkbox"/> 9. Declarations and acknowledgements</li> <li><input type="checkbox"/> 10. Applicants signature</li> <li><input type="checkbox"/> Identification Form for Trusts and Trustees</li> <li>If applicable complete</li> <li><input type="checkbox"/> 1d. Company and corporate details and</li> <li><input type="checkbox"/> 5. Regular savings plan</li> <li><input type="checkbox"/> 6. Money for Living</li> <li><input type="checkbox"/> 7. Appointment of Financial Adviser</li> </ul>	<p>The trustee(s) of the trust</p>	<p>Each trustee or executor</p> <p>(see above if the trustee is a company)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> certified copy of the trust deed</li> <li>For each individual trustee: <ul style="list-style-type: none"> <li><input type="checkbox"/> an original or certified copy of an Australian state or territory driver's licence containing a photograph of the trustee; or</li> <li><input type="checkbox"/> a certified copy of a card issued by a state or territory for the purpose of proving a person's age, containing a photograph of the trustee</li> </ul> </li> <li>For a corporate trustee: <ul style="list-style-type: none"> <li><input type="checkbox"/> Certified copy of the certificate of incorporation or registration.</li> </ul> </li> <li>For each director of the corporate trustee: <ul style="list-style-type: none"> <li><input type="checkbox"/> an original or certified copy of an Australian state or territory driver's licence containing a photograph of the trustee; or</li> <li><input type="checkbox"/> a certified copy of a card issued by a state or territory for the purpose of proving a person's age, containing a photograph of the trustee</li> </ul> </li> <li><input type="checkbox"/> (<i>For deceased estates</i>) Certified copy of the will and certificate of probate or letters of administration.</li> <li>For each executor of the deceased estate:</li> </ul>

Client type	Sections to be completed	Whose name must the account be in	Who signs	Documentation required for ID verification
				<ul style="list-style-type: none"> <li><input type="checkbox"/> an original or certified copy of an Australian state or territory driver's licence containing a photograph of the trustee; or</li> <li><input type="checkbox"/> a certified copy of a card issued by a state or territory for the purpose of proving a person's age, containing a photograph of the trustee</li> </ul>
<b>Other documents required</b>	If you are unable to provide any of the above documentation you should contact Hamilton for details of acceptable alternative ID documents.			



## C. Certification of documents

### What is a certified copy?

A certified copy of a document is a copy that has been certified as a true and accurate copy by one of the persons listed below.

The certified document must be a clear copy of the original. A photograph should be clear and easy to see.

### Acceptable certifications

The person certifying the document should write the following statement on the document:

*I certify that I have seen the original documentation and that this copy is a complete and accurate copy of that original.*

Below the statement the certifier should sign and date the document and also write or include the following information:

1. Their full name in block letters.
2. Their capacity (e.g.; CPA, JP, Police Officer, etc) and their registered number.
3. Where applicable, an official stamp, seal or identification number of certification.

The certification should not be more than three months old.

### Offshore certification

Individuals and companies based offshore who cannot have documents certified by an Australian person as listed below can have their documents certified by the international equivalent of such a person.

However, where the applicant is based in a jurisdiction of extreme or high risk, Hamilton may request additional information and identification to ensure it is reasonably satisfied that an applicant is the person who they claim to be.

### Persons who can certify copies of documents for you

- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more continuous years of service with one or more licensees.
- A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the *Statutory Declaration Regulations 1993*).
- An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*).
- A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- A justice of the peace.
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- A judge of a court.
- A magistrate.
- A chief executive officer of a Commonwealth court.
- A registrar or deputy registrar of a court.
- An Australian police officer.
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*).
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

A notary public officer (for the purposes of the *Statutory Declaration Regulations 1993*).

## D. Application form

This Application Form can be used for the following unit classes:

Fund name	Unit class	ARSN	APIR code	ISIN	PDS issue date
Hamilton Investment Fund	Permanent Portfolio	144 611 165	HLN003AU	AU60HLN00036	7 January 2020

Is this an application for a new or an existing investor?

