

Mutual Limited

Mon-Fri 8.30am - 5pm <u>mutual@gendevelopmentservices.com.au</u> 1800 948 122

oplication Form

Enquiries

Application Form Mutual Credit Fund

June 2022 | ARSN: 635 925 996

Instructions

- Please ensure you have read and understood the current PDS for the Mutual Credit Fund ARSN 635 925 996 (Fund) before applying for units in the Fund. The PDS is available on our website, from your financial adviser or by contacting Mutual Limited (the Responsible Entity or the RE). The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS. The PDS will be updated from time to time.
- Each applicant must complete both the Application Form and Mutual Identification Form. The Identification Form is included at the back of this application pack. In addition, supporting identity documents are required for verification purposes. More information will be provided throughout the Form.
- Applications may be rejected where changes have been made and not initialed by all parties, or where corrective tape has been used.
- All applicants should begin at Section 1 and complete the Form(s) in block capitals where possible.

Appl	ication checklist
	Application Form
	Identification Form (included in this application pack)
	Original certified identity documents
\rightarrow	Return forms and documents to:

Post: Generation Development Group, GPO Box 263, Collins Street West, Vic, 8007 Email : <u>mutual@gendevelopmentservices.com.au</u>

Section 1 Invest	or type	Secti	ion 2	Account set-up	
1.1 Confirm your inve	estor type by ticking <u>one</u> box int investors)o you ha Mutual L	ave an existing (o Limited?	pen) account
	nes of all investors		No - <i>g</i> c	o to Section 3	
			Yes - cc	ontinue to 2.2	
		2.2 T	ick <u>one</u> re	elevant box	
			l am ma	aking an investme	ent for a different entity
Trust with indiv provide the nan	ridual trustee/s nes of the trustee(s) and the trust		accoun and cor		estor number below ted to see if the Mutual
Trust with corp	orate trustee nes of the trustee and the trust		person(number <i>investor</i> <i>contact</i>	(s), but would like or designation req	
Company provide the nam	ne of the company	3.1 I Minin	mum invo		0. If you do not select a
		aistri		reference, alstribut	ions will be reinvested. Investment Amount
provide the nam	ne of the entity		tual Cred	lit Fund	\$
	pleted the application form, yo e the relevant Mutual Identifica	ation Pay	to bank a	preference account fault Option)	%
Investor Type	Mutual Identification Form	Page			
Individual or joint investors	Individual and joint investors	7-8	Please in	dicate the source	of funds being invested
Trusts (including SMSFs)	Trusts and trustees	9-13	Savings Investm	nent income	Superannuation Donation/gift
Companies	Companies or Incorporated Bodies	14-16	Inherita Commi		Normal course of business Asset sale
Other entities (e.g. Associations)	Other entities Cont 1800 94		Other:		

Section 4 | Payment method

4.1 Select payment method

Applications made by cheque will not be processed until the funds have cleared.

Cheque	Account Name: Sandhurst Trustees Limited acf Mutual Credit Fund	
FFT	Account Name: Sandhurst Trustees	BSB: 083-237
	Limited acf Mutual Credit Fund	Account Number: 73 645 0979
	Reference: Investor name or number	

Section 5 | Bank details

5.1 Provide your bank details for withdrawals Include the full name of the account. We cannot make payments to third-parties. If you elected to receive your distributions to a bank account, payment will be made to these details.

Account name

 BSB
 Account number

 Image: SB institution name and branch name

 Financial institution name and branch name

 Additional information for foreign bank accounts

 SWIFT/BIC
 ABA/FED (US)

 IBAN (EU)

 IBAN (EU)

Section 6 | Power of Attorney

If you are acting as power of attorney or agent for the investor, complete your details below. You will need to supply the following along with the application:

- Originally certified POA or client agreement
- Mutual Identification Form for the POA/agent in addition to the Mutual Identification form for the investor.

Company or name		
Phone		
Email		
Postal address		
Select your preferred correspondence method:		
Email Post		

Section 7 Investor contact details	Section 8 Other contacts
Provide contact details for the investor(s).	If you would like someone other than your financial adviser to
If you are an adviser, agent, or POA, <u>do not</u> complete your details in this section.	receive copies of correspondence (e.g. your accountant or a family member), provide their details below ³ .
7.1 Investor contact	Company or name
Title Date of birth	Phone
Name	Email
Phone	Postal address
Email	
Postal address	Select your preferred correspondence method:
	Email Post
Select your preferred correspondence method:	Section 9 Adviser
Email Post No correspondence ²	To be completed by your adviser.
	9.1 Advisor Details
7.2 Investor contact	Dealer group
Title Date of birth	Adviser name
Name	
Phone	Email
	Phone
Email	Address
Postal address	
	AFSL Authorised rep number
Select your preferred correspondence method:	
Email Post No correspondence ²	Select your preferred correspondence method:
	Email No correspondence
	Adviser signature
	Adviser signature
	Name
	Date

² For security purposes, registration instructions will be sent by post to the address provided.

