































**Unregulated Trust** (All other unregulated trusts must complete this section. This includes family trusts, testamentary trusts, discretionary trusts, unregistered charitable trusts, nominee and sub-custodian entities that do not qualify as a custodian under)

**Please describe**

**Beneficiaries of an unregulated trust**

Please provide details below of any **beneficiaries** who directly or indirectly are entitled to an interest of 25% or more of the trust. For a nominee or sub-custodian, the beneficiary is the person or entity for whom the applicant holds its interests in the Fund.

1

2

3

4

If there are no beneficiaries of the trust, describe the class of beneficiary (e.g. the name of the family group, class of unit holders, the charitable purpose or charity name):

**Settlor details**

**Note:** The settlor may be the person or entity that provided the applicant with funds to make the investment and may be specified in the trust or relationship agreement. If not, the settlor may be the person or entity that appointed the applicant as nominee or sub-custodian

Please provide the full name and last known address of the settlor of the trust where the initial asset contribution to the trust was greater than \$10,000.

This information is not required as the initial asset contribution was less than \$10,000; and/or

This information is not required as the settlor is deceased

**Settlor's full name and last known address**

**Beneficial owners of an unregulated trust**

Please provide details below of any **beneficial owner** of the trust. A beneficial owner is any individual who directly or indirectly has a 25% or greater interest in the trust or is a person who exerts control over the trust. This includes the appointer of the trust who holds the power to appoint or remove the trustees of the trust.

**All beneficial owners will need to provide Group A AML/CTF Identity Verification Requirements. Refer Page 8**

**Beneficial owner 1 or Controlling Person 1**

Select:

- Beneficial owner 1; OR
- Controlling Person – What is the role e.g. Appointer: \_\_\_\_\_

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

**Residential address (not a PO Box/RMB/Locked Bag)**

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

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

Does the beneficial owner named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

- No
- Yes, please give details: \_\_\_\_\_

**Beneficial owner 2 or Controlling Person 2**

Select:

- Beneficial owner 2; OR
- Controlling Person – What is the role e.g. Appointer: \_\_\_\_\_

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

**Residential address (not a PO Box/RMB/Locked Bag)**

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

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

Does the beneficial owner named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

- No
- Yes, please give details: \_\_\_\_\_

***If there are more than 2 beneficial owners or controlling persons, please copy and complete this page for the other persons or alternatively, provide the additional details as an attachment.***

## GROUP C – Trusts

### Regulated Trusts

**Registered Managed Investment Scheme, Government Superannuation Fund or a trust registered with the Australian Charities and Not-for-Profit Commission (ACNC), or a regulated, complying Superannuation Fund, retirement or pension fund (including a self-managed super fund)**

Provide one of the following:

A copy of the company search of the relevant regulator's website e.g. APRA, ASIC or ATO.

- **Superannuation funds** go to [www.abn.business.gov.au](http://www.abn.business.gov.au), select the 'Super Fund Lookup' option and print out the results for your super fund
- **Registered managed investment schemes** an ASIC search of the scheme
- **Unregistered managed investment schemes (MIS)** a letter confirming that the unregistered MIS only has wholesale clients and does not make small scale offerings to which s1012E of the Corporations Act applies OR the relevant offer document
- **Government superannuation funds** an extract of the establishing legislation.
- **Trust as a charity** a copy from the ACNC of information registered
- Annual report or audited financial statements.
- A certified copy of a notice issued by the ATO within the previous 12 months.
- A certified copy of an extract of the Trust Deed (i.e. cover page and signing page and first two pages that describes the trust, its purpose, appointer details and settlor details etc.)

