



Initial Application | Associations | Australian and Foreign Government Body | Partnerships and Partner BT Premium Cash Fund

WHO SHOULD COMPLETE THIS FORM?

This application form is for domestic and foreign companies investing on their own behalf, and individuals, domestic and foreign companies investing in their capacity as trustee of a trust.

HOW TO COMPLETE THIS FORM

- Step 1** Before submitting this form, please read the Product Disclosure Statement (PDS) available here bt.com.au/personal/help/pds or if you are unable to access the link or print the document, contact us on (02) 8456 0230 within Australia.
- Units in a fund will only be issued following acceptance of an application form issued with the relevant PDS, with all required documents attached.
- Manual applications: Please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.
- Note: Please ensure all fields are completed including those in **sections A, B and C**.
-
- Step 2** For identification and verification purposes please complete the following sections in accordance with your **account** type.
- If you are applying on behalf of an **Association**, complete **sections 1** where applicable
 - If you are applying on behalf of an **Australian or Foreign Government Body**, complete **sections 2** where applicable
 - If you are applying as a **Partnership or Partner**, complete **sections 3** where applicable
-
- Step 3** **Tell us your foreign tax status**
Please complete the **Global Tax Reporting (FATCA/CRS) information in section 11**.
-
- Step 4** **Sign and send your documents to us**
Please ensure you sign **section 13** of the form in accordance with the instructions provided.
You can return your forms by post to:
BT Funds
GPO Box 804
Melbourne VIC 3001
-
- Step 5** **Make your payment**
Please refer to **section 5** of the application form and follow the instructions on how to pay the application amount. Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Units in the BT Premium Cash Fund product will only be issued on receipt of this application form, issued together with the current BT Premium Cash Fund Product Disclosure Statement (PDS) dated 22 July 2024.
- You must have read the PDS before completing this application form.
- All words and phrases used in this application form have the same meaning, if any, given to them in the PDS.
- Please ensure all relevant fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- If you have any questions as you complete this form, please refer to the FAQs of this form, or contact us on (02) 8456 0230. The information collected on this form is governed by the BT Privacy Policy which is available online at bt.com.au

Section A: DDO Obligations

The following questions may assist Westpac Financial Services Limited in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market.

The below only needs to be answered where you are a direct [retail] investor (i.e. does not apply to indirect or intermediated investments such as those made by platforms, custodians, etc).

Was this investment made based on personal advice received from your financial adviser?

Yes - please ensure that details of your financial adviser are completed in section 11

No - please complete the questions below:

A. What is your primary investment objective in relation to this investment? (select only one option)

Capital growth (you seek to invest in a product designed or expected to generate capital return over the investment timeframe. You prefer exposure to growth assets (such as shares or property) or otherwise seeks an investment return above the current inflation rate).

Capital preservation (you seek to invest in a product designed or expected to have low volatility and minimise capital loss. You prefer exposure to defensive assets that are generally lower in risk and less volatile than growth investments (this may include cash or fixed income securities)).

Income distribution (you seek to invest in a product designed or expected to distribute regular and/or tax-effective income. You prefer exposure to income-generated assets (this may include high dividend-yielding equities, fixed income securities and money market instruments)).

B. What is your investment timeframe in relation to this investment? (select only one option)

Up to and including 2 years (i.e. Short term)

More than 2 years but less than 5 years (i.e. Medium term)

Equal to 5 years but less than 7 years (i.e. Medium to long term)

Equal to 7 years or more (i.e. Long term)

C. Under normal circumstances, within what period do you expect to be able to access your funds for this investment? (select only one option)

Within one week

Within one month

Within three months

Within one year

More than one year

D. In relation to this investment, which investment risk and return profile best describes you? (select only one option)

Low risk and return: You are looking for an investment that is low risk in nature (e.g. you have the ability to tolerate up to 1 negative return over a 20-year period and you are comfortable with a low target return from this investment).

Medium risk and return: You are looking for an investment that is moderate or medium risk in nature (e.g. you have the ability to tolerate up to 4 negative returns over a 20-year period and you are comfortable with a moderate target return from this investment).

High risk and return: You are looking for an investment that is higher risk in nature (e.g. you have the ability to tolerate up to 6 negative returns over a 20-year period in order to achieve a higher target return from this investment).

Very high risk and return: You are looking for an investment that is very high risk in nature (e.g. you have the ability to tolerate 6 or more negative returns over a 20-year period as you are seeking to maximise returns and you can accept higher potential losses).

Extremely high risk and return: You are looking for an investment that is extremely high risk in nature (e.g. you have the ability to accept significant volatility and losses as you are seeking to obtain accelerated returns (potentially in a short timeframe)).

E. What percentage of your total investable assets are you directing into this fund (i.e. the total assets you have available for investment, excluding your residential home)? (select only one option for each Fund that you'd like to invest in below)

Note: Acceptance of your application should not be taken as a representation or confirmation that an investment in the fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions.

Section B: Investor details

What is the full legal name of the entity that will hold title to the units?

Full name of account designation

If you are an existing investor, please provide your account number

I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.

I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

Section C: Are you investing using funds borrowed under a margin loan?

No - go to **section 1**

Yes - please complete the details below

Name of margin lender

Name of borrower

Borrower's TFN

Loan number

If the person who will hold legal title to the units will be the borrower granting Power of Attorney to the margin lender or its nominee, please complete this form as as per the borrower's investor type.

1. ASSOCIATIONS

Please complete this section if you are an Association.

1.1 Association details

Full name of Association

Full Business, trading, or other name(s), other than the association name (if any) (if you have more than one, please attach a separate list)

State/Territory of establishment/incorporation

Country of establishment/incorporation

Industry Type/classification

Date of establishment/incorporation (DD/MM/YYYY)

 / /

Contact details

Business number (including country and area code)

Mobile number (including country code)

Email

Please tick this box if you do not consent to using email as your default correspondence preference for all correspondence in future.