³You authorise Mutual to provide information and statements on the status of your investment to your nominated account contacts. Contacts cannot change your details or sign any instructions (such as redemptions) on your behalf.

Section 10 Your investment objectives	10.5 What is your anticipated frequency of withdrawals?
In relation to our Design and Distribution Obligations (DDO)	Daily
under the Corporations Act, we seek the following information	
about your attributes as an investor. Failure to complete	Weekly
the questions below may result in delays in processing your	Monthly
application.	
	Quarterly
10.1 What is your primary investment objective?	Annually or longer
Income distribution	
(receiving regular income from your investment)	10.6 Have you received advice prior to applying to
Capital preservation	invest in this Fund?
(preserving the value of your investment/preventing loss)	I/We have received personal advice in relation to my
	investment in this fund (Financial product advice that
Capital guaranteed	has been given to you by a person who has considered
(shielding your investment from any losse s)	one or more of your investment objectives)
Capital growth	I/We have received general advice in relation to my
(increased value of your investment over time)	investment in this fund (Financial product advice that
	has been given to you but has not been tailored to your
	personal circumstances or investment objectives)
10.2 What is the intended use of this Fund in your	
investment portfolio? Solution/standalone	I/We have not received advice in relation to my
(primary investment- 75%-100% of portfolio)	investment in this fund
Core component	Note: Acceptance of your application should not be taken
(large proportion - 25%-75% of portfolio)	as a representation or confirmation that an investment in
Satellite/small allocation	the Fund is, or is likely to be, consistent with your
(smaller proportion - 25% or less of portfolio)	intentions, objectives and needs as indicated in your
	responses to these questions.
10.3 What is the intended investment time frame?	
Short term	Section 11 How did you hear about us?
(two years or less)	
	Please tick the relevant box and give more details if
Medium term	applicable:
(more than 2 years)	Financial Adviser
Long term	
(more than 8 years)	Investment Platform
	Google
10.4 What is your tolerance for risk/return?	Word of Mouth
(How much of a loss you are willing to tolerate within	
your portfolio when assessed against the possibility of	Other
greater returns)	
Low Medium High Very high	

Section 11 | Declaration

By signing this form, you acknowledge and declare:

- I/we have carefully read and understood the latest Product Disclosure Statement in its entirety and agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time.

- I/We acknowledge that investment in the Fund is subject to investment risk, including possible delays in repayment and loss of income or capital invested and that Mutual does not guarantee the performance of the Fund, nor any particular rate or return for the Fund, nor repayment of capital from the Fund.

- I /We acknowledge that application monies will be held in a non-interest-bearing account until applied to the Fund or returned to me/us.

- I/We authorise that Mutual can provide information on the status of my/our investment to my/our nominated financial adviser, agent or account contacts.

- Mutual Limited as RE is required to comply with the anti-money laundering laws and I/we undertake to provide them with such additional information or documentation as may be requested of me/us, from time to time, to ensure compliance with such requirements.

- Monies deposited or debited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from my/ our account have any such association.

- I/We have received and accepted the offer in the PDS in Australia and have legal power to invest.
- I/We am not a PEP (Politically Exposed Person).

- I//We have all regulatory approvals required in Australia and any other relevant jurisdiction to hold units.

- I/We understand that an investment in the Fund or the acquisition of units does not represent an investment in a deposit or other liability of Mutual Limited or its related entities.

- I/We have relied on my/our own independent investigation, enquiries and appraisals, and have obtained or have had the opportunity to obtain legal, accounting, tax and financial advice, in connection with the Fund before deciding to subscribe for units.

- If this Application Form is signed under power of attorney, I/we have no knowledge of the revocation of that power of attorney.

- If this is a joint application, our investment is as joint tenants, unless otherwise indicated on this application.

- If this is a joint application, each of us is able to operate our investment in the Fund and is able to bind the other(s) to any transaction including investments or withdrawals by any available method, unless otherwise indicated in this application.