### Unregulated Trust

**All other Unregulated trusts** (including a Foreign trust), provide the following:

- **Trust Deed** – A certified copy of an extract of the Trust Deed (i.e. cover page and signing page and first two pages that describes the trust, its purpose, appointer details and settlor details etc.)
- **Letter of compliance for nominees and sub-custodians** – If you have relied on the ACIP and OCDD performed by a member of your designated Business Group in respect to the underlying investor, please attach a signed AML/CTF compliance letter from the entity that has appointed you
- **Margin loan** – For Margin Lenders or Nominees of the Margin Lender, please provide a certified copy or certified extract of the Loan Agreement with the Borrower

If the trustee is an individual, please also provide verification documents for one trustee as listed under Group A on Page 8.

If the trustee is a company, please also provide verification documents for a company as listed under Group B on Page 14.

## Section 5.1 – Custodian/Nominee/Margin Lender Attestation: Chapter 4, parts 4.4.18 and 4.4.19 of the AML/CTF Rules

**If you are a Company completing this Application Form on behalf of an individual, another company, a trust or other entity, in a Custodial capacity, please complete this section.**

Do you provide a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the AML/CTF Act 2006 (Cth)? (ie to the underlying investor not your related body corporate)

No  Yes

Do you hold an AFSL or are you exempt from the requirement to hold such license? If **Yes**, AFSL Number or specify the grounds for exemption

No  Yes

Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in subsection 6(6) of the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act)?

No  Yes

Have you carried out all Applicable Customer Identification Procedure (ACIP) and ongoing customer due diligence (OCDD) requirements in accordance with chapter 15 of the AML/CTF Rules in relation to your underlying customers? (including where you have relied on a member of your designated business group or an Authorised representative to perform the ACIP and OCDD)

**No**       **Yes**

If you have answered **Yes** to all questions in Section 5.1, please complete Section 4.

If you have answered **No** to any questions in Section 5.1, please complete Section 5.

## Section 6 – Authorised representative, agent and/or financial adviser

Please complete if you are appointing an authorised representative, agent and/or financial adviser.

I am an **authorised representative** or **agent** as nominated by the investor(s)

### See Group D (Page 20) for AML/CTF Identity Verification Requirements

You must attach a valid authority such as Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy etc. that is a certified copy. The document must be current and complete, signed by the investor or a court official and permits the authorised representative or agent to transact on behalf of the investor.

**Full name of authorised representative or agent**

**Role held with investor(s)**

**Signature**

**Date**

I am a **financial adviser** as nominated by the investor

**Name of adviser**

**AFSL number**

**Dealer group**

**Name of advisory firm**

**Postal address**

**Suburb**

**State**

**Postcode**

**Email address**

**Contact no.**

**Financial Advice (only complete if applicable)**

The investor has received personal financial product advice in relation to this investment from a licensed financial adviser and that advice is current.

### Financial Adviser Declaration

- I/We hereby declare that I/we are not a US Person as defined in the IM.
- I/We hereby declare that the investor is not a US Person as defined in the IM.
- I/We have attached the relevant CIP documents;

**Signature**

**Date**

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### Access to information

Unless you elect otherwise, your authorised representative, agent and/or financial adviser will also be provided access to your investment information and/or receive copies of statements and transaction confirmations. By appointing an authorised representative, agent and/or financial adviser you acknowledge that you have read and agreed to the terms and conditions in the IM relating to such appointment.

- Please tick this box if you **DO NOT** want your authorised representative, agent and/or financial adviser to have access to information about your investment.
- Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your authorised representative, agent and/or financial adviser.
- Please tick this box if you want statements and transaction confirmations sent **ONLY** to your authorised representative, agent and/or financial adviser.

### GROUP D – Authorised Representatives and Agents

In addition to the above entity groups:

- If you are an **Individual Authorised Representative or Agent** – please also provide the identification documents listed under Group A. (Refer Page 8)
- If you are a **Corporate Authorised Representative or Agent** – please also provide the identification documents listed under Group B. (Refer Page 14)

**All Authorised Representatives and Agents must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, Executor or Administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.**

**Section 7 – Foreign Account Tax Compliance Act (FATCA), Common Reporting Standard (CRS)  
Self-Certification Form – ALL Individual Investors MUST complete**

**1. Are you a US tax resident (e.g. US citizen or US resident)?**

Yes: provide your US Taxpayer Identification Number (TIN) and continue to question 2

<b>Investor 1</b>	
<b>Investor 2</b>	

No: continue to question 2

**What is a TIN?**

This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employer Identification Number. In other countries, it may have a different name.