Chairman details:

Full given name(s)

Surname

Secretary details:

Full given name(s)

Surname

Treasurer details:

Full given name(s)

Surname

1.2 Association Type

Incorporated Association - go to **1.3**

Provide ID number issued upon incorporation e.g. registration/incorporation number

Unincorporated Association - go to **1.4**

Full name of the association member requesting the product/service (complete details below for this member)

Title

Given name(s)

Surname

Are you known by any other name(s)

No Yes. Please state:

Date of birth (DD/MM/YYYY) / /

Occupation

Industry

Employment Type

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email

Please tick this box if you do not consent to using email as your default correspondence preference for all correspondence in future.

1.3 Incorporated Association Details

Select one of the following and provide details in the address boxes below - (A PO Box/RMB/Locked Bag is not acceptable)

Principal place of administration

Registered office

Residential address of secretary

Residential address of chairman/president

Residential address of treasurer

Unit

Street number

Street name

Suburb

State

Postcode

Country

Now go to section 1.5

1.4 Unincorporated Association Details

Full address of the association's principal place of administration - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb		State	Postcode	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
ABN					
<input type="text"/>					

1.5 Beneficial Ownership (Mandatory)

Provide the names of ALL individual members who own/control directly or indirectly 25% or more of the Association, such as the Chairman, President, Treasurer or Secretary of the association.

Individual beneficial owner 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	<input type="text"/>	Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb		State	Postcode	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Individual beneficial owner 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	<input type="text"/>	Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb		State	Postcode	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Individual beneficial owner 3

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	<input type="text"/>	Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb		State	Postcode	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Individual beneficial owner 4

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	<input type="text"/>	Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb		State	Postcode	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Tick here if there are more than 4 Beneficial Owners and provide details on a separate form.

1.6 Verification Procedure for Beneficial Owner

Please complete the below verification procedure in respect to the individual identified in **section 1.5**. If you cannot meet the requirements of option A, please follow the instructions in option B.

OPTION A

Provide a certified copy* of one of the following:

- | | |
|--|--------------------------|
| Current Australian Driver's Licence containing a photo of the person (scan the front and back) | <input type="checkbox"/> |
| Current Australian Passport or an Australian Passport that has expired within the preceding 2 years | <input type="checkbox"/> |
| Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature | <input type="checkbox"/> |
| Current Foreign Government Identity Card showing the person's date of birth, photo and signature** | <input type="checkbox"/> |
| Current Foreign Driver's Licence showing the person's date of birth, photo and signature** | <input type="checkbox"/> |
| Current Foreign Passport showing the person's date of birth, photo and signature** | <input type="checkbox"/> |

OPTION B

If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.

GROUP 1

- | | |
|---|--------------------------|
| Birth Certificate or Birth Extract issued by an Australian State or Territory | <input type="checkbox"/> |
| Australian Government issued Citizenship Certificate | <input type="checkbox"/> |
| Current Concession or Health Care Card issued by Centrelink (scan the front and back) | <input type="checkbox"/> |

GROUP 2

- | | |
|---|--------------------------|
| Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits | <input type="checkbox"/> |
| Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO | <input type="checkbox"/> |
| Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services | <input type="checkbox"/> |

If the investor is below the age of 18, please contact us.

*Please see the FAQs at the end of this form for the meaning of certified copy.

**If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

1.7 Association Verification Procedure

INCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Information to be verified:

- Full name of the Association
- ID number issued on Incorporation (if any).

IMPORTANT:

- Attach a legible certified copy of the ID documentation used to verify the association and selected member (where applicable), including any required translations.
- Documents that are written in a language that is not English must be accompanied by an English Translation prepared by National Accreditation Authority for Translators and Interpreters (NAATI) translator.

Verification options (provide one or more of the following options used to verify the Incorporated Association).

- | | |
|--|--------------------------|
| A search of ASIC or the government body responsible for the incorporation of the association | <input type="checkbox"/> |
| An original, certified copy or certified extract of the Constitution or Rules of the association | <input type="checkbox"/> |
| An original, certified copy or certified extract of the minutes of a meeting of the association | <input type="checkbox"/> |

UNINCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Information to be verified:

- Full name of the Association

Verification options (provide one of the following options used to verify the Unincorporated Association).

- | | |
|--|--------------------------|
| An original, certified copy or certified extract of the Constitution or Rules of the association | <input type="checkbox"/> |
| An original, certified copy or certified extract of the minutes of a meeting of the association | <input type="checkbox"/> |

2. AUSTRALIAN AND FOREIGN GOVERNMENT BODY

Please complete this section if you are an Australian or Foreign Government Body.

2.1 Government Body details

Full name of the Government Body

Any other name of the Government Body (if any)

Full address of the government body's registered office - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full address of the government body's principal place of operations - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN (if any)

<input type="text"/>	Date of establishment (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Government Type/Category (agency or emanation, or is established under legislation of the Commonwealth of Australia, an Australian State/Territory or a foreign country)

Contact details

Business number (including country and area code)

Mobile number (including country code)

Email

Please tick this box if you do not consent to using email as your default correspondence preference for all correspondence in future.

2.2 Australian Government Body Information

The domestic (Australian) Government Body is: (Select one)

- A government agency or emanation (e.g. agency/department) of the Commonwealth
- An authority (established under legislation) of the Commonwealth
- A local government council
- A government agency or emanation (e.g. agency/department) of the State/Territory
- A authority (established under legislation) of the State/Territory

If the Government body is an Australian State or Territory Government body, what is the State or Territory of establishment?

Now go to section 2.6

2.3 Foreign Government Information

Is the Government body a foreign country government body, i.e. a Government body established outside of Australia?

Yes - complete section 2.3 and 2.4

No - go to section 2.2

Foreign country of establishment

The foreign Government Body is: (Select one)

A government agency or emanation (e.g. agency/department) of the foreign country; or

An authority (established under legislation) of the foreign country; or

A local government council or equivalent body

2.4 Beneficial Ownership (Only required if a Foreign Government Body)

Provide the names of each individual that owns/controls directly or indirectly 25% or more of the Foreign Government body, if no such person, each individual that controls the Foreign Government body, such as Head of the Foreign Government body.

