

AORIS INVESTMENT
MANAGEMENT

International Individually Managed Account

Application Form

SECTION A – Are You an Existing Aoris Client?

Yes: My/Our Investor Number is

Name

Phone

(Go to Section D)

No: I am a new Investor (Go to Section B)

SECTION B – Investor Details

What type of entity is applying? Please tick one box ONLY.

Individual, joint or sole trader – complete B1

Partnership – complete B1 & B2

Company – complete B1 (Directors) & B2

Trust / Super Fund with Individual/s as Trustee – complete B1 (Trustees) & B3 (Trust or Super Fund)

Trust / Super Fund with Corporate Trustee – complete B1 (Directors), B2 (Corporation) & B3 (Trust or Super Fund)

Other

As a result of Australia signing tax treaties with the United States and other countries all non-Australian investors are required to declare their status by making the following declarations.

Foreign Account Tax Compliance Act for US Tax Payers or Residents

The Foreign Account Tax Compliance Act (FATCA) is a United States (US) regulatory requirement that aims to deter tax evasion by US taxpayers. The Australian and US Governments (through their tax offices) have an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the ATO and in turn to US tax authorities. For more information visit the ATO Website:

www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/foreign-account-tax-compliance-act/

Please tick this box if you are a US citizen or US resident for tax purposes.

Common Reporting Standard (CRS)

Legislation introducing a single global standard on the collection, reporting and exchange of financial account information on foreign tax residents took effect on 1 July 2017.

Under CRS, we may collect and report to the ATO account information on residents or taxpayers of countries other than Australia or the United States.

The CRS regime applies to 70 jurisdictions. For new accounts for non-Australian investors and non US investors, we may collect additional information about the investor's residence and taxpayer identification.

Please tick this box if you are a tax resident of any other country outside of Australia or the US.

Application Form

2. Provide the following details for all individuals who through one or more shareholdings own more than 25% of the company's issued capital.

Same as Investor 1 (See B1 or B2 for details)

Same as Investor 2 (See B1 or B2 for details)

Additional Individuals:

Name

Postal Address

Name

Postal Address

Name

Postal Address

SECTION B3 – Trusts or Super Fund Details

Name of Trust or Super Fund

Country of Establishment (if not Australia)

Australian Business Number (ABN) or Foreign Company ID Number

Australian Tax File Number or Tax Reference Number in country of residence

Individual Trustee Names:

Same as Investor 1 (See B1 or B2 for details)

Same as Investor 2 (See B1 or B2 for details)

Additional Trustees:

(1) Name

Date of Birth

/

/

Postal Address

(2) Name

Date of Birth

/

/

Postal Address

(3) Name

Date of Birth

/

/

Postal Address

If there are more individual trustees, please provide all of their names on a separate page and include it with your application form.



Tick if you have provided names of additional trustees.

Application Form

Regulated Trusts

Super Fund? or another type of trust regulated by an Australian Commonwealth, State or Territory statutory regulator.

No Yes – tell us:

The trust's ABN

The regulator if not APRA or the ATO

Any licence no.

Registered Managed Investment Scheme?

No Yes – tell us:

The trust's ARSN

Non-Regulated Trusts

Including family discretionary trusts, family and other unit trusts, deceased estates and charitable trusts (but not including self-managed super funds).

Does the trust deed name the beneficiaries?

No – please tell us how the beneficiaries are described,
e.g. family members, unit holders, unnamed charities

Yes – please list them below:

(1) Beneficiary name

(2) Beneficiary name

(3) Beneficiary name

(4) Beneficiary name

(5) Beneficiary name

(6) Beneficiary name

If there are more than 6 beneficiaries, please provide full details for each on a separate page and include it with your application form.



Tick if you have provided names and details of additional beneficiaries.

Settlor of Trust – *The settlor is the person who made the initial contribution to the trust.*

Full Name

Postal Address

Application Form

SECTION C – Account Contact Details

Joint investors with different residential addresses must elect one postal address in this section. We will not accept your financial adviser's address.

Full Name

Account Designation (optional)

Address

Suburb

State

Postcode

Country

Email

Home Ph.

Work Ph.

Mobile

SECTION D – Operating Authority

When giving instructions to us about your investment please indicate who has authority to operate your account:

INDIVIDUAL/JOINT ACCOUNTS (If no box is ticked we will assume all to sign)

any one to sign

both to sign

COMPANY, TRUST AND OTHER ACCOUNTS (if no box is ticked, all future written instructions must be signed by two directors/ trustees, director and secretary, or the sole director)

any one to sign

any two to sign

all to sign

other

SECTION E – Nominated Email

All investors must complete this section if you would like to instruct payments, transfers or change of details via email.

Your login details to the Mainstream Fund Services web portal will be sent to this email:

Email Address

SECTION F – Adviser or Third Party Authorisation

Complete this section to allow your adviser or a third party to access your account on your behalf.

