

# Application form

## Important information

This Application form is in respect of, and accompanies, the PDS documents which offer units in the funds issued by FIL Responsible Entity (Australia) Limited (ABN 33 148 059 009 AFSL No. 409340). FIL Responsible Entity (Australia) Limited (FREAL, we, us, our) is the responsible entity for the funds offered in the PDS. FREAL is a member of the group of companies known as Fidelity International (Fidelity).

Terms defined in the PDS and Additional Information have the same meaning in this Application form.



# How to open your investment account with us

If you are an existing investor please do not use this form. Please complete the Additional application form available at [www.fidelity.com.au](http://www.fidelity.com.au)

This form enables us to create your investment account and provides us with details of the people who are authorised to transact on the account. This form also sets out identification information required from you to enable us to comply with Australian anti-money laundering and counter-terrorism financing laws.

In this Application form, 'I/we', 'you', 'your' and 'my/our' refers to the investor/joint investors.

## Before you begin

You must ensure that:

- (a) you have read the relevant PDS and Additional Information booklet which contains important information about investing in the relevant funds. You can access these on our website, [www.fidelity.com.au/funds/pds](http://www.fidelity.com.au/funds/pds) or request a copy free of charge by calling our Client Services team on **1800 044 922**.
- (b) you have received this Application form and PDS in Australia. (We will not accept an application from a person who we believe received the documents outside Australia).
- (c) you are not:
  - an individual who is a US citizen or US resident for tax purposes; or
  - an entity that has any Controlling Person/s\* who is/are US citizens or residents of the US for tax purposes

Applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income will not be accepted.

\* A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a **company**, this includes any beneficial owners controlling more than 25% of the shares of the company. For a **Trust**, this includes Trustees, Settlers or Beneficiaries. For a **Partnership** this includes any partners.

## Five steps to open your investment account

- |               |  |
|---------------|--|
| <b>Step 1</b> | Complete the relevant sections of this Application form.                                       |
| <b>Step 2</b> | Sign and date this Application form  |
| <b>Step 3</b> | Collect and certify your identification documents  |
| <b>Step 4</b> | Send your documents to us by post:<br>Fidelity Unit Registry<br>PO Box 3721<br>Rhodes NSW 2138 |
| <b>Step 5</b> | Transfer your application money to us. Refer to Section H 'Application payment method'         |

If you have any questions about investing in our funds, please contact the Client Services team on **1800 044 922** or email [auclientservices@fil.com](mailto:auclientservices@fil.com)

## What type of investor are you?

Select one below	Investor type	Description	Complete the following sections
<input type="checkbox"/>	<b>Individual and Joint investors</b>	A natural person or persons.	<ul style="list-style-type: none"> <li>■ Section A</li> <li>■ Sections G through P</li> </ul>
<input type="checkbox"/>	<b>Sole trader</b>	A natural person operating a business under their own name with a registered business name.	<ul style="list-style-type: none"> <li>■ Section A</li> <li>■ Section B</li> <li>■ Sections G through P</li> </ul>
<input type="checkbox"/>	<b>Company</b>	A company registered as an Australian public company, an Australian proprietary company, or a foreign company.	<ul style="list-style-type: none"> <li>■ Section C</li> <li>■ Sections G through P</li> </ul>
<input type="checkbox"/>	<b>Custodian of an investment platform</b>	This is directed at custodians opening an account on behalf of a superannuation fund, managed investment scheme, investor directed portfolio service (IDPS), IDPS-like scheme or managed discretionary account service.	<ul style="list-style-type: none"> <li>■ Section C</li> <li>■ Sections G through P</li> </ul>
<input type="checkbox"/>	<b>Trust</b>	Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).	<ul style="list-style-type: none"> <li>■ Section A (if applicable)</li> <li>■ Section C (if applicable)</li> <li>■ Section D</li> <li>■ Sections G through P</li> </ul>
<input type="checkbox"/>	<b>Partnership</b>	A partnership created under a partnership agreement.	<ul style="list-style-type: none"> <li>■ Section E</li> <li>■ Sections G through P</li> </ul>
<input type="checkbox"/>	<b>Association</b>	Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements. The member(s) of the association seeking to open the account will be deemed to be the legal owner of the account.	<ul style="list-style-type: none"> <li>■ Section A</li> <li>■ Section F</li> <li>■ Sections G through P</li> </ul>
<input type="checkbox"/>	<b>Registered co-operative</b>	An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.	<ul style="list-style-type: none"> <li>■ Section A</li> <li>■ Section F</li> <li>■ Sections G through P</li> </ul>
<input type="checkbox"/>	<b>Government body</b>	The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.	<ul style="list-style-type: none"> <li>■ Section F</li> <li>■ Sections G through P</li> </ul>

## Section A – Investor details

Individuals and sole traders are to complete all details below.

Each of the individual trustees and the beneficial owners, as well as each public officer (if any), chairperson, secretary and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives are required to complete the below section with the exception of Tax file number (TFN). Please use a separate sheet if necessary.

### A.1 Investor 1

Title:  Given name(s):

Surname:

Date of birth:  /  /

Country of birth:

Residential address:  
(Note: PO Box is not acceptable)

State:  Postcode:

Country of residence:

Country of citizenship:

Business/occupation:

**We only require you to provide your TFN below if you are completing this section in the capacity of an individual or sole trader.**

Tax file number or exemption:

Purpose of investment:

Source of funds:  Savings  Inheritance  Superannuation  Investments  
 Proceeds from asset sale  Other (please specify)

Capacity:  Individual  Secretary  Chairperson  Individual Trustee  
 Sole trader (Go to Section B)  Beneficial owner  
 Other office-holder (please specify):

### A.2 Investor 2

Title:  Given name(s):

Surname:

Date of birth:  /  /

Country of birth:

Residential address:  
(Note: PO Box is not acceptable)

State:  Postcode:

Country of residence:

Country of citizenship:

Business/occupation:

## A.2 Investor 2 (continued)

We only require you to provide your TFN below if you are completing this section in the capacity of an individual or sole trader.