Individual beneficial owner 1

Title Given name(s) Surname

Role Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

Individual beneficial owner 2

Title Given name(s) Surname

Role Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

Individual beneficial owner 3

Title Given name(s) Surname

Role Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

Individual beneficial owner 4

Title Given name(s) Surname

Role Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

Tick here if there are more than 4 Beneficial Owners and provide details on a separate form.

2.5 Verification Procedure for Beneficial Owner

Please complete the below verification procedure in respect to the individual identified in **section 2.4**. If you cannot meet the requirements of option A, please follow the instructions in option B.

OPTION A

Provide a certified copy* of one of the following:

- | | |
|--|--------------------------|
| Current Australian Driver's Licence containing a photo of the person (scan the front and back) | <input type="checkbox"/> |
| Current Australian Passport or an Australian Passport that has expired within the preceding 2 years | <input type="checkbox"/> |
| Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature | <input type="checkbox"/> |
| Current Foreign Government Identity Card showing the person's date of birth, photo and signature** | <input type="checkbox"/> |
| Current Foreign Driver's Licence showing the person's date of birth, photo and signature** | <input type="checkbox"/> |
| Current Foreign Passport showing the person's date of birth, photo and signature** | <input type="checkbox"/> |

OPTION B

If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.

GROUP 1

- | | |
|---|--------------------------|
| Birth Certificate or Birth Extract issued by an Australian State or Territory | <input type="checkbox"/> |
| Australian Government issued Citizenship Certificate | <input type="checkbox"/> |
| Current Concession or Health Care Card issued by Centrelink (scan the front and back) | <input type="checkbox"/> |

GROUP 2

- | | |
|---|--------------------------|
| Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits | <input type="checkbox"/> |
| Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO | <input type="checkbox"/> |
| Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services | <input type="checkbox"/> |

If the investor is below the age of 18, please contact us.

*Please see the FAQs at the end of this form for the meaning of certified copy.

**If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

2.6 Government Body Verification Procedure

Information to be verified:

- Full address of the government body's principal place of operations (not a PO Box)
- Whether the government body is an agency or emanation, or is established under legislation of the Commonwealth of Australia, an Australian State/Territory or a foreign country
- Name of Australian State/Territory or foreign country of establishment

IMPORTANT:

- Attach a legible certified copy of the ID documentation used to verify the government body (and any required translation).
- Documents that are written in a language that is not English must be accompanied by an English translation prepared by National Accreditation Authority for Translators and Interpreters (NAATI) translator.

Verification options (provide one or more of the following options used to verify the Government Body).

A search of the relevant Commonwealth, State, Territory or Foreign government website for confirmation of the body's existence

A search of the relevant Commonwealth, State, Territory or Foreign Country register of government bodies (e.g. Australian Government Online Directory at www.directory.gov.au)

A copy or extract of the legislation establishing the body obtained from a reliable and independent source, such as a Government website

3. PARTNERSHIPS AND PARTNERS

Please complete this section if you are applying as a Partnership or Partner.

3.1 Partnership details

Full name of the Partnership

Registered business name of partnership (if any)

Full business, trading or other name(s) under which the customer carries on their business (if any) (if you have more than one, please attach a separate list)

ABN (if any)

State/Territory, country (if not established in Australia) where partnership established

Industry Type/classification

Date of establishment (DD/MM/YYYY)

Full address of the partnerships principal place of business - (A PO Box/RMB/Locked Bag is not acceptable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email

Please tick this box if you do not consent to using email as your default correspondence preference for all correspondence in future.

3.2 Partnership Type

Please complete whether partnership is regulated by a professional association and if so, provide the information requested

Is the partnership regulated by a professional association? If Yes, provide details below.

No

Yes

Provide name of association

Provide membership details e.g. member number

3.3 Beneficial Ownership

Are there any individuals who ultimately own 25% or more of the partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the partnership, including power of veto?

Yes - complete section 3.3.1

No - complete section 3.3.2

3.3.1 Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights, including power of veto.

Individual beneficial owner 1

Title Given name(s) Surname
Role Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name
Suburb State Postcode Country

Individual beneficial owner 2

Title Given name(s) Surname
Role Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name
Suburb State Postcode Country

Individual beneficial owner 3

Title Given name(s) Surname
Role Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name
Suburb State Postcode Country

Individual beneficial owner 4

Title Given name(s) Surname
Role Date of birth (DD/MM/YYYY) / /

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit Street number Street name
Suburb State Postcode Country

Tick here if there are more than 4 Beneficial Owners and provide details on a separate form.

If all Beneficial Owner name/s are provided above, proceed to section 3.4

3.3.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 3.3.1, provide the names of the individuals who directly or indirectly control* the partnership.

**Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices. If no such person can be identified then the most senior managing official(s) of the partnership (such as the Managing Partner or Senior Managing Official)*

Individual beneficial owner 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb	State	Postcode	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Individual beneficial owner 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role	Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb	State	Postcode	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Tick here if there are more than 2 Beneficial Owners and provide details on a separate form.

3.4 Partnership details - Regulated

Regulated Partnership - please provide the details of one partner and complete the verification for this partner in **section 3.6**.

Individual Partner

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-individual Partner

Registered business

3.5 Partnership details - Partnerships not regulated by a professional association

Provide the name of all Partners, however, only one Partner will need to complete **section 3.6**.

Individual Partner(s)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-individual Partner

Registered business name

Tick here if there are more Partners and provide details on a separate form.

3.6 Partnership details - Regulated and Unregulated Partnerships

3.6.1 Individual Partner

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you known by any other name(s)

No Yes. Please state:

Date of birth (DD/MM/YYYY) / / Occupation

Industry Type

Employment Type (e.g. Full-time, Self-employed, Casual)

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.6.2 Verification Procedure for Individual Partner and Beneficial Owner

Please complete the below verification procedure in respect to the individual identified in **section 3.6.1**. If you cannot meet the requirements of option A, please follow the instructions in option B.