Existing investor(s)
If you are an existing investor with Hamilton, please write your investor number here

If you are an existing investor in the same fund and there have been no significant changes in your circumstances, please complete the Additional Investment Form instead. Otherwise, complete section 1 to 9 as applicable.

**1a. Applicant 1 details (all applicants must complete this section)**

**Investor type**

<input type="checkbox"/> Individual	<input type="checkbox"/> Director (if more than one director, complete section(s) 1b and 1c.) Companies must also complete section 1d.	<input type="checkbox"/> Director of trustee company (if more than one director, complete section(s) 1b and 1c.) Trustee companies must also complete sections 1d and 1e.	<input type="checkbox"/> Individual trustee must also complete section 1e.
<input type="checkbox"/> Joint applicant			

Please indicate if you are a Politically Exposed Person:

<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide details of office or role below
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Office/role held:

Title	Full given name(s)		
Surname			Date of birth – <b>dd/mm/yyyy</b>
Occupation	Employer		

Residential address (*must be a street address; post office boxes are NOT acceptable*)

Suburb/Town/City	State	Postcode	Country
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Business telephone ( )	Home telephone ( )	Mobile telephone	Facsimile number ( )
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Email address

Tax file number	Exemption details
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Are you a citizen or tax resident of a country other than Australia:

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Country of residence
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You will need to complete FATCA/CRS Self-Certification Form

**1b. Applicant 2 details (if there is no second applicant, proceed to 1d.)**

**Investor type**

<input type="checkbox"/> Joint applicant.	<input type="checkbox"/> Second company director. Companies must also complete section 1d.	<input type="checkbox"/> Second director of trustee company Trustee companies must also complete sections 1d and 1e.	<input type="checkbox"/> Second individual trustee must also complete section 1e.
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Please indicate if you are a Politically Exposed Person:

<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide details of office or role below
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Office/role held:

Title	Full given name(s)		
Surname			Date of birth – <b>dd/mm/yyyy</b>
Occupation		Employer	

Residential address (must be a street address; post office boxes are NOT acceptable)

Suburb/Town/City	State	Postcode	Country
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Business telephone ( )	Home telephone ( )	Mobile telephone	Facsimile number ( )
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Email address

Tax file number	Exemption details
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Are you a citizen or tax resident of a country other than Australia:

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Country of residence You will need to complete FATCA/CRS Self-Certification Form
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**1c. Applicant 3 details (if there is no other applicant, please proceed to 1d)**

**Investor Type**

<input type="checkbox"/> Joint applicant	<input type="checkbox"/> Third company director Companies must also complete section 1d.	<input type="checkbox"/> Third director of trustee company Trustee companies must also complete sections 1d and 1e.	<input type="checkbox"/> Third individual trustee must also complete section 1e.
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Please indicate if you are a Politically Exposed Person:

<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide details of office or role below
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Office/role held:

Title	Full given name(s)		
Surname			Date of birth – dd/mm/yyyy
Occupation		Employer	

Residential address (must be a street address; post office boxes are NOT acceptable)

Suburb/Town/City	State	Postcode	Country
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Business telephone ( )	Home telephone ( )	Mobile telephone	Facsimile number ( )
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Email address

Tax file number	Exemption details
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Are you a citizen or tax resident of a country other than Australia:

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Country of residence
You will need to complete FATCA/CRS Self-Certification Form	

## 1d. Company and corporate details

### Company type

<input type="checkbox"/> Australian registered company	<input type="checkbox"/> Australian registered trustee company	<input type="checkbox"/> Australian registered incorporated association/co-operative. Additional information may be requested prior to the account being opened.	<input type="checkbox"/> Other bodies and overseas registered companies. Additional information may be requested prior to the account being opened
<input type="checkbox"/> Private/proprietary	<input type="checkbox"/> Public company	<input type="checkbox"/> Listed company	<input type="checkbox"/> Majority owned subsidiary of a listed company

Registered company name

ACN/ARBN

ABN

Company tax file number

Are incorporated or registered in a country or tax resident of a country other than Australia:

No

Yes – Country of residence

You will need to complete FATCA/CRS Self-Certification Form

Registered office address: street number and name (post office box is NOT acceptable)

Suburb/Town/City

State

Postcode

Country

Principal place of business: street number and name (post office box is NOT acceptable)

Suburb/Town/City

State

Postcode

Country

For private companies and foreign companies only, please provide details for each shareholder, who owns, through one or more shareholdings, 25% or more of the company's issued capital.