Tax file number or exemption:	<input type="text"/>			
Purpose of investment:	<input type="text"/>			
Source of funds:	<input type="checkbox"/> Savings	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Investments
	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify)	<input type="text"/>	
Capacity:	<input type="checkbox"/> Individual	<input type="checkbox"/> Secretary	<input type="checkbox"/> Chairperson	<input type="checkbox"/> Individual Trustee
	<input type="checkbox"/> Other office-holder (please specify):	<input type="text"/>		
	<input type="checkbox"/> Beneficial owner			

## Section B – Sole traders

This section applies to sole traders only.

B.1	Business name:	<input type="text"/>											
B.2	ABN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
B.3	Principal place of business: (Note: PO Box is not acceptable)	<input type="text"/>											
		<input type="text"/>					State:	<input type="text"/>	Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section C – Companies and custodians of an investment platform

This section applies to all companies, including corporate trustees. For corporate trusts with multiple corporate trustees please provide full details as set out in Section C for each corporate trustee on a separate sheet.

Custodians of managed investment schemes, superannuation funds, investor directed portfolio service (IDPS), IDPS-like schemes or managed discretionary account services should complete Section C with their own details, as well as completing Section C.12.

C.1	Full company name as registered by ASIC:	<input type="text"/>											
C.2	ABN/ACN/ARBN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
C.3	Principle business/ industry in which the company operates:	<input type="text"/>											
C.4	Tax file number or exemption:	<input type="text"/>											
C.5	ASIC registered office address: (Note: PO Box is not acceptable)	<input type="text"/>					State:	<input type="text"/>	Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.6	Principal place of business address, or (for registered foreign companies) the full name and address of the company's local agent in Australia, if any: (Note: PO Box is not acceptable)	<input type="text"/>											
		<input type="text"/>					State:	<input type="text"/>	Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.7	Country of formation/incorporation/registration (if not Australia):	<input type="text"/>											
C.8	Company type:	<input type="checkbox"/> Public company	<input type="checkbox"/> Proprietary or Private company										
		<input type="checkbox"/> Other (please specify)	<input type="text"/>										

C.9 Please answer **all** of the following questions:

	No	Yes	If 'Yes', please complete these details
Are you a foreign registered company?	<input type="checkbox"/>	<input type="checkbox"/>	Name of relevant foreign registration body (if applicable): <input type="text"/> Identification number (if any): <input type="text"/> Full address of the company in its country of formation/ incorporation/registration: <input type="text"/> Full address of the principal place of business in its country of formation/incorporation/registration: <input type="text"/>
Are you a foreign unregistered company?	<input type="checkbox"/>	<input type="checkbox"/>	Name of relevant foreign registration body (if applicable): <input type="text"/> Identification number (if any): <input type="text"/> Full address of the company in its country of formation/ incorporation/registration: <input type="text"/> Full address of the principal place of business in its country of formation/incorporation/registration: <input type="text"/>
Are you a company licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company, e.g. AFSL, RSL or RSE?	<input type="checkbox"/>	<input type="checkbox"/>	Regulator name: <input type="text"/> Licence details: <input type="text"/>
Are you an Australian listed company?	<input type="checkbox"/>	<input type="checkbox"/>	Name of market/exchange: <input type="text"/>
Are you a majority-owned subsidiary of an Australian listed company?	<input type="checkbox"/>	<input type="checkbox"/>	Australian listed parent company name: <input type="text"/> Name of market/exchange of parent company: <input type="text"/>

C.10 **Directors**

To be completed for a proprietary company or a private foreign company.

How many directors are there?

Please provide the full name of each director below:

Given name(s)	Surname
1.	
2.	
3.	
4.	

If there are more than four directors please provide their details on a separate sheet.

C.11 **Shareholders/Beneficial owners**

To be completed by:

- (a) unlisted public companies and proprietary companies that are not licensed and subject to the regulatory oversight of a Commonwealth, state or territory statutory regulator in relation to its activities as a company, and
- (b) foreign private companies.

Please provide details of each individual who ultimately owns 25% or more of the issued capital of the company through direct or indirect shareholdings **OR** any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights. If no one satisfies either of these categories, it applies to the most senior managing official(s) (or equivalent) of the company (such as the managing director or directors who are authorised to sign on behalf of the company). All individuals below will be required to provide identification as listed in Section O.1 on page 25.

**Individual 1**

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

**Individual 2**

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

**Individual 3**

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

## Individual 4

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:  
(Note: PO Box is not acceptable)

State:  Postcode:

### C.12 Custodian of an investment vehicle or platform (if applicable)

Please provide details of the operator/issuer of the relevant managed investment scheme, superannuation fund, IDPS or IDPS-like scheme for which you are the custodian.

Full company name:

ACN/ABN:

Registered office address:  
(Note: PO Box is not acceptable)

State:  Postcode:

Licence number:  
(e.g. AFSL or RSE)

Name of investment platform:

Type of investment platform:  Registered managed investment scheme  Superannuation fund  IDPS  
 IDPS-like scheme  Other (please specify)

Registration details:  
(e.g. ARSN, Super Fund Registration No.)



## Section D – Trusts

### D.1 Trustee

Please select the relevant category below:

- Individual trustee(s)** Complete Section A for each individual trustee.
- Corporate trustee(s)** Complete Section C for each corporate trustee.
- Individual and corporate trustees** Complete Section A for each individual and Section C for each corporate trustee.