OPTION A

Provide a certified copy* of one of the following:	
Current Australian Driver's Licence containing a photo of the person (scan the front and back)	<input type="checkbox"/>
Current Australian Passport or an Australian Passport that has expired within the preceding 2 years	<input type="checkbox"/>
Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature	<input type="checkbox"/>
Current Foreign Government Identity Card showing the person's date of birth, photo and signature**	<input type="checkbox"/>
Current Foreign Driver's Licence showing the person's date of birth, photo and signature**	<input type="checkbox"/>
Current Foreign Passport showing the person's date of birth, photo and signature**	<input type="checkbox"/>

OPTION B

If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.	
GROUP 1	
Birth Certificate or Birth Extract issued by an Australian State or Territory	<input type="checkbox"/>
Australian Government issued Citizenship Certificate	<input type="checkbox"/>
Current Concession or Health Care Card issued by Centrelink (scan the front and back)	<input type="checkbox"/>
GROUP 2	
Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits	<input type="checkbox"/>
Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO	<input type="checkbox"/>
Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services	<input type="checkbox"/>

If the investor is below the age of 18, please contact us.

*Please see the FAQs at the end of this form for the meaning of certified copy.

**If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

3.6.3 Non-Individual Partner

Full legal name of company as registered by ASIC

ACN

Full Business, trading or other name(s) other than the name registered with ASIC (if any, including Parent company name).

Nature of business

Company Type

Industry Type/Classification

Date of Registration (DD/MM/YYYY)

Country of Registration

Do you have an authorised signatories list (ASL)? No Yes - For the ASL to be valid, please provide all the requirements below

A certified copy of the ASL with the full name, position and signature of each authorised representative

A certified copy of the authorising document (e.g. Power of Attorney)

Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked

Do you have a verifying officer? No Yes - Please provide all of the following

Full name of verifying officer

Date of birth (DD/MM/YY) / /

Verifying officer residential address

certified copy of your ID (see **section 3.6.2**)

letter of appointment in company's letterhead signed by an authorised person

I confirm I have:

- Identified the authorised representatives or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and have provided with this form the full name and signature of each authorised representative or signatory (ASL).
- collected the following details from each authorised representative or signatory:
 - o full name of authorised representative/signatory
 - o title of the position/role held by the authorised representative/signatory with the customer
 - o a copy of the authorised representative/signatory's signature; and
 - o evidence of the authorised representative/signatory's authorisation to act on behalf of the customer
- made a record of the above details for each authorised representative/signatory which will be retained by the customer.

Signature of Verifying Officer

Date (DD/MM/YY)

If you are an Australian company, go to **3.6.4**

If you are a foreign company, go to **3.6.5**

3.6.4 Australian company

Registered office address - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit Street number Street name

Suburb State Postcode Country

Principal place of business address (if different to registered office address) - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit Street number Street name

Suburb State Postcode Country

Postal address (if different to above) - (RMB/Locked Bag is not acceptable)

Unit Street number Street name

Suburb State Postcode Country

ACN ABN

Contact details (for company or contact person)

Name Email

Business number (include country and area code) Mobile number (include country code)

Now go to **3.6.6**

3.6.5 Foreign company

Country of formation

Registered in Australia? No Yes - please provide below the ARBN

Registered in country of formation? No Yes - Name of foreign registration body and identification number (if any)

If you are a foreign company registered in Australia, please provide your principal place of business in Australia, or the full name and address of your Australian authorised representative.

If you are not registered in Australia, please provide either the full address of the company as registered by the foreign registration body or the principal place of business in the country of formation.

A PO Box/RMB/Locked Bag is not acceptable.

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb		State	Postcode	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Postal address (if different to above) - (RMB/Locked Bag is not acceptable)

Unit	Street number	Street name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Suburb		State	Postcode	Country	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Contact details (for company or contact person)

Name	Email	
<input type="text"/>	<input type="text"/>	
Business number (include country and area code)	Mobile number (include country code)	
<input type="text"/>	<input type="text"/>	

3.6.6 Type of company

Are you a public company or a private/proprietary company?

Private/proprietary company - please go to **3.6.7**

Public company - please go to **3.6.8**

3.6.7 Private/Proprietary company

Please complete the director details below if you are an Australian proprietary company or a foreign private company. Do not complete for public companies.

Directors details

How many directors are there?

Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate sheet and attach to this application form.

Director 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 3

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 4

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Now go to **3.6.9**

3.6.8 Public company

Are you an Australian listed company?

No - please go to 3.6.9 Yes - please provide name of the market/exchange on which the company is listed

Listed company name

Market/exchange

Now go to **3.6.11**

3.6.9 Majority owned subsidiary of an Australian public listed company

Are you a majority-owned subsidiary of an Australian publicly listed company?

No - please go to 3.6.10

Yes - please provide name of the parent listed company and the market/exchange on which the company is listed

Listed company name

Market/exchange

Now go to **3.6.11**

3.6.10 Regulated company

This only includes companies that are licensed by an Australian Commonwealth, State or Territory statutory regulator and are subject to regulatory oversight for example, Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL) and Registrable Superannuation Entity (RSE) Licensees.

Are you a regulated company?

No - please go to 3.6.12 Yes - please provide details of the regulator and licence number below

Regulator

Licence number

Now go to **3.6.11**

3.6.11 Verification procedures for regulated companies

If you have answered Yes to 3.6.9, please provide evidence of being a majority or wholly owned subsidiary of a listed company by providing a copy of one or more of the following:

ASIC company extract

company annual statement

certified company share structure

a public document issued by the relevant company

3.6.12 Verification process for all other company types

Please provide evidence of beneficial ownership by providing a copy of one or more of the following:

ASIC or Foreign Company Extract

company annual statement

certified company share structure

a public document issued by the relevant company

3.6.13 Beneficial owner(s) details

You must complete this section if you are an unregulated company and you have answered no to:

- 3.6.8 (you are an Australian domestic listed company)
- 3.6.9 (you are a majority-owned subsidiary of an Australian listed company)
- 3.6.10 (you are a company that is licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator).

You are exempt from completing this section if you are one of the regulated companies mentioned above or:

- You are a foreign listed company or a wholly owned subsidiary of a listed company in a financial market that is subject to disclosure requirements that ensure transparency of beneficial ownership.