**2. Are you a tax resident of any other country outside of Australia?**

Yes: state each country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for each jurisdiction below and skip to question 12

**Investor 1**

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			

**Investor 2**

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			

***If more space is needed, please provide details as an attachment.***

No: skip to question 12 (Page 26)

**Reason Code:**

If TIN or equivalent is not provided, please provide reason from the following options:

- **Reason A:** The country/jurisdiction where the investor is resident does not issue TINs to its residents.
- **Reason B:** The investor is otherwise unable to obtain a TIN or equivalent number (Please explain why the investor is unable to obtain a TIN in the below table if you have selected this reason).
- **Reason C:** No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If **Reason B** has been selected above, explain why you are not required to obtain a TIN:

	Reason B explanation
<b>Investor 1</b>	
<b>Investor 2</b>	

**Section 7.1 – Foreign Account Tax Compliance Act (FATCA), Common Reporting Standard (CRS) Self-Certification Form – ALL Entity Investors MUST complete**

**3. Are you an Australian complying superannuation fund?**

Yes: skip to question 12 (Page 26)

No: continue to question 4

**FATCA**

**4. Are you a US Person?**

Yes: continue to question 5

No: skip to question 6

**5. Are you a Specified US Person?**

Yes: Provide your Taxpayer Identification Number (TIN) below and skip to question 7

<b>TIN</b>	
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No: Please indicate exemption type and skip to question 7

<b>Type</b>	
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**6. Are you a Financial Institution for the purposes of FATCA?**

**Yes:** Provide your GIIN and continue to question 7.

<b>GIIN</b>	
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**If you do not have a GIIN, please provide your FATCA status below and continue to question 7**

Exempt Beneficial Owner

<b>Type</b>	
-------------	--

Deemed-Compliant FFI (other than a Sponsored FI or a Trustee Documented Trust)

<b>Type</b>	
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Non-Participating FFI

<b>Type</b>	
-------------	--

Sponsored Financial Institution. Please provide the Sponsoring Entity's name and GIIN.

<b>Sponsoring Entity's Name</b>	
<b>Sponsoring Entity's GIIN</b>	

Trustee Documented Trust. Please provide your Trustee's name and GIIN.

<b>Trustee's Name</b>	
<b>Trustee's GIIN</b>	

Other

<b>Details</b>	
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**No:** Continue to question 7.

**CRS**

**7. Are you a tax resident of any country outside of Australia and the US?**

**Yes:** state each country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for each jurisdiction below and continue to question 8

**Investor 1**

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

**Investor 2**

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

***If more space is needed, please provide details as an attachment.***

**Reason Code:**

If TIN or equivalent is not provided, please provide reason from the following options:

- **Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents.
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason).
- **Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If **Reason B** has been selected above, explain why you are not required to obtain a TIN:

	Reason B explanation
<b>Investor 1</b>	
<b>Investor 2</b>	

**No:** Continue to question 8.

**8. Are you a Financial Institution for the purpose of CRS?**

- Yes:** specify the type of Financial Institution below and continue to question 9
- Reporting Financial Institution
  - Non-Reporting Financial Institution:
    - Trustee Documented Trust
    - Other: please specify: \_\_\_\_\_
- No:** skip to question 10

**9. Are you an investment entity resident in a non-participating jurisdiction for CRS purposes and managed by another financial Institution?**