### D.2 Trust

Full name of trust:

D.3 Business name of trustee:   
(if applicable)

D.4 Tax file number or exemption:

D.5 Principle business/industry in which the Trust operates:

D.6 Country of establishment:

D.7 Type of trust (select one of the following types of trusts):

<input type="checkbox"/> Self-managed superannuation fund	Specify the SMSF's ABN: <input type="text"/>
<input type="checkbox"/> Registered managed investment scheme	Specify ARSN: <input type="text"/>
<input type="checkbox"/> Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings to which Section 1012E of the Corporations Act 2001 applies	
<input type="checkbox"/> Government superannuation fund established by legislation	Specify the name of the legislation establishing the fund: <input type="text"/>
<input type="checkbox"/> Other regulated trust (i.e. registered and subject to the regulatory oversight of a Commonwealth statutory regulator)	Specify the name of the regulator (e.g. ASIC, APRA, ATO, ACNC): <input type="text"/> Specify the trust's ABN or registration/licensing details: <input type="text"/>

Next – If you have made a selection from the types of trust above, please proceed to Section G. If not please continue below.

<input type="checkbox"/> Other trust type <b>(a)</b> Is the contribution to the trust by the settlor less than \$10,000? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>(b)</b> Is the settlor deceased? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <p>*If you have answered 'Yes' to either of the questions above, please proceed to D.8 below. If not, please provide the full name of the settlor.</p>	Trust description (e.g. family trust or charitable trust): <input type="text"/> Full name of settlor*: <input type="text"/>
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Next – Proceed to D.8

D.8 **Beneficiary details**

Please complete this section if you have selected 'other trust type' in D.7.

Do the terms of the trust identify the beneficiaries by reference to a membership of a class?

- Yes** Proceed to D.9
- No** Proceed to D.10

D.9 Please describe the class or classes of beneficiaries (e.g. holders of different classes of units, family members or named person):

D.10 Please provide details of each beneficiary of the trust:

**Beneficiary 1**

Title:

Given name(s):

Surname:

Date of birth:  /  /

Residential address (Note: PO Box is not acceptable):

State:  Postcode:

**Beneficiary 2**

Title:

Given name(s):

Surname:

Date of birth:  /  /

Residential address (Note: PO Box is not acceptable):

State:  Postcode:

**Beneficiary 3**

Title:

Given name(s):

Surname:

Date of birth:  /  /

Residential address (Note: PO Box is not acceptable):

State:  Postcode:

**Beneficiary 4**

Title:

Given name(s):

Surname:

Date of birth:  /  /

Residential address (Note: PO Box is not acceptable):

State:  Postcode:

D.11 **Appointer/Beneficial owners**

D.11a Does the trust have an appointer? (An appointer is an individual who has been granted specific powers by the trust deed, e.g. the power to appoint or remove trustees.)

- Yes** Please provide the name, address and date of birth of the appointer in Section A. Identification as listed in Section O.1 on page 25 will also need to be provided.
- No** Continue below.

D.11b Is there anyone else who directly or indirectly controls the trust that is different from the trustees/appointer already provided? (This includes control by acting as trustee by means of agreements, arrangements, understandings and practices or by exercising control through the capacity to direct the trustees.)

- Yes** Please provide their names, addresses and dates of birth in Section A. Identification as listed in Section O.1 on page 25 will also need to be provided.
- No** Proceed to Section G.

## Section E – Partnerships

E.1 Full name of partnership:

E.2 Registered business name of partnership (if any):

E.3 Country of establishment:

E.4 ABN:

E.5 Tax file number or exemption:

E.6 Is the partnership regulated?

**Yes** Please provide details of one of the partners in this partnership below.

**No** Please provide full names, residential addresses and dates of birth of **all** partners in Section A, or if the partners are a company, please use Section C.

E.7 Please provide details of one partner in this partnership:

Title:  Given name(s):

Surname:

Residential address:

(Note: PO Box is not acceptable)  State:  Postcode:

Date of birth:

### E.8 Beneficial owners

E.8a Are the beneficial owners different to the partners already entered in the section above?

(Beneficial owners are those who ultimately own 25% or more of the partnership or are entitled, either indirectly or directly, to exercise 25% or more of the voting rights of the partnership, including power of veto. If no one satisfies either of these categories, it applies to each individual who directly or indirectly control the partnership through the capacity to determine decisions about financial or operating policies or by other means. If none of the above, then it applies to each of the most senior managing official(s) of the partnership.)

**Yes** Please provide the name, address and date of birth of the beneficial owners in Section A and ensure you tick 'Beneficial owner' under the 'Capacity' section. Identification as listed in Section O.1 on page 25 will also need to be provided.

**No** Proceed to Section G.

## Section F – Associations, registered co-operatives and government bodies

This section applies to incorporated and unincorporated associations, registered co-operatives and government bodies.

Each of the public officer (if any), chairperson, secretary and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives must provide their full name, residential address and date of birth in Section A of this form. If applying in your capacity as a member of an unincorporated association Section A must be completed in respect of yourself.

F.1 Entity name:

F.2 ABN:

F.3 Tax file number or exemption:

F.4 Principal place of administration/operations or registered office:  
(Note: PO Box is not acceptable)   
 State:  Postcode:

F.5 Country of establishment:

F.6 **For registered co-operatives and incorporated associations:**  
Registration number:  State/territory of registration:

F.7 **For associations and registered co-operatives:**  
Are the beneficial owners (those who have direct or indirect control of the association or registered co-operative) different to the public officer, chairperson, secretary or treasurer already completed in Section A?  
 **Yes** Please provide the name, address and date of birth of the beneficial owners in Section A and ensure you tick 'Beneficial owner' under the 'Capacity' section. Identification as listed in Section O.1 on page 25 will also need to be provided.  
 **No** Proceed to Section G.