Title (Mr/Mrs/Ms)

Name (in full)

Name of Company and/or Dealer Group

Postal Address

Suburb

State

Postcode

Phone

Email

Adviser or Third Party Signature

AFSL No.

Application Form

SECTION G – Identification – New Investors Only

I/we confirm I/we have attached certified copies of the required proof of identification with this application form

SECTION H – Investment Details

I/we apply to invest \$

Please note the minimum initial investment amount is \$250,000 and the minimum additional investment amount is \$50,000.

Please tick the box to advise how your payment will be made:

Cheque

Please make cheque payable to: Aoris Investment Management Pty Limited – Aoris Applications Trust Account

Electronic Funds Transfer (EFT)

Bank: National Australia Bank

Account Name: Aoris Investment Management Pty Ltd Application A/C

BSB: 082 401 Account Number: 500735265

Reference: [Applicant(s) Name]

Please ensure that you ask your financial institution to record the **investor name** in the reference against the deposit. Contact Aoris to advise when funds have been deposited.

Please note: For both cheque and EFT payments, funds must be transferred from a bank account in the name of the registered investor(s). No third party payments will be permitted.

Once individually managed account is open and application monies have been received, please allow for up to two business days for the initial funds to be invested.

Transfer of Securities

Please complete an In Specie Transfer Form – available on request from Aoris.

SECTION I – Nominated Bank Account Details

All investors must complete this section. Please pay withdrawal proceeds to the following bank account:

Bank Name/Institution

Branch Name and Address

Account Name

BSB

Account No.

SECTION J – Fee Options

Tick either:

Flat Fee Option at 1.50%

Performance Fee Option
at 1.10% +15% Performance Fee

Currency hedging at 0.05%

SECTION K – Tax Accounting Method Selection

The default method is Minimum Gain/Maximum Loss. If you prefer a different method, tick one of the boxes below:

First in First Out

Maximum Gain/Minimum Loss

SECTION L – Wholesale or Professional Investor Certificate

If you are investing less than \$500,000 you will need to complete this form or submit an equivalent qualified accountants certificate to satisfy the requirements of Aoris Investment Management to be treated as a wholesale client/professional investor.

Please:

Complete **Investor Details**; and

Complete **Certification** – either complete Option B and have your accountant sign it or complete Option A; and

Sign and Date **Investor's Signature**

Investor Details

Full Name or Account Name

Residential Street Address

If an investor or company registered office address (PO Box is NOT acceptable)

Suburb

State

Postcode

Country

Phone

Email

I acknowledge that:

- this Certificate is given to Aoris Investment Management to determine whether it is able to make certain offers of securities to me in compliance with the Corporations Act 2001;
- I accept the loss of retail protection provisions of the Corporations Act 2001.
- I have satisfied myself that I understand the legal and financial implications of becoming a Wholesale Investor.
- as a Sophisticated Investor, the certificate provided by a qualified accountant is only valid for a period of 2 years from the date of issue as permitted by the Corporations Act, and it is my responsibility to provide Aoris Investment Management with a renewed certificate prior to its expiration.

Certification

Option A – Professional Investor Category

A person who controls at least \$10 million (including any amount held by an associate or under a trust that the person manages) for the purpose of investment in securities; or

A person who is a licensed or exempt dealer and is acting as a principal.

Australia Financial Services Licence Number (AFSL)

; or

A regulated superannuation fund, an approved deposit fund, a pooled superannuation trust, or a public sector superannuation scheme within the meaning of the Superannuation Industry (Supervision) Act 1993 if the fund, trust or scheme has net assets of at least \$10 million.

Details of the Managed Fund or Superannuation Fund/Trust/Scheme:

Name

Residential Street Address

If an investor or company registered office address (PO Box is NOT acceptable)

Suburb

State

Postcode

Country

Phone

Email

NOTE: Please ensure you provide supporting documentation

Application Form

Option B – Qualified Accountant's Certification

Details of the Qualified Accountant*:

Accountant Name

Name of Firm

Registered Business Address

(PO Box is NOT acceptable)

Suburb

State

Postcode

Country

Phone

Email

Professional Body

Membership No.

I certify that the following is true and correct in every particular:

- (a) I am a qualified accountant* within the meaning of section 9 of the Corporations Act 2001;
- (b) This certificate is given at the request of the investor described in Section 1 of this certificate ("Investor");
- (c) This certificate is given for the purpose of Chapter 7 of the Corporations Act 2001; and
- (d) The investor:
 - has net assets of at least \$2,500,000; or
 - has a gross income for each of the last two financial years of at least \$250,000; or
 - is investing an amount greater than \$500,000; or
 - is a business employing at least 20 people (or if the business includes the manufacture of goods, at least 100 people); or
 - is a Wholesale Investor as defined in the Corporations Act 2001; and
 - satisfies the provision of section 761G (7) of the Corporations Act.