Major Shareholder 1

Residential address (must be a street address; post office boxes are NOT acceptable)

Suburb/Town/City

State

Postcode

Country

Major Shareholder 2			
Residential address ( <i>must be a street address; post office boxes are NOT acceptable</i> )			
Suburb/Town/City	State	Postcode	Country

Major Shareholder 3			
Residential address ( <i>must be a street address; post office boxes are NOT acceptable</i> )			
Suburb/Town/City	State	Postcode	Country

Major Shareholder 4			
Residential address ( <i>must be a street address; post office boxes are NOT acceptable</i> )			
Suburb/Town/City	State	Postcode	Country

For private companies and foreign companies only, how many directors are there?		
For private companies and foreign companies only, please provide details for each director:		
Title	Full given name(s)	Surname
Title	Full given name(s)	Surname
Title	Full given name(s)	Surname
Title	Full given name(s)	Surname

If there are more than four directors, please provide details on a separate sheet and attach it with your Application Form.

**1e. Trust and superannuation fund details**

Name of trust or superannuation fund

Country of establishment

Trust/superannuation fund ABN (if applicable)

Trust/superannuation fund tax file number

Was the trust established or a tax resident of a country other than Australia:

 No Yes – Country of residence

You will need to complete FATCA/CRS Self-Certification Form

**Trust type** Category A – Self-Managed Superannuation Fund Category B – Australian Registered Managed Investment Scheme

Australian Registered Scheme Number:

 Category C – Government Superannuation Fund Category D – Other Regulated Trust (subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund.)

Name of regulator

Trust's ABN or registration/licencing details

 Category E – Other (e.g. family trust, unregistered scheme, foreign trust) – please specify below and complete 'Settlor Details'.**Settlor details**

Did the settlor(s) of the Trust settle \$10,000 or more on establishment of the Trust? (refer to the trust deed)

 Yes – please provide details of the Settlor below No

Title

Full given name(s)

Surname

Date of birth – dd/mm/yyyy

Residential address (must be a street address; post office boxes are NOT acceptable)

Suburb/Town/City

State

Postcode

Country

**Identification documentation required for a Category B trust**



- A certified copy of an ASIC search of the scheme.

**Identification documentation required for a Category C trust**

- the name of the Act which regulates the trust and a certified copy of an extract of the establishing legislation.

**Identification documentation required for a Category A, Category D trust and Category E trust**

- A certified copy or certified extract of the trust deed; or
- Notice (such as an assessment notice) issued to the trust by the Australian Taxation Office within the preceding 12 months.

If you selected Category E, you will need to provide details of beneficiaries below.

**Beneficiary details**

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes – Provide details of membership class (e.g. family members of a named person)

No – List full names of all company and individual beneficiaries

Beneficiary 1 – Full name

Beneficiary 2 – Full name

Beneficiary 3 – Full name

Beneficiary 4 – Full name

If there are more than four beneficiaries, please provide details on a separate sheet and attach it with your Application Form.

**1f. Other account designation.**

## 2. Mailing address

This is the address to which all correspondence in respect of the investment will be sent.

### Contact name

Suburb/Town/City

State

Postcode

Country

## 3. Distribution, withdrawal and regular savings plan account details (must be completed)

These are the details are for the account into which you would like your distributions and withdrawals paid and from which your savings plan contributions will be debited.