F.8 **For government bodies:**  
F.8a Is the government body established under Commonwealth or state/territory legislation? (please select one)  
 **Yes** Please specify the legislation:   
 **No** Please specify other legislation or method of establishment:   
(If you are a foreign government body, we may also ask you for information about the ownership or control of you as a foreign government body).  
F.8b Specify the state/territory (or Commonwealth) of establishment:

## Section G – Investment details

Please select the fund(s) you wish to invest in. Please include the Australian dollar amount you wish to invest in the table below. You may elect to receive distributions as cash or reinvest them as additional units in the fund(s). Please indicate your preference below. If you do not select a distribution method, distributions will be reinvested in the fund(s) from which the distribution was made.

Fund name	APIR Code	Investment amount (A\$) (Minimum investment is \$25,000 per fund)	Distribution option	
			Reinvest	Deposit in nominated account
Fidelity Asia Fund	FID0010AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Australian Equities Fund	FID0008AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Australian Opportunities Fund	FID0021AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity China Fund	FID0011AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity FIRST Global Fund	FID4852AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Future Leaders Fund	FID0026AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Global Demographics Fund	FID0023AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Global Emerging Markets Fund	FID0031AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Global Equities Fund	FID0007AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Hedged Global Equities Fund	FID0014AU	\$	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity India Fund	FID0015AU	\$	<input type="checkbox"/>	<input type="checkbox"/>

## Section H – Application payment method

Please select your payment method below. All payments are to be made in Australian dollars.

H.1  **Electronic funds transfer payable to:**  
Please transfer funds, with your investor name as a reference, at the same time you post your application to avoid delays in the account opening process.

Account name: Fidelity Application Account  
BSB: 062 028  
Account no: 10934521  
Reference\*: <Investor name>

\* This reference will appear on our transaction statement and be used by us to identify who the payment has come from.

H.2  **Cheque**  
Please make your cheque payable to 'Fidelity Application Account' and send with this Application form.

H.3  **Standard transfer**  
Please enclose a signed Australian standard transfer form which has been stamped by the NSW Office of State Revenue. This form must be an original.

## Section I – Bank account details

The bank account details you provide below will be held on record and maintained to pay any future withdrawal proceeds and income distributions (if applicable).

This must be an Australian account and be in the name of the investor. Fidelity will not pay to a third party bank account.

If you wish to make any changes to these instructions please complete the Change of Payment form available at [www.fidelity.com.au](http://www.fidelity.com.au).

I.1 Institution:

I.2 Account name:

I.3 BSB: -

I.4 Account number:

## Section J – Keeping you informed

### J.1 Contact details (mandatory)

Please provide your contact details below. This is where we will send all correspondence such as transaction, distribution and tax statements, on-going disclosures and other materials according to your chosen method of communication below. If you would like your financial adviser to also receive a copy please include their details in Section K.

Contact name:	<input type="text"/>			
Company name (if applicable):	<input type="text"/>			
Postal address:	<input type="text"/>			
	<input type="text"/>	State: <input type="text"/>	Postcode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone (home):	<input type="text"/>	Telephone (business):	<input type="text"/>	
Telephone (mobile): (mandatory)	<input type="text"/>			
Email address: (Investor/trustee 1) (mandatory)	<input type="text"/>			
Email address: (Investor/trustee 2)	<input type="text"/>			

### J.2 Secure website access

Access to Fidelity's secure website enables you to view your account details online, including your current valuation and transaction history as well as access your statements. Please note you will need to provide your email address in the contact details above in order to register for access. Joint investors/trustees are required to register separately. Once your application has been processed and your account is set-up, you will receive the necessary login details.

### J.3 Method of communication

Our preferred method of communication is via the Fidelity secure website for which you will be required to register to access your statements. A notification email will be sent to your nominated email address as soon as a new statement is ready to view. Alternatively, you may elect to receive all communications from us by post. If you do not make an election, you agree to receive all communications via the default option of Fidelity secure website.

Please indicate your preference below by ticking **one** of the following boxes.

- Secure website (default)** I consent to receive all investor correspondence from you via the email address provided in Section J.1. I acknowledge that I can only access my statements via the Fidelity secure website for which I will be required to register.
- Post** I elect to receive all communications from you by post to the address provided in Section J.1.

### J.4 Financial reports

All of our funds issue financial report(s). Please indicate your preference below by ticking one of the boxes. If no election is made, you may access the financial report(s) free of charge on our website at [www.fidelity.com.au](http://www.fidelity.com.au). This will be a standing request until we have received further notice from you.

- Email** I wish to receive the financial reports for those fund(s) in which I am invested by email.
- Post** I wish to receive the financial reports for those fund(s) in which I am invested by post.
- Website** I do not wish to receive the financial reports for those fund(s) in which I am invested and will access them via the Fidelity website.

### J.5 Investment and marketing updates

Fidelity produces a range of regular investment and market updates which you may find useful in managing your investments.

- Please tick the box if you would like to receive regular investment and market updates as well as updates on new Fidelity products and services. This will be in addition to your regular account statements and notifications.

## Section K – Adviser details (if applicable)

Complete this section with your financial adviser if you have one.

Would you like us to provide your financial adviser with information about your investments and do you consent for them to make enquiries on your behalf?