Listed company name

Market/exchange

A beneficial owner is an individual who ultimately owns (directly or indirectly) 25% or more of the customer, or controls (directly or indirectly) the customer (see FAQs). If you cannot identify any beneficial owners, please complete the Senior Managing Official section.

Please provide details of your beneficial owner(s) below (see FAQs for guidance) and please refer to section 3.6.2 for the Verification Procedure.

Beneficial owner 1

Title

Given name(s)

Surname

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY)

Beneficial owner 2

Title

Given name(s)

Surname

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY)

Beneficial owner 3

Title

Given name(s)

Surname

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY)

Beneficial owner 4

Title

Given name(s)

Surname

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY)

Senior Managing Official 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY) / / **Senior Managing Official 2**

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Date of birth (DD/MM/YYYY) / / **3.7 Partner Verification Procedure****Information to be verified:**

- for all Partnerships - complete Part I
- for all Partnerships regulated by professional association - complete Part II

IMPORTANT:

- Attach a legible certified copy of the ID documentation used to verify the partnership and selected partner/s (and any required translation).
- Documents that are written in a language that is not English must be accompanied by an English translation prepared by National Accreditation Authority for Translators and Interpreters (NAATI) translator.

PART I – ACCEPTABLE ID DOCUMENTS – to verify Partnership name

Select one of the following options used to verify the Partnership

- | | |
|---|--------------------------|
| An original, a certified copy or certified extract of the partnership agreement | <input type="checkbox"/> |
| A certified copy or a certified extract of minutes of partnership meeting | <input type="checkbox"/> |
| An original current membership certificate (or equivalent) of a professional association | <input type="checkbox"/> |
| Membership details independently sourced from the relevant professional association | <input type="checkbox"/> |
| A search of the relevant ASIC, government or other regulator's database (such as ABN lookup) | <input type="checkbox"/> |
| A notice issued by the Australian Taxation Office within the last 12 months e.g. Notice of Assessment.
Block out the TFN before scanning, copying or storing this document | <input type="checkbox"/> |
| An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia | <input type="checkbox"/> |

PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Select one of the following options used to verify the Partnership

- | | |
|--|--------------------------|
| An original current membership certificate (or equivalent) | <input type="checkbox"/> |
| Membership details independently sourced from the relevant association | <input type="checkbox"/> |

4. INVESTMENT DETAILS & DISTRIBUTION INSTRUCTIONS

Specify your initial application amount.

BT Premium Cash Fund	APIR	Investment amount AUD\$	Distribution option	
			Pay to my bank a/c	Reinvest
BT Premium Cash Fund	BTA0173AU	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the source of funds.

This refers to where your funds came from in regard to deposits into the account. For example, if your superannuation contribution is made by your employer you would select salary/wages. Please note you may have multiple sources of funds. Please indicate all sources of funds below.

<input type="checkbox"/> Salary wages	<input type="checkbox"/> Tax refund	<input type="checkbox"/> Rental income
<input type="checkbox"/> Investment income/earnings	<input type="checkbox"/> Gift/donation	<input type="checkbox"/> Compensation payment
<input type="checkbox"/> Bonus	<input type="checkbox"/> Windfall	<input type="checkbox"/> Government benefits
<input type="checkbox"/> Sale of assets	<input type="checkbox"/> Business income/earnings	<input type="checkbox"/> Redundancy
<input type="checkbox"/> Business profits	<input type="checkbox"/> Superannuation/pension	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Loan	<input type="checkbox"/> Commission	
<input type="checkbox"/> Insurance payment	<input type="checkbox"/> Liquidation of assets	

Additional Sources (Please specify)

Please indicate the source of wealth.

This refers to where or how you have built your net worth. For example, if your assets have been gained through savings from your salary you would select 'employment income'. Please note that you may have multiple sources of wealth. Please indicate all sources of wealth below.

<input type="checkbox"/> Employment income/earnings	<input type="checkbox"/> Gift/donation	<input type="checkbox"/> Business profits
<input type="checkbox"/> Investment income/earnings	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Redundancy
<input type="checkbox"/> Sale of assets	<input type="checkbox"/> Windfall	<input type="checkbox"/> Compensation payment
<input type="checkbox"/> Owns real estate/property	<input type="checkbox"/> Business income/earnings	<input type="checkbox"/> Government benefits
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Superannuation/pension	
<input type="checkbox"/> Insurance payment	<input type="checkbox"/> Liquidation of assets	

Additional Sources (Please specify)

5. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

EFT

Direct debit

EFT	Electronic Funds Transfer
Account name:	Westpac Financial Services Limited
BSB:	082-001
Account number:	718318333
Your reference:	(please use the name of the investor and investor number)

Direct debit authority - Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

I/We authorise Westpac Financial Services Limited ABN 20 000 241 127 (User ID 662814) to, until further notice, arrange for funds to be debited from the account at the financial institution identified above through the Bulk Electronic Clearing System. I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement found in the PDS.

Financial institution name

Branch name

Account name

BSB number

Account number

Signature of primary account holder

Full name

Date (DD/MM/YYYY)

Signature of joint account holder (if applicable)

Full name

Date (DD/MM/YYYY)

6. FINANCIAL INSTITUTION ACCOUNT DETAILS

Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts. Write 'As Above' if the same direct debit account in Section 5 is to be used below.

Financial institution name

Branch name

Account name

BSB number

Account number

Foreign bank account details

Financial institution name

Financial institution address

Account number

Account name

SWIFT/BIC

ABA/FED (US)

IBAN (Europe)

7. REGULAR INVESTMENT PLAN

I/We would like to establish a regular investment plan

Monthly investment amount AUD\$

Please complete the direct debit request in **section 5** above (Payment of application amount).

Payments will be deducted on the 15th of each month or the proceeding business day if the 15th falls on a weekend or public holiday.

8. COMMUNICATION

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Privacy consent preference

We and members of the Westpac Group will use and disclose your personal information to contact you or send you information about other products and services offered by the Westpac Group or its preferred suppliers. If you do not wish to receive marketing communications from us please cross the box [] under Marketing material below.