Distributions and withdrawal proceeds are generally only paid to an Australian bank account in the name of the unitholder and cannot be paid by cheque or to third party accounts. By completing this section you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Account name

Name of financial institution

Branch street number and name

Suburb/Town/City

State

Postcode

BSB No.

—

Account  
No.

#### 4. Investment information (must be completed)

What is the purpose of the investment (Select all applicable options)

<input type="checkbox"/> Savings	<input type="checkbox"/> Growth	<input type="checkbox"/> Business account
<input type="checkbox"/> Retirement	<input type="checkbox"/> Income	
<input type="checkbox"/> Other (specify)		

Detail the source of your investment amount (Select all applicable options)

<input type="checkbox"/> Savings	<input type="checkbox"/> Growth	<input type="checkbox"/> Business account
<input type="checkbox"/> Retirement	<input type="checkbox"/> Income	
<input type="checkbox"/> Other (specify)		

Investment name	APIR Code	Minimum initial investment	Investment amount (must be at least the Minimum initial investment)	Distribution options <sup>1</sup>	
				Reinvest distributions	Pay to my nominated account
Hamilton Investment Fund – Permanent Portfolio Units	HLN003AU	\$5,000	\$		
Hamilton Investment Fund – Permanent Portfolio Units – Savings Plan Option	HLN003AU	\$5,000	\$		
Hamilton Investment Fund – Permanent Portfolio Units – Money for Living Option	HLN003AU	\$50,000	\$		
Hamilton Investment Fund – Permanent Portfolio Units	HLN003AU	\$1,000	\$		
Additional Investments					

<sup>1</sup> If no election is made, distribution will be automatically reinvested

## 5. Regular Savings plan (optional)

The minimum savings plan contribution is \$250 per month.

I/We would like to set up a savings plan.

\$ \_\_\_\_\_ Per month

**Direct Debit Request** I/We request and authorise Hamilton, Debit User Identification Number 414969, to arrange for any amount it may debit or charge to me/us to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified above in Section 3, subject to the terms and conditions of the Direct Debit Request Services Agreement below.

### Direct debit customer service agreement

By completing section 5 Regular Savings plan in the Application Form, you acknowledge that you have authorised Hamilton to arrange for amounts to be debited to your account at the financial institution identified on the application form through the Bulk Electronic Clearing System.

Hamilton will only arrange for funds to be debited to your account as authorised in section 5 Regular Savings plan.

If a due date for a debit falls on a day that is not a Banking Day, Hamilton may direct your financial institution to debit your account on the following Banking Day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

### Amendments to the direct debit customer service agreement by Hamilton

Hamilton may vary any conditions of your direct debit customer service agreement at any time by giving you at least 10 business days written notice.

### Amendments to the direct debit customer service agreement by you

You may change, stop or defer a debit payment, or terminate your direct debit customer agreement by giving Hamilton at least 10 business days written notice. Or by arranging it through your own financial institution.

### Your obligations under the direct debit customer service agreement

You must ensure that you have sufficient cleared funds available in your account to allow a debit payment to be made in accordance with your direct debit customer service agreement.

If there are insufficient cleared funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may also incur fees or charges imposed or incurred by us;
- (c) you must arrange for the debit payment to be made by another method or arrange to have sufficient cleared funds in your account by an agreed time for Hamilton to be able to process the debit payment.

### Disputes

If you believe that there has been an error in debiting your account, you should notify us directly on (02) 4920 2877 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up with your financial institution direct.

If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

### Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

### Confidentiality

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

### Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to Hamilton Asset Management Limited, PO Box 402, Hamilton NSW 2303.

We will notify you by sending a notice in the ordinary post to the address you have given us in the Application Form.

Any notice will be deemed to have been received on the third banking day after posting.