- Yes** By ticking yes, you acknowledge and agree that they will have access to information about your investment and may receive copies of your statements via post, secure web or other electronic means. In order for us to provide this service to your financial adviser, you are also consenting to FREAL and Link Market Services disclosing information about your investment to other third party service providers. **Please complete your adviser's details below.**
- No** Proceed to Section L.

**Note:** Your financial adviser must hold a current Australian Financial Services Licence (AFSL) and be authorised to advise on this product. They will only be able to access client statements via the Fidelity secure website for which they must be registered. Details on how to register can be found on our website [www.fidelity.com.au](http://www.fidelity.com.au).

### Adviser details

Fidelity adviser number: (if known)	<input type="text"/>
Adviser name:	<input type="text"/>
Adviser office name:	<input type="text"/>
Adviser office address:	<input type="text"/>
(Note: PO Box is not acceptable)	<input type="text"/> State: <input type="text"/> Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address: (mandatory)	<input type="text"/>
Telephone (business):	<input type="text"/> Telephone (mobile): <input type="text"/>
Fax number:	<input type="text"/>
AFSL number:	<input type="text"/>
Dealer group name:	<input type="text"/>
Adviser stamp:	Dealer stamp: <input type="text"/>

# Section L – Self-certification tax form (mandatory)

## Why are we asking you to complete this self-certification tax form?

The collection of tax status is in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Organisation for Economic Cooperation and Development (OECD) Common Reporting Standard (CRS).

Under the CRS, we are required to determine where an account holder is 'tax resident' (this will usually be where you are liable to pay income taxes). If you are tax resident outside the country where your account is held, we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different countries' tax authorities. (You can find more information on the OECD automatic exchange of information website: [www.oecd.org/tax/automatic-exchange](http://www.oecd.org/tax/automatic-exchange))

Completing this form will ensure that we hold accurate and up to date information about your tax residency. If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated self-certification tax form.

If you do not provide the below information, we will not be able to accept your application.

**Please note, applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income will not be accepted.**

## Which section should I complete?

If you are an individual, joint individual or sole trader please complete Section L.1 – Individual self-certification tax form.

If you are an entity (e.g. company, trust, partnership, association, registered co-operative or government body) please complete Section L.2 – Entity self-certification tax form.

### L.1 Individual self-certification tax form

Please complete this section if you are an individual or sole trader. If your account is held on behalf of an entity e.g. a company, trust, partnership etc. please proceed to Section L.2 – Entity self-certification tax form.

#### Individual 1

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

Are you a tax resident of Australia?  Yes  No

Are you a tax resident of another country?

**Yes** Please provide your Tax Identification Number (TIN) or equivalent below. If they are a tax resident of more than one country, please list all relevant countries below.

**No** Your tax certification is complete please proceed to Section M.

A TIN is the number assigned by each country for the purpose of administering tax laws. This is the equivalent of a Tax File Number in Australia. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

**Reason A** The country of tax residency does not issue TINs

**Reason B** The individual has not been issued with a TIN

**Reason C** The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:



## Individual 2

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

Are you a tax resident of Australia?  Yes  No

Are you a tax resident of another country?

**Yes** Please provide your Tax Identification Number (TIN) or equivalent below. If they are a tax resident of more than one country, please list all relevant countries below.

**No** Your tax certification is complete please proceed to Section M.

**Reason A** The country of tax residency does not issue TINs

**Reason B** The individual has not been issued with a TIN

**Reason C** The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:

Your tax self-certification is complete, please proceed to Section M.

## L.2 Entity self-certification tax form

Please complete this section if you are entity e.g. company, trust, partnership, association, registered co-operative or government body.

### L.2a Identification of entity

Legal name of entity:

ACN or other registration number:

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

L.2b **Tax status**

Please provide the entity's status by ticking one of the following boxes:

<input type="checkbox"/> <b>An Australian regulated superannuation fund</b> (including a complying SMSF retirement or pension fund)	If you selected this option, your tax certification is complete, please proceed to Section M.
<input type="checkbox"/> <b>Financial institution</b> Includes: <ul style="list-style-type: none"> <li><input type="checkbox"/> Investment entity</li> <li><input type="checkbox"/> Specified insurance company</li> <li><input type="checkbox"/> Custodian institution</li> <li><input type="checkbox"/> Depository institution</li> </ul>	Please answer the following: <b>Provide the Entity's Global Intermediary Identification number (GIIN), if applicable:</b> <input style="width: 100%; height: 20px;" type="text"/>  <b>If you do not have a GIIN, what is your financial institution status? (Tick one):</b> <input type="checkbox"/> Deemed Compliant FFI (foreign financial institution) <input type="checkbox"/> Excepted FFI <input type="checkbox"/> Non-Participating FFI <input type="checkbox"/> Other (please specify below): <input style="width: 100%; height: 20px;" type="text"/>  <b>If you an Investment Entity (financial institution) are you located in a non-CRS participating jurisdiction and professionally managed by another financial institution?</b> <input type="checkbox"/> <b>Yes</b> Please complete Sections L.2c and L.2d. <input type="checkbox"/> <b>No</b> Your tax certification is now complete, please proceed to Section M.
<input type="checkbox"/> <b>A public listed company or a majority owned subsidiary of a public listed company</b> (that is not a financial institution)	<b>Please provide the name of the market or stock exchange where your company is listed:</b> <input style="width: 100%; height: 20px;" type="text"/>  <b>Please provide your company's unique exchange code here e.g. ASX Code, ticker code:</b> <input style="width: 100%; height: 20px;" type="text"/>  Your tax certification is now complete, please proceed to Section M.
<input type="checkbox"/> <b>Governmental entity, international organisation, central bank or deceased estate</b>	Your tax certification is now complete, please proceed to Section M.
<input type="checkbox"/> <b>Non-financial entity (NFE) or (NFFE).</b> This includes the following entity types: <ul style="list-style-type: none"> <li><input type="checkbox"/> Private or proprietary company that is NOT a financial institution</li> <li><input type="checkbox"/> Public unlisted company that is NOT a financial institution</li> <li><input type="checkbox"/> Partnership</li> <li><input type="checkbox"/> Trust</li> <li><input type="checkbox"/> Co-operative</li> <li><input type="checkbox"/> Association or club</li> <li><input type="checkbox"/> Registered or non-registered charitable organisations</li> <li><input type="checkbox"/> Other type of entity</li> </ul>	<b>Is the NFE/NFFE active or passive?</b> An entity is an active NFE if less than 50% of its income is passive and less than 50% of its assets produce or are held for the production of passive income. An NFE is passive if it does not fit the description of an active entity. <input type="checkbox"/> <b>Active</b> If active, please complete Section L.2c <input type="checkbox"/> <b>Passive</b> If passive, please complete Sections L.2c and L.2d.