Marketing Material

You may receive information from us via mail, telephone, email or other electronic messaging service relating to market commentary, services or information that may be of interest to you. By providing us with your contact details you consent to being contacted by these methods for these purposes. Please indicate if you do not wish to receive marketing information from us or any companies within our group.

9. FINANCIAL ADVISER DETAILS

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Details

AFSL holder name

AFSL number

Adviser name

Adviser email

Adviser code or Authorised representative number

ABN

Postal address (if different to above) - (RMB/Locked Bag is not acceptable)

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone

Mobile

Contact details

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

Date (DD/MM/YYYY)

Performance of investor identification & verification procedures

Please indicate below whether client identification and verification procedures have been performed.

No - I have not performed the applicable customer identification procedure on this investor.

Yes - I have completed the applicable customer identification procedure on this investor.

Financial adviser declaration

Notice to financial adviser: please note that reliance on the KYC performed by the financial adviser is only acceptable if all the criteria below is met.

- I hold an AFSL in my own name or have been appointed as an authorised representative by the licensee.
- I am a reporting entity for AML/CTF purposes.
- The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken.
- I have attached original certified copies of the ID documents to this form.

AFSL full legal entity name

AFSL number

Please print full name

Signature

Date (DD/MM/YYYY)

/ /

10. AUTHORISED REPRESENTATIVE OF INVESTOR

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the fund. If you have appointed an entity as your authorised representative, please contact us to obtain the relevant KYC form.

10.1 Authorised representative details

Authorised representative 1

Title

Given name(s)

Surname

Are you known by any other name(s)

No Yes. Please state:

Authorised representative's phone number

Email

Authorised representative's signature

Date (DD/MM/YYYY)

/ /

Authorised representative 2

Title Given name(s) Surname

Are you known by any other name(s)

No Yes. Please state:

Authorised representative's phone number

Email

Authorised representative's signature

Date (DD/MM/YYYY)

/ /

If you wish to appoint more than two authorised representatives, please complete the details on a separate sheet and attach to this application form.

10.2 How authorised representatives may act in relation to the account?

Please tick as applicable

Each authorised representative listed above may provide instructions in relation to the investment individually without the consent of the other

All authorised representatives must act jointly to provide instructions in relation to the investment

Other arrangement - please provide details below

10.3 Verification procedure for authorised representatives who are individuals

For each authorised representative, please provide verification documents in accordance with the verification procedure in **section 1.6**. In addition, please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) you have provided.

Verification documents - mandatory

A certified copy of ID as per **section 1.6**

Authorised representative's authority - one of the following (not required for a Financial Adviser listed in **Section 9**)

Certified copy of the authorising document (e.g. POA); or

A certified copy of a guardianship order; or

Other arrangement - please provide details

I confirm that the document authorising each authorised representative is still valid and has not been revoked.

11. TAX INFORMATION - GLOBAL TAX REPORTING REQUIREMENTS (CRS/FATCA)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading in a material particular. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

HELP

Tell me about tax residence

You can be a resident of more than one country for tax purposes. Whether you are tax resident of a particular country for tax purposes is often based on the amount of time you spend in a country and the location of your residence and/or place of work. If you pay tax or have a tax liability somewhere, you are probably a tax resident there. Dual citizenship often brings dual tax residency. It depends on the country. For the US, tax residency can be as a result of citizenship or residency for tax purposes.

If you are unsure, speak to your accountant or financial adviser.

11.1 Associations, Partnerships, and Government Bodies

11.1.1 Are you a specified US person for tax purposes?

No - proceed to section 12.

Yes. please tell us your TIN

11.1.2 Are you a resident of any other country for tax purposes? Other than the US or Australia.

No - proceed to section 12.

Yes - please provide details in the table below.

	Country or jurisdiction of tax residency	TIN	TIN not issued mark "X" in the box below
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

11.1.3 Are you a financial institution?

Be careful - financial Institution is broadly defined - see **HELP** box

No

Yes - please tell us your **GIIN*** - see **HELP** box.

HELP

What is a Financial Institution?

For further details about a Financial Institution, please refer to the ATO's AEOI Guidance - https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information---crs-and-fatca/?page=2#2_Financial_institutions.

HELP

What is a GIIN?

This stands for Global Intermediary Identification Number. GIINs are 19 digits long, issued by US tax authorities (the IRS) to non US financial institutions and sponsoring entities for purposes of identifying their registration with the IRS under US tax laws (called FATCA). For further details about the GIIN please refer to the IRS GIIN Composition Information - Please refer to <https://www.irs.gov/businesses/corporations/fatca-registration-and-ffi-list-giin-composition-information>.

Where to now?

I ticked yes and completed my GIIN - **go to 11.1.4**

I ticked yes and I am a Managed Investment Entity in a non-CRS participating jurisdiction - If no, proceed to question **11.1.4**

I ticked yes but did not write a GIIN - please tick below why you did not write a GIIN - **then go to 11.1.4**

Exempted financial institution	<input type="checkbox"/>
Deemed compliant financial institution	<input type="checkbox"/>
Exempt beneficial owner	<input type="checkbox"/>
Non-participating financial institution	<input type="checkbox"/>
Non-reporting IGA financial institution	<input type="checkbox"/>
Sponsored financial institution - their GIIN is <input type="text"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>

11.1.4 Are you a public company listed on a stock exchange or a related entity of a publicly listed company or a governmental entity?

- No
- Yes - then go to **section 12 and 13**.

11.1.5 Are you active or passive?

- I am an 'active' non financial entity. Please tell us what type of active NFE you are below - then go to **section 12 and 13**.
- I am a 'passive' non financial entity.

HELP

What is active and passive?

A non-financial entity (NFE) is any entity that is not a financial institution as defined above.

You will be a passive NFE if you are not an active NFE.

Generally, you will be an active NFE if:

- your stock (or a related entity's stock) is regularly traded on established securities market less than 50% of your gross income for the previous reporting period was passive income and less than 50% of your assets during that period produce or were held to produce passive income.
- you are a Governmental entity, an international organisation, a central bank or an entity wholly owned by one of the above.
- you are exempt from income tax in your residential jurisdiction and were established and operated exclusively for religious, charitable, scientific, artistic, athletic or educational purposes and meet certain other specific criteria.
- you have not been a financial institution in the past five years and are in the process of liquidating your assets or reorganising with the intent to recommence operations other than as a financial institution.