- Yes:** skip to question 11
- No:** skip to question 12

**Non-Financial Entities**

**10. Are you an Active Non-Financial Entity (Active NFE)?**

- Yes:** specify the type of Active NFE below and skip to question 12:
- Less than 50% of the entity's gross income from the preceding calendar year is passive income (e.g. dividends, distribution, interests, royalties and rental income) and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income
  - Corporation that is regularly traded or a related entity of a regularly traded corporation  
Provide name of Listed Entity: \_\_\_\_\_ and exchange on which traded: \_\_\_\_\_
  - Governmental Entity, International Organisation or Central Bank
  - Other: please specify: \_\_\_\_\_
- No:** you are a Passive Non-Financial Entity (Passive NFE). Continue to question 11

**Controlling Persons**

**11. Does one or more of the following apply to you:**

- Is any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?
- If you are a trust, is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?
- Where no natural person is identified as exercising control of the entity, the controlling person will be the natural person(s) who holds the position of senior managing official.

- Yes:** provide controlling person information below:

**Controlling Person 1**

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

**Residential address (not a PO Box/RMB/Locked Bag)**

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

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

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Controlling Person 2**

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

**Residential address (not a PO Box/RMB/Locked Bag)**

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

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

	Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

***If there are more than 2 controlling persons, please provide details as an attachment.***

**Reason Code:**

If TIN or equivalent is not provided, please provide reason from the following options:

- **Reason A:** The country/jurisdiction where the controlling person is resident does not issue TINs to its residents.
- **Reason B:** The controlling person is otherwise unable to obtain a TIN or equivalent number (Please explain why the controlling person is unable to obtain a TIN in the below table if you have selected this reason).
- **Reason C:** No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If **Reason B** has been selected above, explain why you are not required to obtain a TIN:

	Reason B explanation
<b>Investor 1</b>	<input type="text"/>
<b>Investor 2</b>	<input type="text"/>

**No:** continue to question 12

**12. Signature and Declaration – ALL investors must sign**

I undertake to provide a suitably updated self-certification within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

I declare the information above to be true and correct.

**Investor 1**

**Full name of individual**

**Please indicate Capacity in which this declaration is being made**

Individual

Individual Trustee

Director

Sole Director

Authorised Signatory

**Signature**

**Date**

**Investor 2**

**Full name of individual**

**Please indicate Capacity in which this declaration is being made**

Individual

Individual Trustee

Director

Sole Director

Authorised Signatory

**Signature**

**Date**

## Section 8 – Declarations – ALL investors MUST complete

In most cases the information that you provide in this form will satisfy the AML/CTF Act, the US Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standard ('CRS'). However, in some instances Cooper Investors may contact you to request further information. It may also be necessary for Cooper Investors to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