### Goods & Services Tax

If Hamilton is liable to pay GST on a supply made in connection with the direct debit customer service agreement, then you agree to pay Hamilton an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

### All account signatories must sign below

Signature of account holder 1	Date
Signature of account holder 2	Date
Signature of account holder 3	Date

**Important note:** You must attach a certified copy of a recent statement or deposit slip for the account.

**6. Money for Living (optional)**

I/We would like to receive a regular withdrawal of

**Amount \$**

Minimum monthly payment must be \$500 and thereafter in multiples of \$100

**Withdrawal account details**

Payments will be made to the account specified in Section 3 above – Distribution, withdrawal and regular saving plan account details for nomination of the account into which you would like withdrawals paid. Must be an Australian bank, building society, or credit union account.

## 7. Appointment of Financial Adviser

Please complete and sign this section if you wish to appoint a financial adviser. Your financial adviser will have access to your account and will receive copies of your account correspondence. Financial adviser fees may also be deducted from your investment if such is specified in this section.

### Financial adviser details

Are you a registered with Hamilton as a financial adviser?

Yes – please complete your details below

No – please complete your details below. You will also need to complete a Financial Adviser Registration form available at [www.hamiltonam.com.au/forms](http://www.hamiltonam.com.au/forms)

Title	Full given name(s)	Surname	
Financial adviser company/Trading name		Financial adviser number	
Dealer group		Australian Financial Services Licence Number	
Street address of adviser			
Suburb/Town/City	State	Postcode	Country
Business telephone ( )	Facsimile number ( )	Mobile telephone	Adviser stamp
Email			

### Financial adviser fees

Please complete the applicable contribution and/or ongoing fee in the boxes below

Contribution fee up to 2% + GST  %

Ongoing fee of up to 1% pa + GST  %

These fees will be calculated and deducted from your investment, until we receive instructions from you in writing to cease the payment of any fees to your financial adviser.

### All account signatories must sign below

Signature of account holder 1		Date
Signature of account holder 2		Date
Signature of account holder 3		Date

**7. Account operating instructions**

Any individual to sign

Any two individuals to sign

All individuals to sign

Other (please specify):