Signature of Accountant

Name

Date

/

/

* **"Qualified Accountant"** means a member of a professional body that is approved by ASIC in writing for the purpose of the definition. ASIC has indicated that it will approve any member of:

- (a) The Australian Society of Certified Practising Accountants ("**ASPCA**"), who is entitled to use the post-nominals "CPA" or "FCPA", and is subject to and complies with the ASPCA's continuing professional development requirements;
- (b) The Institute of Chartered Accountants in Australia ("**the ICAA**"), who is entitled to use the post-nominals of "CA", "ACA" or "FCA", and is subject to and complies with the ICAA's continuing professional education requirement; or
- (c) The National Institute of Accountants ("**the NIA**"), who is entitled to use the post-nominals "MNIA" or "FNIA", and it subject to and complies with NIA's continuing professional education requirements.

Investor's Signature

I declare that I have read and understood this form, and that the information set out is true and correct.

Please sign below:

Signature of Investor

Name

Date

/

/

Please return the completed certificate along with your application form.

SECTION M – Declarations and Signatures

PLEASE READ THE INDIVIDUALLY MANAGED ACCOUNT SERVICE GUIDE IN FULL BEFORE SIGNING THIS APPLICATION FORM.

By completing the application form you:

1. Declare that you have read and understood this Individually Managed Account Service Guide.
2. Agree to the collection, use and disclosure of your personal information provided in the application form.
3. Declare that you have received this Guide personally, or a printout of it, accompanied by or attached to the application form before signing the form.
4. Declare that all information provided in the application and/or any other information provided in support of the application is true and correct.
5. Agree to give further information or personal details to the Administrator Aoris if it reasonably believes that it is required to meet its obligations under anti-money laundering, counter-terrorism or taxation legislation.
6. Represent and covenant that the funds you are investing are not the proceeds of crime, money laundering, nor connected with the financing of terrorism.
7. Agree that Aoris may in its absolute discretion determine not to accept funds from you if such action is deemed to be necessary or desirable in the light of its obligations under the AML/CTF Act or any related legislation.
8. Declare if you have received the Terms from the internet or other electronic means, that it was either received personally or that a printout accompanied the application form before making an application.
9. Acknowledge that neither Aoris, the Custodian nor any member of their respective groups, nor any of their directors and associates, nor any other entity guarantees the performance of the investment or repayment of capital invested in the IMA.
10. Declare that if the application is signed under power of attorney, you have no knowledge of the revocation of that power of attorney.
11. Declare that you have the power to make an investment in accordance with the application.
12. Declare that sole signatories signing on behalf of a company are signing as sole director or as a sole director/secretary of the company.
13. Acknowledge that an investment is subject to risks including possible delays in repayment and possible loss of capital invested
14. Agree to be bound by the provisions of the Service as amended from time to time.
15. Agree to be bound by the terms of the Guide as amended from time to time.
16. Acknowledge that this Guide does not constitute an offer in any jurisdiction in which, or to any person of whom it would be unlawful to make the offer.
17. Declare that, if investing as a trustee on behalf of a superannuation fund or trust, you are acting in accordance with your designated powers and authority under the trust deed. In the case of a superannuation fund, you also confirm that the fund is a complying superannuation fund under the Superannuation Industry (Supervision) Act.
18. Acknowledge that all information relating to this application for investment or any subsequent information relating to this investment may be disclosed to any service provider to the service and to your adviser. You understand this will not include disclosure of your TFN, ABN or any information in relation to it to your adviser.
19. If you use the email facility you:
 - (a) Release, discharge and agree to indemnify Aoris and its agents, including the registrar and their respective officers from and against all losses, liabilities, actions, proceedings, accounts, claims and demand arising from instructions received under the facility.
 - (b) Agree that a payment made in accordance with the conditions of the facility shall be in complete satisfaction of all obligations to you for a payment, notwithstanding it was requested, made or received without your knowledge or authority.

Application Form

SECTION N – Declarations and Signatures

Signature of Investor 1

Name of Investor 1

Date

/

/

Tick Role (Companies only)

Sole Director

Director

Secretary

If Joint Investors, both **MUST** sign

Signature of Investor 2

Name of Investor 2

Date

/

/

Tick Role (Companies only)

Sole Director

Director

Secretary

Submitting the Form:

Completed Application Forms, cheques (if applicable) and identification documentation (where applicable) should be mailed to:

Aoris Investment Management
Level 2, 167 Phillip Street
Sydney NSW 2000 Australia

If you require assistance with completing the Application Form, please contact us on 02 8098 1504.

AORIS INVESTMENT
MANAGEMENT

Aoris Investment Management Pty Ltd

ABN 11 621 586 552 | AFS Licence No. 507281



Level 2, 167 Phillip Street
Sydney NSW 2000 Australia



(+61) 02 8098 1504



www.aoris.com.au



info@aoris.com.au