If you are unsure whether you are an active or passive NFE, please get advice.

11.1.6 Do you have any controlling persons who are resident of another country or jurisdiction of tax residency for tax purposes?

- I am passive, and yes I do have controlling persons who are resident of a country or jurisdiction other than Australia for tax purposes. Complete the controlling persons details in the table below - then go to **section 12 and 13**. If there is not enough room in the table, please copy the page and attach it to your completed form.
- I am passive, but no I do not have controlling persons who are resident of a country or jurisdiction other than Australia for tax purposes. It would be unusual to think of no-one. Please read the HELP box. If you are sure - **go to section 12 and 13**.

HELP

Controlling persons

Controlling persons are natural persons who exercise control over an entity.

For trusts, the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, must always be treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the trust for FATCA/CRS purposes.

For companies, controlling persons generally include any person who holds (directly or indirectly) more than 25% of the shares in the company and any person who has the power to influence decisions about the company's financial and operating policies, such as senior managing officials or directors.

Controlling person 1

Title Given name(s) Surname

Date of birth (DD/MM/YYYY) / / City and country of birth

Residential address

Unit Street number Street name

Suburb State Postcode Country

	Country or jurisdiction of tax residency	TIN	TIN not issued mark "X" in the box below
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Controlling person 2

Title Given name(s) Surname

Date of birth (DD/MM/YYYY) / / City and country of birth

Residential address

Unit Street number Street name

Suburb State Postcode Country

	Country or jurisdiction of tax residency	TIN	TIN not issued mark "X" in the box below
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Controlling person 3

Title Given name(s) Surname

Date of birth (DD/MM/YYYY) / / City and country of birth

Residential address

Unit Street number Street name

Suburb State Postcode Country

	Country or jurisdiction of tax residency	TIN	TIN not issued mark "X" in the box below
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Controlling person 4

Title Given name(s) Surname

Date of birth (DD/MM/YYYY) / / City and country of birth

Residential address

Unit Street number Street name

Suburb State Postcode Country

	Country or jurisdiction of tax residency	TIN	TIN not issued mark "X" in the box below
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

12. DECLARATIONS & ACKNOWLEDGMENTS

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form. When you apply to invest, you (the applicant) are telling us:

- to the best of your knowledge, all details in this application (including all related documents provided) are true,
- correct and complete
- you have received, read and understood the current PDS. You agree to be bound by the constitution of the fund,
- the PDS as supplemented, replaced or re-issued from time to time
- you are not bankrupt or a minor, and are authorised to sign this form
- you have received and accepted this offer in Australia
- you have read and understood the information relating to privacy in the PDS
- I consent to the issuer disclosing my personal information to any issuer's service providers, in relation to any identification and verification that the issuer is required to undertake on me, as required under the AML/CTF Act. This shall include any information:
 - required by any third party document verification service provider, and/or
 - provided to any third party document verification service provider.

By applying to invest you also acknowledge that:

- monies deposited are not associated with crime, money laundering and/or financing terrorism. We may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of units. If we are concerned that the request or transaction may breach any obligation of, or cause us to commit or participate in an offence under any AML/CTF and Sanctions Law and FATCA/CRS obligations, we will incur no liability to you if we do so
- we may take other action we reasonably believe is necessary to comply with AML/CTF and Sanctions Law and FATCA/CRS obligations, including disclosing any information held about you to any of our related bodies corporate or service providers whether in Australia or outside Australia, or to any relevant Australian or foreign regulator, and
- we collect additional information about you from time to time, from you or from third parties, for the purposes of satisfying AML/CTF and Sanctions Law and FATCA/CRS obligations, and that any such information may be used and disclosed as described in the our privacy policy available online at www.bt.com.au or by contacting us.

For our customers located in the United Kingdom and European Union

The European Union General Data Protection Regulation (EU GDPR) regulates the processing of personal information under the European Union (EU) law. The Data Protection Act 2018 (UK) (DPA 2018) and the United Kingdom General Data Protection Regulation (UK GDPR) regulate the processing of personal information under UK law. In this section, UK and EU data protection laws mean the EU GDPR, the DPA 2018, and the UK GDPR.

If you are interacting with our BT UK branch, or we are offering products or services to you whilst you are located in the UK or EU, or we are monitoring your behaviour whilst you are located in the UK or EU, our collection, use, disclosure, and processing of your personal information is regulated by UK and EU data protection laws.

Our UK and EU Data Protection Policy explains how we manage your personal information in accordance with UK and EU data protection laws, and is available at bt.com.au/content/dam/public/btfg-bt/documents/about-bt/uk-and-eu-data-protection-policy.pdf.

Important information

- nothing in this form is advice and 'help' is general guidance only. Seek professional advice to be sure of your answers.
- it is a condition of investing that you keep your details (including tax detail) with us, up to date. We recommend that you review this tax information form at the end of the financial year and update your details if required. You must contact us when you learn new things about the matters in this form. Failing to update us can have tax and other consequences. You can update us by requesting and completing this form and posting to us.

By signing this application form, I/We

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, 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
- you declare that to the best of your knowledge and belief the information provided in the Global Tax Reporting section is true and correct
- you agree to notify the Responsible Entity of any changes to your tax residency or that of any beneficial owners or controlling person.
- acknowledge that you have read the PDS in full and agree to be bound by the terms of the PDS and the terms of the relevant Constitution(s), each as amended from time to time
- acknowledge that none of Westpac Banking Corporation or any of its related entities stands behind or otherwise guarantees the capital value or the investment performance of any Fund offered in the PDS
- acknowledge that investments in the Funds are not deposits or other liabilities of Westpac Banking Corporation or any other company in the Westpac Group of companies and that investments in the Funds are subject to investment risks, including possible delays in repayment and loss of income and principal invested
- acknowledge that you have read and understood the Privacy Statement in the PDS and acknowledge that the full BT Privacy Policy is available at bt.com.au or by calling 02 8456 0230
- acknowledge that the Corporations Act prohibits any person from passing on to another person the application form unless it is attached to or accompanied by the complete and unaltered PDS
- acknowledge that if you have received the PDS from the internet or other electronic means, you have received it personally, or a paper print out of it, accompanied by or attached to this application form
- acknowledge that the appointment of an Authorised representative (if applicable) is governed by the terms set out in this PDS.