L.2c **Country of tax residency**

Is the entity a resident for tax purposes in a country other than Australia?

- Yes** Please provide the entity’s country of tax residency and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries.
- No** Please proceed to the next applicable section.

- Reason A** The country of tax residency does not issue TINs
- Reason B** The individual has not been issued with a TIN
- Reason C** The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:

L.2d **Beneficial owners or controlling persons (individuals)**

Does the entity have any beneficial owners or controlling persons (i.e. any individual who directly or indirectly exercises control over the entity) who are tax residents of countries other than Australia?

For a trust, this includes all trustees, settlors, appointers or beneficiaries. For a company this includes any beneficial owners controlling more than 25% of the shares in the company or senior managing officials. For a partnership this includes partners.

- Yes** Please provide details of all these individuals below, including their foreign taxpayer Identification Number (TIN) or reason for not providing one from the list below.
- No** Your tax self-certification is complete, please proceed to Section M.

**Individual 1**

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

- Reason A** The country of tax residency does not issue TINs
- Reason B** The individual has not been issued with a TIN
- Reason C** The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:

**Individual 2**

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

- Reason A** The country of tax residency does not issue TINs
- Reason B** The individual has not been issued with a TIN
- Reason C** The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:

**Individual 3**

Title:  Given name(s):

Surname:

Date of birth:  /  /

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

- Reason A** The country of tax residency does not issue TINs
- Reason B** The individual has not been issued with a TIN
- Reason C** The country of tax residency does not require the collection of TINs

1. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
2. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>
3. Country:	<input type="text"/>	TIN:	<input type="text"/>	If no TIN list reason A,B or C:	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box:

If there are more beneficial owners/controlling persons provide details on a separate sheet and tick this box:

## Section M – Terms and conditions

### M.1 Privacy notices

If you are investing in a fund, by signing this Application form or any other forms you give to us, you agree to FREAL, Link Market Services and other third party service providers we may engage to provide fund related services, and their respective related bodies corporate and associates (who may be outside Australia), collecting, holding and using your personal information to process your application, deal with transactions in relation to your investments and manage the products and services provided. This includes monitoring, auditing, evaluating and modelling data, dealing with complaints and answering queries. Without this information, it may not be possible to process your application or provide an appropriate level of service to you. If you do not provide the information requested, your application may not be able to be processed efficiently or at all.

Your information may be disclosed to your financial adviser and to our agents and service providers on the basis that they deal with such information in accordance with the relevant entity's privacy policy. Information may also be disclosed to third parties if that disclosure is required or authorised by law.

If you become an investor in a fund, your information may also be used or disclosed from time to time to inform you about our products, services or offers that we think may be of interest to you.

Under the Privacy Act 1988 (Cth), you may request access to your personal information held by us or our related bodies corporate and associates. You can obtain a copy of our privacy policy electronically at [www.fidelity.com.au](http://www.fidelity.com.au). You can also contact us to make such a request or to arrange for a copy of the relevant entity's privacy policy to be sent to you (free of charge) by calling our Client Services team on 1800 044 922 or by writing to:

Privacy Officer  
FIL Responsible Entity (Australia) Limited  
PO Box N850  
Sydney NSW 1225

### M.2 Anti-money laundering and counter-terrorism financing laws

Under anti-money laundering and counter-terrorism financing laws, we have obligations to address money laundering and terrorism financing risks. We reserve the right to request such information as is necessary to enable us to:

- Comply with our obligations under relevant laws, including reporting relevant matters to Australian Transaction Reports and Analysis Centre (AUSTRAC).
- Verify the identity of an investor and (if appropriate) any beneficial owner of the investor, and collect details such as an investor's occupation (for individuals) or business activity (for companies/other entities) as well as investor's source of investment funds.

In the event of a delay or failure by the investor to produce any information required for verification purposes, we may refuse to accept an application. We may also refuse to process a transaction in relation to your investments, or delay or block or refuse a transaction, where we have reasonable grounds for believing that the transaction will breach relevant laws.

By signing this Application form, you acknowledge, understand and agree that:

- FREAL may be required to carry out a procedure to verify your identity before processing your application and carrying out your investment instructions from time to time thereafter.
- FREAL may request or require additional personal or entity information in order to fulfil its legislative obligations, and failure by you to supply the required information in a timely manner may result in FREAL being prevented by law from processing your application and carrying out your investment instructions, from time to time. Where the processing of your application or the carrying out your investment instructions is delayed or refused, FREAL and its associated entities are not liable for any loss you may suffer (including consequential loss) howsoever caused in connection with our investment in a fund.
- Transactions may be delayed, blocked or refused where FREAL has reasonable grounds to believe that the transaction breaches relevant laws, including sanctions or the laws or sanctions of any other country. Where transactions are delayed, blocked or refused, FREAL and its associated entities are not liable for any loss you may suffer (including consequential loss) howsoever caused in connection with our investment in the a fund.
- FREAL has certain reporting obligations under anti-money laundering and counter-terrorism financing laws, including the reporting of 'suspicious matters' to AUSTRAC, and that the laws may prevent FREAL from informing you that any such reporting has taken place.
- Where legally obliged to do so, FREAL may disclose the information gathered to regulatory and/or law enforcement agencies, including the AUSTRAC.