### When you complete this Application Form you make the following declarations:

- I/We have received the IM and made this application in Australia (and/or New Zealand for those offers made in New Zealand).
- I/We have read the IM to which this Application Form applies and agree to be bound by the terms and conditions of the IM and the Constitution of the relevant Fund in which I/we have chosen to invest.
- I/we have carefully considered the features of Fund as described in the IM (including its investment objectives, minimum suggested investment timeframe, risk level, withdrawal arrangements and investor suitability) and, after obtaining any financial and/or tax advice that I/we deemed appropriate, am/are satisfied that my/our proposed investment in the Fund is consistent with my/our investment objectives, financial circumstances and needs.\*
- I/We have considered our personal circumstances and, where appropriate, obtained investment and/or taxation advice.
- I/We hereby declare that I/we are not a US Person as defined in the IM.
- I/We acknowledge that (if a natural person) I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/We have chosen to invest.
- I/We acknowledge and agree that Cooper Investors has outlined in the IM provided to me/us how and where I/we can obtain a copy of the Cooper Investors Privacy Statement.
- I/We consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services for which I/we have engaged the services of Cooper Investors or its related bodies corporate and to foreign government agencies for reporting purposes (if necessary).
- I/we hereby confirm that the personal information that I/we have provided to Cooper Investors is correct and current in every detail, and should these details change, I/we shall promptly advise Cooper Investors in writing of the change(s).
- I/We agree to provide further information or personal details to the Cooper Investors if required to meet its obligations under anti-money laundering and counter-terrorism legislation, US tax legislation or reporting legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including IM information, confirmations of transactions and additional information as applicable via email.
- I/We acknowledge that Cooper Investors does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of Cooper Investors and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- I/We acknowledge that Cooper Investors is not responsible for the delays in receipt of monies caused by the postal service or the investor's bank.
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify Cooper Investors from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- If I/we have completed and lodged the relevant sections on authorised representatives, agents and/or financial advisers on the Application Form then I/we agree to release, discharge and indemnify Cooper Investors from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from Cooper Investors acting on the instructions of my/our authorised representatives, agents and/or financial advisers.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- **For Wholesale Clients\*** - I/We acknowledge that I am/we are a Wholesale Client (as defined in Section 761G of the Corporations Act 2001 (Cth)) and are therefore eligible to hold units in the Fund.
- **For New Zealand applicants\*** - I/we have read the terms of the offer relating to New Zealand investors, including the New Zealand warning statement.
- **For New Zealand Wholesale Investors\*** - I/We acknowledge and agree that:
  - I/We have read the "New Zealand Wholesale Investor Fact Sheet" and IM or "New Zealand Investors: Selling Restriction" for the Fund;
  - I am/We are a Wholesale Investor and am/are therefore eligible to hold units in the Fund; and
  - I/We have not:
    - Offered, sold, or transferred, and will not offer, sell, or transfer, directly or indirectly, any units in the Fund;
    - Granted, issued, or transferred, and will not grant, issue, or transfer, any interests in or options over, directly or indirectly, any units in the Fund; and

- Distributed and will not distribute, directly or indirectly, the IM or any other offering materials or advertisement in relation to any offer of units in the Fund,
  - in each case in New Zealand, other than to a person who is a Wholesale Investor; and
  - I/We will notify Cooper Investors if I/we cease to be a Wholesale Investor; and
  - I/We have separately provided a signed Wholesale Investor Certification located at the end of this Application Form. All references to Wholesale Investor in this Declaration are a reference to Wholesale Investor in terms of clause 3(2) of Schedule 1 of the Financial Markets Conduct Act 2013 (New Zealand).
- \* Disregard if not applicable.

## \*Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption, we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements.

For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. **Exempt investors should attach a copy of the certificate of exemption.** For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

## Signing Instructions

**Individual** — where the investment is in one name, the sole investor must sign. Individuals should sign in the first box, and have someone witness in the second box.

**Joint Holding** — where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.

**Individual Trustee** — where the investment has one individual trustee, the trustee must sign.

**Multiple trustees** — where the investment has more than one individual trustee, all the trustees must sign.

**Corporate trustee** — where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** — if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

**Company** — Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

When you sign this Application Form you declare that you have read, agree to and make the declarations above

**Investor 1**

**Full name of individual**

Please indicate Capacity in which this declaration is being made:

- Individual
- Individual Trustee
- Director
- Sole Director
- Authorised Signatory

**Signature**

**Date**

**Company Seal (if applicable)**

**Investor 2**

**Full name of individual**

Please indicate Capacity in which this declaration is being made:

- Individual
- Individual Trustee
- Director
- Sole Director
- Authorised Signatory

**Signature**

**Date**

## Section 9 – AML/CTF Identity Verification Requirements

**The AML/CTF Act requires Cooper Investors to adopt and maintain an Anti-Money Laundering and Counter-Terrorism Financing ('AML/CTF') Program. The AML/CTF Program includes ongoing customer due diligence, which may require the Cooper Investors to collect further information.**

- Identification documentation provided must be in the name of the investor.
- Non-English language documents must be translated by an accredited translator. Provide both the foreign language document and the accredited English translation.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described, please contact Cooper Investors.