- My/our personal information will be collected, used and disclosed on terms described in the PDS.

- I/We will provide Mutual Limited or its nominees any information that they reasonably require in order to enable Mutual to meet its compliance, reporting and other obligations under FATCA and CRS and all associated rules and regulations from time to time, and that Mutual or its agents may disclose such information to the ATO which may in turn disclose the information to the Internal Revenue Service of the USA.

- If I/we or our nominee have provided information about my/our status or designation under or for the purposes of FATCA (including, without limitation, USA residency or citizenship status and FATCA status as a particular entity type) and all associated rules and regulations, that information is true and correct and Mutual will treat that information as true and correct without any additional validation or confirmation being undertaken by Mutual except where it has a legal obligation to do so.

Section 12 | Signing instructions

Companies and corporate trustees:

As per the authorised signature list, or, two directors, or one director and one company secretary, except where the sole director is also the sole company secretary. Individual trustees: All trustees must sign.

Individual or joint holding: All investors must sign.

Other entities:

As per the authorised signatory list.

Power of attorney:

As set out in the POA agreement.

 Please indicate who can sign future instructions:
 Signature

 Such as transactions, including (but not limited to)
 Signature

 additional investments, withdrawals, and change of details.
 Name

 If no selection is made, a minimum of two signatures will
 Name

 be required. This selection does not apply for a POA or individual investors.
 Position (If Applicable)

 Any one director/holder/trustee
 Signature

 Any two directors/holders/trustees
 Signature

All signatures that appear below

As per the authorised signature list supplied (you are obligated to keep this updated)

Signature	
Name	
Position (If Applicable)	Date
Signature	
Name	
Position (If Applicable)	Date

Mon-Fri 8.30am - 5pm

mutual@gendevelopmentservices.com.au 1800 948 122

Mutual Limited

Investor Identification Form Individual and joint investors

- Complete this identification form in block letters.
- Complete details for each individual investing. If there are more than three individuals, complete an additional form.
- Make copies of your ID document(s) and arrange for them to be certified.
- Attach this form and your ID documents to your application form before you send it to us.
- If this form has been requested separately to your initial application, return to mutual@gendevelopmentservices.com.au

Section 1 Individual/joint applicant 1	Section 2 Individual/joint applicant 2		
1A - Personal Details	2A - Personal Details		
Title Date of birth Surname	Title Date of birth Surname		
Given name	Given name		
Residential address	Residential address		
1B - Tax Information	2B - Tax Information		
Without your TFN, or exemption, withholding tax may be deducted from your distributions.	Without your TFN, or exemption, withholding tax may be deducted from your distributions.		
Are you an Australian tax resident?	Are you an Australian tax resident?		
No	No		
Yes, my TFN	Yes, my TFN		
Are you a citizen or resident of the US, or any other foreign country for tax purposes?	Are you a citizen or resident of the US, or any other foreign country for tax purposes?		
No ¹	No ¹		
Yes, my TIN is:	Yes, my TIN is:		
Country:	Country:		

Mutual Identification Form

Section 3 Individual/joint applicant 3	Section 4 Declaration		
3A - Personal Information Title Date of birth Surname Given name Residential address	 By completing and signing this form: you acknowledge that you have read and understood this form you confirm this form is complete and accurate if you have applied for but not received your TIN, you undertake to inform us within 30 days of receiving it you undertake that if information in this form changes, you will tell us within 30 days It is a condition of investing that you keep your details (including tax details) with us, up to date. You agree to update us if the information in this form changes. 		
3B - Tax Information	Signature		
Without your TFN, or exemption, withholding tax may be deducted from your distributions. Are you an Australian tax resident?	Name Date		
No	Signature		
Yes, my TFN	Name		
Are you a citizen or resident of the US, or any other foreign country for tax purposes?	Date		
No ¹	Signature		
Yes, my TIN is:	Name		
Country:	Date		

Section 5 | Identity documents

Each individual or joint investor must provide an originally certified copy of their passport or drivers license along with the Application Form and ID Form. Your photo, personal details and signature must be clear. All documents must be valid (not expired), with the exception of an Australian passport which may have expired in the preceding two years. Documents not meeting the requirements set out may be rejected which could delay your application. If you do not have the documents listed above, please contact our Client Services team. Please be advised that further documents may be requested before your application can be processed.

