



Client Relations contact details

Phone: (02) 8456 0230

Email enquiries:

btfunds@unitregistry.com.au

Initial Application | SMSF

BT Premium Cash Fund

WHO SHOULD COMPLETE THIS FORM?

This application form is for investments made by trustees of Self Managed Superannuation Funds (SMSF).

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.

Units in a fund will only be issued following acceptance of an application form issued with the relevant PDS, with all required documents attached.

NOTE: New Zealand investors are unable to make applications to the BT Premium Cash Fund

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 Tell us your foreign tax status

Please complete the **Global Tax Reporting (FATCA/CRS) information** in **section 12**.

Step 3 Sign and send your documents to the below address.

Please ensure you sign **section 14** 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 4 Make your payment

Please refer to **section 6 and 7** 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 within Australia.

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 10

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 time-frame)).

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)

Solution/Standalone (up to 100%)

Major allocation (up to 75%)

Core component (up to 50%)

Minor allocation (up to 25%)

Satellite allocation (up to 10%)

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 an SMSF.

1. TRUST/FUND DETAILS

Full name of trust/superannuation fund

Full business name (if any) of the trustee in respect of the trust/superannuation fund

Country of establishment

Date of Registration (DD/MM/YYYY)

Tax file number or exemption code

Australian Business Number (if any)

Industry/Classification

Principal place of business - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Postcode

Country

2. TRUSTEE DETAILS

Note: A Self-managed Super Fund (SMSF) must have a minimum of two (2) trustees and a maximum of six (6). The trustee/s can be either individual or corporate. Where the trustee is corporate, all members of the SMSF are directors of the corporate trustee. If there are more than four (4) trustees, please complete **section 2** of another application form and attach it to the main application form.

Please note, the identification requirements as below:

- ONE of the individual trustees will need to complete section 3, or
- the Corporate Trustee will need to complete section 4

How many trustees does the SMSF have?

Type of trustee

Individual trustee (complete **section 2.1**)

Corporate trustee (complete **section 2.2 & 2.3**)

2.1 Individual trustee(s) details

Individual trustee 1

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.

Individual trustee 2

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

All correspondence will be sent to the email or postal address provided by **Individual trustee 1**.

Individual trustee 3

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

All correspondence will be sent to the email or postal address provided by **Individual trustee 1**.

Individual trustee 4

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

All correspondence will be sent to the email or postal address provided by **Individual trustee 1**.

2.2 Corporate trustee details

Company name

ABN (if any)

ACN

Nature of business

Industry Type/Classification

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

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

State/Territory and Country of Registration (if not Australia)

State/Territory Country

Principal place of business - (A PO Box/RMB/Locked Bag is not acceptable)

Property/building name (if applicable)

Unit Street number Street name

Suburb State Postcode Country

2.3 What type of company is the corporate trustee?

Public (companies whose name does NOT include the word Pty or proprietary; generally listed companies)

Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies)

Please complete the director details below if you are an Australian proprietary 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

Director 2

Title Given name(s) Surname

Director 3

Title Given name(s) Surname

Director 4

Title Given name(s) Surname

3. VERIFICATION PROCEDURE FOR INDIVIDUAL TRUSTEE

Please complete the below verification procedure in respect of each individual identified in **section 2**. You may also need to complete the below in respect of an individual trustee if directed to do so under **section 2.2**. 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 on 02 8456 0230.

*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.

4. VERIFICATION PROCEDURE FOR CORPORATE TRUSTEE

Please provide the below documents for the relevant company type:

Verification procedures for regulated companies

ASIC company extract	<input type="checkbox"/>
company annual statement	<input type="checkbox"/>
certified company share structure	<input type="checkbox"/>
a public document issued by the relevant company	<input type="checkbox"/>

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	<input type="checkbox"/>
company annual statement	<input type="checkbox"/>
certified company share structure	<input type="checkbox"/>
a public document issued by the relevant company	<input type="checkbox"/>

5. INVESTMENT AND DISTRIBUTION INSTRUCTIONS

Specify your initial application amount.