### M.3 Tax file number

If you choose not to quote your TFN/ABN or claim an exemption, we are required to deduct tax at the highest marginal rate plus the Medicare levy from any income payable to you. If provided, your TFN/ABN will apply automatically to any future investment in the fund(s) unless you indicate otherwise. You can choose not to quote your TFN/ABN or claim an exemption. Deciding not to quote a TFN is not an offence. We are authorised to receive TFN information under tax law. For more information about TFNs/ABNs please contact the Australian Taxation Office.

#### Tax file number exemption details

Any applicant who has a TFN but is exempt from tax should still quote their TFN. Exempt applicants should then indicate their exemption in the relevant section of this form to avoid tax being deducted from any income distribution. Applicants in the name of a trustee on behalf of a minor should quote their TFN.

### M.4 Fax and email terms and conditions

By signing this Application form, you acknowledge, understand and agree that if you send us or Link Market Services (each a 'Recipient') information by fax or email:

- Electronic communication is inherently unreliable and confirmation of receipt by Fidelity of any fax or email should be sought by contacting Client Services. Fidelity will not accept a facsimile receipt from your machine or your email record as evidence of our receipt of any electronic communication via facsimile or email.

- Only persons authorised by you may give facsimile or email instructions, notices or forms (each a 'Communication') to a Recipient.
- Each Recipient is entitled to assume that any Communication given by fax or email which purports to have been sent by you, or on your behalf, has been authorised by you, and that each Recipient is not required to investigate or confirm that authority. This applies whether or not there are circumstances which might suggest that the Communication was unauthorised, unless the Recipient has actual knowledge that the Communication was unauthorised.
- No Recipient will have any liability to you or any other person for the Recipient's reliance on any Communication given by fax or email, whether or not the Communication has been authorised by you.
- Recipient may refuse to act on any Communication given by fax or email for any reason, or refuse to act until the Recipient receives confirmation of the Communication (or the instructions stated therein) from you by other means.
- A Recipient need not confirm the validity of the Communication or its contents, and will have no liability to you or any other person for any consequences resulting from its refusal to act on any Communication.
- You release and indemnify each Recipient and its associates against any cost, expense, liability or claim suffered or incurred by any of them as a consequence of accepting and acting on a Communication given by fax or email.
- We may determine, from time to time, which instructions, notices or forms will be considered to be Communications that we can receive by fax or email or in relation to which a Recipient is bound to honour. Generally, only those forms that expressly state can be sent to a Recipient by fax or email may be given to a Recipient in this manner.
- We reserve the right to suspend or cancel the facility by which a fax or email can be given to a Recipient.
- You agree to comply with our terms and conditions, as they may change from time to time, in relation to sending Communications by fax or email, including complying with any security or verification procedures established or required by a Recipient from time to time.

## M.5 Declaration

By submitting this form, you:

- (a) confirm that you are not a US citizen, that you are not resident in the US, and that you do not have an obligation to pay tax to the US tax authorities on your worldwide income;
- (b) confirm that you have provided your tax residency status, including all countries in which you are a tax resident and the respective TIN;
- (c) confirm you will advise FREAL within 30 days of any change in circumstances which affect your tax residency status;
- (d) confirm you are not a politically exposed person;
- (e) declare that you received an electronic or paper copy of the PDS before or at the same time as you received this Application form and have read and understood the PDS to the relevant fund(s) to which this Application form relates;
- (f) agree to be bound by the terms and conditions of the PDS, this Application form and the terms of the constitution of the relevant fund(s) in which you are invested (as amended from time to time);
- (g) have received and accepted this offer in Australia;
- (h) acknowledge that FREAL reserves the right to accept or reject this application in whole or in part for any reason;
- (i) confirm that you are 18 years of age or over (for individual or joint investors);
- (j) confirm that you have the legal power and are duly authorised to make this application;
- (k) confirm that you will receive information from FREAL about the fund(s) and your investments in a fund via Fidelity secure website access, unless you have expressly requested the post option in Section J.3 above;
- (l) confirm that the Annual Financial Reports for the fund(s) in which you invest will be delivered or otherwise made available in the manner described in Section J.4 above;
- (m) confirm that your financial adviser will receive information about your investments, where you have expressly agreed to this in Section K above;
- (n) confirm that you have read the privacy information in the terms and conditions and consent to the collection, use, storage and disclosure of your personal information as described in this form. In addition, any personal information collected for the purposes of the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) will be:
  - (i) used for the purpose of meeting the Issuer's obligations under CRS and the Intergovernmental Agreement (IGA) between Australia and the U.S. implementing the U.S. legislation known as FATCA;
  - (ii) used for other purposes relating to my holding such as to verify my identity and to review and correct discrepancies in the information recorded about you and your holdings;
- (o) confirm that you acknowledge, understand and agree to the matters set out in Section M.2 above in respect of the application of anti-money laundering and counter-terrorism financing laws;
- (p) declare that you are not aware and have no reason to suspect that your application monies have been derived from, or are related to, money laundering or the financing of terrorism;
- (q) acknowledge that neither Fidelity or FREAL make any representation as to the performance of, or the rate of income or capital return from, or recovery of money invested in, a fund;
- (r) agree to submit this form by post;
- (s) agree to submit additional application instructions by fax, email or post unless making an additional application into an existing fund via BPAY in which you would not be required to complete an Additional Application form;
- (t) agree to submit withdrawal instructions by post, fax or email if your nominated bank details have not changed;
- (u) where instructions are given by fax or email, agree to be bound by the fax and email terms and conditions set out in Section M.4 above;
- (v) authorise Link Market Services to act upon instructions by post, fax or email (as applicable) with regard to the units in fund(s) subscribed for (and any further units acquired) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by you. You agree that this authorisation shall remain in force until notice in writing of its termination is received by Link Market Services;