All documents must be originally certified, i.e. 'wet' signature. The certification must include the following information, or the documents may be rejected:

- Name and date
- Position and company
- Contact details
- Registration or license number, if any

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Mutual Limited

Investor IdentificationForm Trusts and trustees

- Complete this identification form in block letters.
- Corporate trustees complete sections 1-2 and 4-6, individual trustees complete sections 1 and 3-6.
- Make copies of your ID document(s) and arrange for them to be certified.
- Attach this form and your ID certified documents to your application form before you send it to us.
- If this form has been requested separately to your initial application, return to mutual@gendevelopmentservices.com.au

Section 1 | FATCA and CRS¹

If you answer yes to any of the following questions, you must complete the Tax Information Form, available by contacting Mutual directly.

If you have any questions about the terminology, or are unsure of any of the answers, consult a legal or accounting professional.

Is the trust or trustee investing as, for, or on behalf of a US or any other foreign company or entity?

No

Yes - complete a Tax Information Form

Is the trust or trustee a 'financial institution'?

No

Yes - complete a Tax Information Form

Is the trust or trustee an Active Non Financial Entity (NFE)?

- No
 - Yes complete a Tax Information Form

Are any of the following individuals a US citizen or resident, or citizen or resident of any other foreign country for tax purposes?

- beneficiaries or individual trustees
- directors of the corporate trustee
- beneficial owners of the trust or trustee
- · controlling persons of the trust or trustee

No

Yes - complete a Tax Information Form

ction 2 | Corporate tru

2A - Details	
Full name of company	
ACN	
Nature of business	
Registered address	
Duincipal place of busin	
Principal place of busin	less:
Same as above	OR

2B - Directors

Provide the full names of the directors of the company

Mutual Identification Form

Enquiries

¹ The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements. The Australian Government has an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the Australian Taxation Office (ATO) and in turn to global tax authorities.

2C - Type of company	Beneficial owner/controlling person of the trustee 1
Tick all that apply and answer the corresponding questions:	Tick one: Beneficial owner Controlling person
Listed company, or a majority-owned subsidiary of a listed company Name the exchange/market and company code	Title Date of birth Date of birth
Regulated company (e.g. AFSL holder) <i>Name the regulator</i>	Given name Residential address
Provide the license number	Are you an Australian tax resident?
Foreign company Country of formation	Beneficial owner/controlling person of the trustee 2 Tick one: Beneficial owner Controlling person
Provide the ARBN if the company is ASIC registered	Title Date of birth
Identification number issued by local registration body	Given name
Private company	Residential address
Public company, not listed or regulated	Are you an Australian tax resident?
If you did not tick boxes 1 or 2, go to section 2D. If you ticked boxes 1 or 2, go to section 4	No Yes, my TFN is:
2D - Beneficial owners of the trustee	Beneficial owner/controlling person of the trustee 3
 For unregulated and unlisted companies, we require the name and address of: each beneficial owner - e.g. any person who owns through one or more shareholdings more than 25% of the issued capital of the company; and 	Tick one: Beneficial owner Controlling person Title Date of birth Date Surname Given name
 any persons who are entitled to exercise 25% or more of the company's voting rights or persons who ultimately control (directly or indirectly) the company ('controlling persons'). 	Residential address
Please list their details in the next column. If there are more	Are you an Australian tax resident?
than three of these individuals, please write down their details on a separate piece of paper and initial it before submitting it along with this form.	No Yes, my TFN is:

Section 3 Individual trustees	Section 4 Trust	
Complete the details of the individual trustees. If there are more than three trustees, complete their details	4A - Type of Trust	
on a separate piece of paper and initial it before submitting italong with this form.	Name of trust	
Individual trustee 1		
Title Date of birth	TFN or exemption code ²	
Surname		
Given name	Confirm the type of trust (tick one)	
Residential address	Superannuation fund	
	Provide the ABN and go to Section 5	
Are you an Australian tax resident?	Unregulated (e.g. family, discretionary, unit, charitable)	
No Yes, my TFN is:	Confirm type of trust and go to Section 4B	
Individual trustee 2		
	Registered managed investment scheme Provide the ARSN and go to Section 5	
	Flovide the Ansin and go to section 5	
Surname		
Given name	Government superannuation fund Name the Act establishing the fund and go to Section 5	
Residential address		
	Trust regulated by a foreign body	
Are you an Australian tay, recident?	Name the regulator and country and go to Section 4B	
Are you an Australian tax resident?		
No Yes, my TFN IS:	Other regulated trust	
Individual trustee 3	Provide the ABN/license number and regulator, and go to	
Title Date of birth	Section 5	
Surname		
Given name		
Residential address		
Are you an Australian tax resident?		
No Yes, my TFN is:		