## 9. Declarations and acknowledgements

### I/We acknowledge and declare that:

1. I/We have received and read the PDS and Information Booklet to which this Application Form relates.
2. I/We agree to be bound by the PDS and the constitution of the Fund (as amended from time to time).
3. I/We have received and accepted this offer in Australia.
4. I/We am/are at least 18 years of age.
5. All the information provided by me/us in this Application Form is true and correct.
6. I/We agree that Hamilton can provide information on the status of my/our investment to my/our nominated financial adviser/broker.
7. I/We agree to Hamilton and Rees Pritchard Investor Services Pty Limited collecting, using and disclosing my/our personal information.
8. I/We agree that Hamilton is authorised to apply the TFN or ABN provided above to all future applications for Units, including reinvestments unless I/we notify Hamilton otherwise.
9. I/We acknowledge that Hamilton is required to comply with the anti-money laundering laws in force in a number of jurisdictions including the *Financial Transactions Reports Act 1988* (Cth) and I/we undertake to provide Hamilton with such additional information or documentation as Hamilton may request of me/us from time to time, to ensure its compliance with such requirements.
10. If I/we fail to provide Hamilton with any information or documentation requested of me/us, my/our application for Units may be refused, any Units I/we hold may be compulsorily redeemed, and any disposal request made by me/us may be delayed or refused, and Hamilton will not be liable for any consequential loss to me/us.
11. I/We understand the risks associated with an investment in the Fund as they are outlined in the PDS and understand that there may be other risks.
12. I/We acknowledge that Hamilton reserves the right to reject any application or to allocate to any applicant a lesser number of Units than the number applied for.
13. I/We understand that the Fund may invest in cash for relatively short periods (up to 3 months, or such other time Hamilton advises me/us) until monies can be invested in the assets.
14. I/We acknowledge that if I/we do not provide Hamilton with information as requested, or if there is a delay in providing Hamilton with this information, Hamilton may not be able to open my/our account. I/We agree that Hamilton is not liable for any loss incurred by me/us as a result of any action of Hamilton which either delays an account being opened or results in an application being declined, when the action is necessary to enable Hamilton to comply with its obligations under AML/CTF Laws and various taxation legislation. I/We acknowledge that Hamilton may require further information from me/us from time to time in order to meet its obligations under AML/CTF Laws and various taxation legislation and I/we agree to provide Hamilton with whatever additional information is reasonably required in order for Hamilton to meet its obligations. I/we indemnify Hamilton against any loss caused by my/our failure to provide such information or assistance.
12. I/We will not knowingly do anything to put Hamilton in breach of the AML/CTF Laws and various taxation legislation. I/We agree to promptly notify Hamilton if I/we am/are aware of anything that would put Hamilton in breach of AML/CTF Laws.
13. I/we agree to provide additional information and assistance if requested, and to comply with all reasonable requests to facilitate Hamilton's compliance with AML/CTF Laws in Australia or equivalent laws in an overseas jurisdiction.
14. I/We acknowledge that I/we have no reason to suspect that:
  - the money used to fund my/our investments through this account is derived from or related to money laundering, terrorism financing or similar activities (illegal activities); and
  - proceeds of my/our investments through this account will fund illegal activities.
15. I/We am/are not a "politically exposed" person or organisation for the purpose of any AML/CTF Law.
16. I/We acknowledge that Hamilton is subject to AML/CTF Laws. In making an application. I/We consent to Hamilton disclosing, in connection with AML/CTF Laws, any of my/ our Personal Information (as defined in the *Privacy Act 1988* (Cth)).
17. I/We acknowledge that in certain circumstances Hamilton may be obliged to freeze or block an account where it is used in connection with illegal activities or suspected illegal activities. Freezing or blocking may result from the account monitoring that is required by AML/CTF Laws. If the account is frozen or blocked, Hamilton is not liable to me/us for any consequences or losses whatsoever and I/we agree to indemnify Hamilton if Hamilton is found liable to a third party in connection with the freezing or blocking of my/our account.
18. I/We consent to details about my/our application and holdings being disclosed in accordance with the **Privacy** section of the PDS and Information Booklet.
19. I/We acknowledge that Hamilton retains the right not to provide services or issue products to any applicant.
20. I/We confirm that Hamilton is authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me/us by email or electronic means. If instructions are given by email or electronic means, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/We indemnify Hamilton against any loss arising as a result of any of them acting on email or electronic instructions. I/we acknowledge and agree that the words "execution", "signed", "signature" and words of like import in any such instruction include electronic signatures (including any electronically scanned and transmitted version of an original signature, digital signature, electronic symbol or other such electronic signing process) and shall be of the same legal effect, validity or enforceability as a manually executed signature to the extent and as provided for in any applicable law, including the *Electronic Transactions Act 1999* (Cth), Hamilton may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons. I/we agree to keep Hamilton indemnified against any loss of any nature whatsoever arising to any of them as a result of Hamilton acting upon instructions signed and/or submitted by electronic means.
21. I/we acknowledge that investments in the Fund are subject to investment risk, including possible delays in repayment and loss of income or principal invested.
22. I/We understand that the income distributed by the Fund (if any) and the value of Units in the Fund may rise and fall from time to time.
23. I/We acknowledge that Units may be redeemed or monies deducted from my/our withdrawal proceeds without me/us asking in order to pay any fees owing to Hamilton or any other person and authorise Hamilton to redeem such number of units or deduct such monies as is necessary to meet any fees I/we owe Hamilton or any other person. I/We acknowledge this may have tax consequences for my/our investment in the Fund.
24. I/we acknowledge that Hamilton, does not guarantees the performance of the Fund or its underlying investments, the repayment of capital from the Fund or any particular rate of return.



## 10. Applicants signatures

Applicant 1/Director 1	Applicant 2/Director 2	Applicant 3/Director 3
Name	Name	Name
If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Sole director <input type="checkbox"/> Sole director and sole secretary <input type="checkbox"/> Other, please specify below	If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Other, please specify below	If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Other, please specify below
Signature	Signature	Signature
Date	Date	Date