**These documents should be provided as a CERTIFIED COPY of the original.**

### Who can certify?

Below is an example of who can certify proof of ID documents under the AML/CTF requirements:

- Bailiff
- Bank officer with 5 or more years of continuous service
- Building society officer with 5 or more years of continuous service
- Chiropractor (licensed or registered)
- Clerk of court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Dentist (licensed or registered)
- Fellow of the National Tax Accountant's Association
- Finance company officer with 5 or more years of continuous service
- Judge of a court
- Justice of the peace
- Legal practitioner (licensed or registered)
- Magistrate
- Marriage celebrant licensed or registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Medical practitioner (licensed or registered)
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force with 5 or more years of continuous service
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Member of the Parliament of the Commonwealth, a State, a Territory Legislature, or a local government authority of a State or Territory
- Minister of religion licensed or registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Nurse (licensed or registered)
- Optometrist (licensed or registered)
- Permanent employee of Commonwealth, State or local government authority with at least 5 or more years of continuous service.
- Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service
- Pharmacist (licensed or registered)
- Physiotherapist (licensed or registered)
- Police officer
- Psychologist (licensed or registered)
- Registrar, or Deputy Registrar, of a court
- Sheriff
- Teacher employed on a full-time basis at a school or tertiary education institution
- Veterinary surgeon (licensed or registered)

### When certifying documents, the following process must be followed:

- All copied pages of original proof of ID documents must be certified.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document "certified true copy". This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify customer ID, the authorised individual should write or stamp "certified true extract"

## Qualified Accountants Certificate (template certificate if needed)

### Client details

#### Name

#### Address

#### Contact details

#### ACN/ABN details (if applicable)

### Qualified Accountant details

#### Name

#### Address

#### Contact details

#### CA/ CPA/ NIA Membership Number

#### Date (DD/MM/YYYY)

I certify that as at the date of this certificate the following is true and correct, in every particular:

I am a qualified accountant within the meaning of section 9 of the Corporations Act 2001 (Cwlth).<sup>1</sup> This certificate is given at the request of the Client whose name and address are set out above in relation to the provision of financial products or services proposed to be made by Cooper Investors Pty Ltd ("CI") to the Client.

The Client is a person who has, or the Client is a company or trust controlled by a person who has:

- net assets of at least A\$2.5 million (which may include the net assets of a company or trust controlled by the Client); or
- gross income for each of the last 2 financial years of at least A\$ 250,000 a year (which may include the gross income of a company or trust controlled by the Client).

This certificate is given to CI for the purposes of section 761G(7)(c) of the Corporations Act.

Or

- The Client is an individual or a company that has or controls gross assets of at least A\$10 million (including any assets held by an associate (as such term is defined in the Corporations Act) or under a trust that the Client manages).

### Please print full name

### Signature

1. For the purposes of the Corporations Act, a "qualified accountant" means a person who:

- a. is a member of CPA Australia ("CPAA") who is entitled to use the post-nominals "CPA" or "FCPA", and is subject to and complies with CPAA's continuing professional education requirements;
- b. is a member of The Institute of Chartered Accountants in Australia ("ICAA"), who is entitled to use the post-nominals "CA", "ACA" or "FCA", and is subject to and complies with the ICAA's continuing professional education requirements;
- c. is a member of the NATIONAL Institute of Accountants ("NIA"), who is entitled to use the post-nominals "PNA", "FPNA", "MNIA", and is subject to and complies with the NIA's continuing professional education requirements; or
- d. (i) is a member of the:
  - American Institute of Certified Public Accountants;
  - Association of Certified Chartered Accountants (United Kingdom);
  - Canadian Institute of Chartered Accountants;
  - Institute of Chartered Accountants of New Zealand;
  - The Institute of Chartered Accountants in England and Wales;
  - The Institute of Chartered Accountants in Ireland;
  - The Institute of Chartered Accountants in Scotland; and(ii) has at least three years of practical experience in accounting or auditing; and  
(iii) is resident in the same country (being a country other than Australia) as the Client.