4B - Trust details	Beneficial owner/controlling person of the trust 1
Complete this section if you are an unregulated trust (e.g. family	Tick one: Beneficial owner Controlling person
or discretionary trust), or a foreign trust	
Do the terms of the trust identify the beneficiaries by	Title Date of birth
reference to membership of a class? (e.g. family members)	Surname
Yes Provide the name of the class(es)	Given name
	Residential address
No Provide the full names of the beneficiaries	
	Are you an Australian tax resident?
	No Yes, my TFN is:
	Beneficial owner/controlling person of the trust 2
	Tick one: Beneficial owner Controlling person
If applicable, provide the name of the appointer of the trust (not all trusts have an appointer)	
	Title Date of birth
	Surname
If applicable, provide the name of the settlor (not required if the material asset at the time the trust was	Given name
established was less than \$10,000, or if the settlor is deceased)	Residential address
Section 4C - Beneficial owners of the trust	
We require the name and address of the:	Are you an Australian tax resident?
Beneficial owners of the trust	No Yes, my TFN is:
 Controlling persons of the trust 	Beneficial owner/controlling person of the trust 3
If the beneficial owners or controlling persons of the	Tick one: Beneficial owner Controlling person
trust are also the individual trustees, beneficial owners, or controlling persons of the corporate trustee, and	
their details have already been provided in this form,	Title Date of birth
tick this box and confirm their name and position	Surname
below and go to Section 5.	Given name
	Residential address
	Are you an Australian tax resident?
If details of the beneficial owners or controlling persons have	No Yes, my TFN is:
not been provided previously in this form, complete their details in the next column.	

Section 5 | Declaration

By completing and signing this form:

- You acknowledge that you have read and understood this form.
- You confirm this form is complete and accurate.
- You undertake that if information in this form changes, you will tell us within 30 days.
- It is a condition of investing that you keep your details (including tax details) with us, up to date. You must update us if the information in this form changes.

Signature	
Name	
Position	
Date	
Signature	
Name	
Position	
Date	

Section 6 | Supporting documents

Documents must be provided from both Part A and Part B.

All documents must be legible, and photos must be clear. Photo ID must be government issued. All documents must be valid (not expired).

All documents must be originally certified¹, i.e., 'wet' signature. The certification must include the following:

- Name and date
- Position and company
- Contact details
- Registration or license number, if any

Further documents may be requested before your application can be processed. Documents not meeting the requirements set out may be rejected.

Part A - Trust

For superannuation funds, registered managed investment schemes and other regulated trusts (except for foreign trusts):

 A printout of a search conducted on the relevant regulator's website verifying the trust. (e.g. superfundlookup.gov.au) or an original certified copy of the trust deed or deed extract and any deed variations (if applicable).

For unregulated or foreign trusts, such as family, discretionary, unit or charitable trusts:

An original certified copy of the trust deed or deed extract and any deed of variations (if applicable).

Note: Deed extracts must contain at least the name of the trust, the trustees and the schedule containing the names of each beneficiary or details of the class of beneficiaries.

Part B - Trustee

Individual trustee

Each individual must provide an originally certified copy of their passport or drivers license

Corporate trustee

For unlisted and unregulated companies:

- Company extract within three months of issue
- Originally certified photo ID document for each of the beneficial owners and controlling persons
- Originally certified photo ID document for the signatories
- *Optional* Originally certified authorised signatory list, with originally certified photo ID document for the certifier if the certifier is internal (a signatory cannot be the certifier)

For listed or regulated companies:

- Certificate of incorporation
- Originally certified authorised signatory list, with originally certified photo ID document for the certifier if the certifier is internal (a signatory cannot be the certifier)

Foreign companies

Mutual may request additional documents for foreign companies. Please contact Mutual if you would like more information.

Mutual Identification Form

Enquiries

Mon-Fri 8.30am - 5pm mutual@gendevelopmentservices.com.au 1800 948 122

Mutual Limited

Investor Identification Form Companies or Incorporated Bodies

- This form is for Australian and foreign companies who are not acting in the capacity of trustee. Trustees should complete the Trust and Trustees Identification Form.
- Make copies of your ID document(s) and arrange for them to be certified.
- Complete this identification form in block letters.