If Section 10 (Authorised Representative) is completed, by signing below you:

- Acknowledge that the appointment of an Authorised representative is governed by the terms set out in the PDS.

Joint applicants must all sign unless we have received prior instructions from all investors that any can sign solely. If signing under a Power of Attorney (POA), you verify that at the time of signing, you have not received notice of revocation of that power. Please provide an originally certified copy of the POA including the appointed POA's signature. If the POA's signature is not included, please attach two originally certified copies of identification. In the case of company signatories, two directors, or a director and a company secretary must sign unless you are the sole director and sole secretary.

13. SIGNATURE(S)

For individual trustees, all trustees to sign. For companies or corporate trustee, the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1

Signature

Date (DD/MM/YY) / /

Full name

Capacity	
Individual trustee 1	<input type="checkbox"/>
Director	<input type="checkbox"/>
Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>

Signature 2

Signature

Date (DD/MM/YY) / /

Full name

Capacity	
Individual trustee 2	<input type="checkbox"/>
Director	<input type="checkbox"/>
Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>

Signature 3

Signature

Date (DD/MM/YY) / /

Full name

Capacity	
Individual trustee 3	<input type="checkbox"/>
Director	<input type="checkbox"/>
Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>

Signature 4

Signature

Date (DD/MM/YY) / /

Full name

Capacity	
Individual trustee 4	<input type="checkbox"/>
Director	<input type="checkbox"/>
Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>

What should a trust deed extract include?

An extract of the trust deed should include the following information:

- the full name (if any) of the trust;
- the full name of the trustee(s), and
- the full name of the settlor of the trust.

Who is a senior managing official'?

A senior managing official is an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Who is a 'beneficial owner'?

A beneficial owner is an individual who ultimately owns (directly or indirectly) 25% or more of the customer, or controls (directly or indirectly) the Customer. Control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Information that may assist you in determining your beneficial owner includes (as relevant):

- a certificate of incorporation of a company with ASIC/and or an annual statement including the amendments submitted to ASIC
- a trust deed
- a partnership agreement
- the constitution and/or certificate of information for an incorporated association, or
- the constitution of a registered co-operative.

Determining the beneficial owner of a trust

A beneficial owner of a trust may include:

- any individual shareholder who holds the legal title to 25% or more of the issued shares in the trustee;
- directors of the trustee (if they own or control the trustee)
- company secretary of the trustee (if they own or control the trustee), and/or
- any other individual who has the power to appoint or remove the trustee as the trustee of the trust.

For a nominee that has been appointed by a related body corporate to hold interests in the fund on trust, the nominee agreement may specify the beneficial owner. This may be (but is not necessarily) the person that appointed the nominee.

For a foreign company making an investment as a custodian under a single trust with multiple beneficiaries, the trust document under which the custodian is appointed may specify the beneficial owner/s.

For a foreign company making an investment acting as a custodian for multiple trusts with multiple underlying investors, each trust document with each underlying investor may specify the beneficial owner/s.

Guidance on types of trusts

You will be the trustee of a trust if you are an individual or a company that will hold interests in the fund on trust for another person or persons (known as the beneficiary). It is important to carefully consider who is the beneficiary of the trust for which you are the trustee, keeping in mind that the beneficiary may hold its interest on trust for someone else (i.e. there may be layers of trust relationships down to the underlying investor).

Trustees may include:

- **Trustees of a managed investment scheme:** Managed investment schemes are a type of trust. The trustee of a managed investment scheme is generally a company. If the managed investment scheme is registered with ASIC, the trustee is known as the responsible entity.
- **Custodians or nominees:** These are companies that provide custodial or depository services. In the context of managed investment schemes, custodians or nominees may hold interests on trust for the responsible entity of the scheme. The responsible entity for the scheme then holds interests on trust for the investors in that scheme. In the context of margin lending, a nominee may hold interests on trust for the borrower who has borrowed money from the margin lender.
- **Trustees of self - managed super funds:** SMSFs are a type of trust. The trustee of an SMSF may be a company or two to six individuals. If the trustee is a company, there can be one to six members (or beneficiaries) of the SMSF and each member of the SMSF must be a director of the company trustee. If the trustees are individuals, there can be two to six members (or beneficiaries) of the SMSF and each of those members must be a trustee.
- **Trustees of retail super funds:** Retail super funds are a type of trust. The trustee of a retail super fund is a company.
- **Trustees of family trusts:** The trustee of a family trust may be one or more individuals or a company or other type of entity. The trustee holds money or property for the beneficiaries of the family trust.
- **Trustees of charitable trusts:** Some charities are structured as trusts. Trustees of charitable trusts are commonly individuals (for example, a board of trustees) or a company. Other charities may be structured as companies or associations.
- **Trustees of deceased estates and testamentary trusts:** Testamentary trusts are discretionary trusts established in wills, that allow the trustees of each trust to decide, from time to time, which of the nominated beneficiaries (if any) may receive the benefit of the distributions from that trust for any given period.

Translating documents by an accredited translator

In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) at or above professional level.

- NAATI (<https://www.naati.com.au/>)

In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML compliance officer for assistance.

Getting your copies or extracts certified

Any document(s) requiring certification for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.

Example of certification

I certify that this is a true and correct copy of the original document
 Signature of Certifier
 Name of Certifier
 Capacity of certifier - e.g. Justice of the Peace
 Date of certification (DD/MM/YYYY)

List of occupations that can certify (from the Statutory Declaration Regulations 2018)

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958
- Nurse
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

List of persons that can certify

- 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
- a Justice of the Peace
- a notary public (for the purposes of the Statutory Declaration Regulations 2018)
- a police officer
- an authorised representative of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018)
- a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018)
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees and
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.