BT Premium Cash Fund	APIR	Investment amount AUD\$	Distribution option (indicate (X) one option per fund)	
			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) <input type="text"/>		

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) <input type="text"/>		

6. 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]

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

Date (DD/MM/YYYY)

Full name

Signature of joint account holder (if applicable)

Date (DD/MM/YYYY)

Full name

7. 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.

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)

8. REGULAR INVESTMENT PLAN

I/We would like to establish a regular investment plan

Monthly investment amount AUD\$ (minimum \$100 per month).

Please complete the direct debit request in **section 6** (Payment of application amount) above. 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.

9. 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.

10. 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 address

Adviser code or Authorised representative number

ABN

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone

Mobile

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)

11. 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. Please contact us on 02 8456 0230 to obtain the relevant KYC form.

11.1 Authorised representative details

Authorised representative 1

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 :

Authorised representative's phone number

Email

Authorised representative's signature

Date (DD/MM/YYYY)

/ /

Authorised representative 2

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

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.

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

Tick 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

11.3 Verification procedure for authorised representatives who are individuals

For each authorised representative, please provide verification documents. 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 an Australian Driver's Licence or Australian Passport

Authorised representative's authority - one of the following (not required for a Financial Adviser listed in **Section 10**)

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.

Note: If any verification documents provided are written in a language other than English, they must be accompanied by an English translation prepared by an accredited translator.

12. GLOBAL TAX REPORTING REQUIREMENTS (FATCA/CRS)

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 that is material. 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.

12.1 Regulated Superannuation Funds

Are you a regulated superannuation fund?

I am the trustee of a regulated superannuation fund (this includes a self-managed superannuation fund)

HELP

Regulated superannuation fund means self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or semi-government superannuation funds and pooled super trusts.

13. 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:
 - o required by any third party document verification service provider, and/or
 - o 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 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.

For our customers located in New Zealand

If we offer products or services to you while you are in New Zealand, our collection, use, disclosure and other processing of your personal information is regulated by the Privacy Act 2020 (NZ). Please refer to the Westpac New Zealand Privacy Policy on our website at bt.com.au/personal/help/privacy/overseas-privacy-and-data-protection-policies for information about how we manage your personal information under the Privacy Act 2020 (NZ).

Direct Debit Request Service Agreement

By completing the Direct Debit Request that forms part of the Application Form, you will be providing us with the ability to debit your nominated account and transfer the amount you request to your investment. This agreement sets out the terms on which you authorise us to deduct from your account with your financial institution any amounts that become payable to an investment with us.

Direct Debit Arrangements

- For initial applications made by completing a Direct Debit Request, we will debit the amount(s) nominated from your account generally within two business days of receiving a valid application.
- For subsequent investments, when we receive a valid instruction either by phone, letter or over the internet, we will debit your account generally within two business days of receiving the instructions (provided we have previously received a valid Direct Debit Request).
- A valid instruction will be an instruction given by you or from a person nominated by you to provide such instructions.

Regular Savings Plans Arrangements

- For investments made under a Regular Investment Plan, we will debit your account on or around the 15th of each month.
- Where the due date falls on a non-business day, we will draw the amount on the next business day. If you are uncertain about when the debit will be processed to your nominated account, you should enquire directly with your financial institution where the account is based.

Your Responsibilities

It is your responsibility to:

- Ensure that your financial institution allows direct debits on your nominated account as direct debiting is not available on all accounts offered by financial institutions.
- Ensure that your nominated account details are correct, and if uncertain, to check with your financial institution before completing the Direct Debit Request.
- Ensure that sufficient cleared funds are available in your nominated account by the due date to permit payments under the Direct Debit Request.
- Ensure that the authorisation given to draw on your nominated account is identical to the account signing instruction held by your financial institution where the nominated account is based.
- Advise us if your nominated account is transferred or closed or your nominated account details change.
- Arrange with us a suitable alternate payment method if the drawing arrangements are cancelled either by you or your financial institution.