Section 1 | FATCA and CRS¹

- Attach this form and your ID certified documents to your application form before you send it to us.
- If this form has been requested separately to your initial application, return to mutual@gendevelopmentservices.com.au

lf you answer y	yes to any of the following questions, you must
complete the [·]	Tax Information Form, available by contacting Mutual
directly.	
lf you have ar	ny questions about the terminology, or are unsure of
any of the ans	wers, consult a legal or accounting professional.

Is the investing entity investing as, for, or on behalf of a US or any other foreign company or entity?

Yes - complete a Tax Information Form

Is the investing entity a 'financial institution'?

- No
- Yes complete a Tax Information Form

Is the investing entity an Active Non Financial Entity (NFE)?

No

Yes - complete a Tax Information Form

Are any of the following individuals a US citizen or resident, or citizen or resident of any other foreign country for tax purposes?

- beneficiaries or individual trustees
- directors of the corporate trustee
- beneficial owners of the trust or trustee
- controlling persons of the trust or trustee

No

Yes - complete a Tax Information Form

Section 2 Company information		
2A- Details		
Full name of company		
ACN		
Nature of business		
Registered address		
Principal place of business: Same as above OR provide address below		
2B -Directors		
Provide the full names of the directors of the company		

¹ The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements. The Australian Government has an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the Australian Taxation Office (ATO) and in turn to global tax authorities.

Section 2 continued	Section 3 continued
2C - Company Type	Beneficial owner/controlling person 1
 Tick all that apply and answer the corresponding questions Listed company, or a majority-owned subsidiary of a listed company Name the exchange/market and company code 	Tick one: Beneficial owner Controlling person Title Date of birth Image: Controlling person Surname Image: Controlling person
2 Regulated company Name the regulator	Residential address
Provide the license number	Are you an Australian tax resident?
3 Foreign company Country of formation	Beneficial owner/controlling person 2 Tick one: Beneficial owner Controlling person
Identification number issued by registration body	Title Date of birth
ARBN (if registered with ASIC)	Surname Given name
 4 Private company 5 Public company, not listed or regulated 	Residential address
If you did not tick boxes 1 or 2, go to section 3. If you ticked boxes 1 or 2, go to section 4	Are you an Australian tax resident? No Yes, my TFN is:
Section 3 Beneficial owners	Beneficial owner/controlling person 3
 For unregulated and unlisted companies, we require the name and address of: each beneficial owner- e.g. any person who owns through one or more shareholdings more than 25% of the issued capital of the company; and any persons who are entitled to exercise 25% or more of the company's voting rights or persons who ultimately control (directly or indirectly) the company ('controlling persons') 	Tick one: Beneficial owner Controlling person Title Date of birth Controlling person Surname Given name Residential address
Please list their details in the next column. If there are more than three of these individuals, please write down their details on a separate piece of paper and initial it before submitting it	Are you an Australian tax resident?

along with this form.

Section 4 | Declaration

By completing and signing this form:

- You acknowledge that you have read and understood this form.
- You confirm this form is complete and accurate.
- If you have applied for but not received your TFN, you undertake to inform us within 30 days of receiving it .
- You undertake that if information in this form changes, you will tell us within 30 days.
- It is a condition of investing that you keep your details (including tax details) with us, up to date. You agree to update us if the information in this form changes.

Please indicate the capacity in which the form is signed. The form must be signed by two directors, or one director and the company secretary, except in the case there is a sole director.

Signature	
Name	
Position	
Date	
Signature	
Name	
Position	
Date	

Section 5 | Supporting documents

All documents must be legible, and photos must be clear. Photo ID must be government issued. All documents must be valid (not expired), with the exception of an Australian passport which may have expired in the preceding two years. Documents in a foreign language must be translated and the translation must be originally certified.

All documents must be originally certified¹, i.e., 'wet' signature. The certification must include the following:

- Name and date
- Position and company
- Contact details
- Registration or license number, if any

Documents not meeting the requirements set out may be rejected. Further documents may be requested before your application can be processed.

For unlisted and unregulated companies:

- Company extract within 3 months of issue
- Original certified photo ID document for each of the beneficial owners and controlling persons
- Original certified photo ID document for the signatories certifier if they're internal (note: a signatory cannot be the certifier)
- *Optional* Original certified authorised signatory list, with originally certified photo ID document for the certifier if the certifier is internal (a signatory cannot be the certifier)

For listed or regulated companies:

- Certificate of incorporation
- Original certified authorised signatory list, with originally certified photo ID document for the certifier if the certifier is internal (a signatory cannot be the certifier)

Foreign companies

Mutual may request additional documents for foreign companies. Please contact Mutual if you would like more information.