Your Rights

- You may cancel, alter, defer or suspend your Direct Debit Request, or stop or suspend an individual debit from taking place without incurring a penalty, by calling us. In some cases we will require your written confirmation.
- You must notify us at least seven business days before the next scheduled debit to ensure changes are effective that month. Notification received after that time may result in your changes taking effect in the following month. You may also be able to stop an individual debit by contacting your own financial institution. You may be liable for financial institution charges if you do this; the financial institution should have information on these.
- If you have any questions or concerns about your Direct Debit Request, such as where you consider that a drawing has been initiated incorrectly, you should take the matter up directly with us.
- If you lodge a complaint with us, we will let you know that we have received your complaint and a Customer Manager will try to resolve your complaint within 30 days. If you're still not satisfied with the response or have not received a response from the Customer Manager in 90 days, you can contact the Australian Financial Complaints Authority (AFCA) by calling 1800 931 678 or the Financial Markets Authority on 0800 434 566 (New Zealand investors only).

Our Commitment to you

- We will only change the amount of the payment under the Direct Debit Request on receipt of a valid instruction.
- If we vary the terms of this agreement, we will give you notice as soon as reasonably possible (which may be before or after the change is made). If we believe the change is unfavourable to you, we will provide you with at least 30 days' notice.
- Should we receive a request from you to cancel or alter the Direct Debit Request, we will process your request promptly and without incurring a penalty.
- We reserve the right to cancel your drawing arrangements if two or more consecutive drawings are returned unpaid by your nominated financial institution. Standard government fees, duties and bank charges (including dishonour fees and conversion costs) may apply to investments. These are paid by the investor.
- We will keep all your records and information pertaining to your nominated account at the financial institution private and confidential, except to the extent required by law or where you have made a claim relating to a debit you believe has been made incorrectly, or wrongfully, including circumstances where our sponsor in the Bulk Electronic Clearing System may require us to provide this information to them in connection with your claim to the extent necessary to resolve your claim.

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 emailing, faxing or posting it to our Administrator.

By signing this application form, I/we

- acknowledge that I/we have read this PDS in full and agree to be bound by the terms of this 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 this PDS;
- acknowledge that investments in the Funds are not deposits with, 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 I/we 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;
- declare that all the details given on this application form are true and correct;
- 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 I/we have received this PDS from the internet or other electronic means, I/we have received it personally, or a paper print out of it, accompanied by or attached to this application form.

If Section 11 (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.

14. SIGNATURE(S)

For individual trustees, all trustees to sign. For Australian corporate trustee, the signature(s) of either a sole director, or two directors, or one director and the company secretary. All persons signing this form must provide identification as detailed in section 3.

Signature 1

Signature

Date (DD/MM/YY) / /

Full name

Capacity

Individual trustee 1

Director

Company Secretary

Authorised Representative

Signature 2

Signature

Date (DD/MM/YY) / /

Full name

Capacity

Individual trustee 2

Director

Company Secretary

Authorised Representative

Signature 3

Signature

Date (DD/MM/YY) / /

Full name

Capacity

Individual trustee 3

Director

Company Secretary

Authorised Representative

Signature 4

Signature

Date (DD/MM/YY) / /

Full name

Capacity

Individual trustee 4

Director

Company Secretary

Authorised Representative

Translating documents by an accredited translator	<p>In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level.</p> <ul style="list-style-type: none"> • NAATI (https://www.naati.com.au/) <p>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.</p>
Getting your copies certified	<p>Any document(s) requiring to be certified 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.</p>
Example of certification	<p>I certify that this is a true and correct copy of the original document</p> <p>Signature of Certifier</p> <p>Name of Certifier</p> <p>Capacity of certifier – e.g. Justice of the Peace</p> <p>Date of certification (DD/MM/YYYY)</p>
List of occupations that can certify (from the Statutory Declaration Regulations 2018)	<ul style="list-style-type: none"> • 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 who can certify	<ul style="list-style-type: none"> • 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 • 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.