- (w) declare that, at the time of signing, you have not received notice of revocation of the power of attorney (if you are signing this form under a power of attorney); and
- (x) acknowledge that the Corporations Act 2001 (Cth) prohibits any person from passing on to another person this Application form, unless it is attached to or accompanied by the complete and unaltered PDS for the relevant fund.
- (y) confirm that you acknowledge and understand that FREAL will not issue units until money is received from your nominated financial institution. Units will be issued at the unit price on the day payment is received subject to the daily cut-off times of the applicable fund(s). As a result there may be a delay between the day an electronic transaction is initiated by you and the day units are issued by FREAL. This will apply to additional applications made via BPAY;
- (z) confirm that you will obtain and read the current Product Disclosure Statement (PDS) for the relevant fund together with other important information taken to form part of the PDS when making an additional application via BPAY.

M.6 **Signatures**

**By signing below, this document is executed by you as a deed.**

Investor type	Who should sign
<b>Individual</b>	Where the investment is in one name, the investor must sign
<b>Joint investors</b>	Where the investment is in more than one name, all investors must sign
<b>Company</b>	Two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
<b>Trust</b>	Each trustee must sign or, if a corporate trustee, then as for a company
<b>Partnership</b>	Each partner
<b>Association or registered co-operative</b>	Each office bearer
<b>Government body</b>	Relevant principal officer/authorised signatory
<b>Power of Attorney</b>	If signing under a Power of Attorney, please attach the identification documents listed in Section O.6.

**Signature 1**

Name:

Date:  
  /   /

X

**Title**

- |   |  |
|---|--|
| <input type="checkbox"/> Investor 1 (individual)                          | <input type="checkbox"/> Director                  |
| <input type="checkbox"/> Secretary  | <input type="checkbox"/> Sole director & secretary |
| <input type="checkbox"/> Non-corporate trustee                            | <input type="checkbox"/> Partner                   |
| <input type="checkbox"/> Other office bearer or attorney (please specify) | <input style="width: 100%;" type="text"/>          |

Company seal (if applicable)

**Signature 2**

Name:

Date:  
  /   /

X

**Title**

- |   |  |
|---|--|
| <input type="checkbox"/> Investor 2 (individual)                          | <input type="checkbox"/> Director                  |
| <input type="checkbox"/> Secretary  | <input type="checkbox"/> Sole director & secretary |
| <input type="checkbox"/> Non-corporate trustee                            | <input type="checkbox"/> Partner                   |
| <input type="checkbox"/> Other office bearer or attorney (please specify) | <input style="width: 100%;" type="text"/>          |

**If you wish to appoint more than two authorised signatories, please provide an original certified copy of a power of attorney or board resolution evidencing the authority of signatories to transact on this account.**

**If there are more than two trustees, partners or office bearers please provide their signature and details on a separate sheet.**

## Section N – Investor identification verification

To enable us to comply with the Australian anti-money laundering and counter-terrorism financing laws and other regulatory requirements you will need to provide us with some identification documents as outlined below.

Please **DO NOT** send original documents. Send only **certified copies** of original documents as documents will not be returned. Documents cannot be sent to us by fax or email.

### How to certify your documents

On the first page of the copy of the original document, the acceptable independent certifier must complete in writing the following information:

I (insert name) of,  
(insert address) ,  
(insert occupation), **certify on this (insert day) day of**  
(insert month and year) **that this document is a complete**  
**and accurate copy of the original document sighted by me.**  
**Signed** (insert signature) (insert contact number)

The date on the certification should be no longer than 12 months when it is received by us.

### Who can certify your documents

A number of persons can certify a document under anti-money laundering and counter-terrorism financing laws, including any of the following persons:

- A legal practitioner who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia
- A judge or master of a court
- A magistrate
- A registrar or deputy registrar of a court
- A clerk of a court
- A Justice of the Peace
- A notary public
- A police officer
- A sheriff or sheriff's officer
- A Member of an Australian parliament or legislature
- An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public
- An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act)
- A bank officer, credit union officer or building society officer with two or more continuous years of service
- A finance company officer with two or more continuous years of service
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one of more licencees
- An officer with, or authorised representative of, a holder of an Australian credit licence, having two or more continuous years of service with one of more licencees
- A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accounts or the National Institute of Accountants
- A member of the Association of Taxation and Management Accountants
- A fellow of the National Tax Accountants' Association
- A teacher employed on a full-time basis at a school or tertiary education institution
- Any other person as permitted by the anti-money laundering and counter-terrorism financing laws



## Section O – Investor identification documents

### O.1 Individuals, sole traders, individual trustees, beneficial owners or individual governing member of an association or registered co-operative, or beneficiaries (if required)

This section is to be completed by individual investors, including both investors if a joint holding, sole traders, individual trustees, beneficial owners or an individual governing member of an association or registered co-operative, or beneficiaries (if required). Please complete either Option 1 or Option 2 and attach the applicable document(s). Note that, for an applicant that is a natural person or a beneficiary (if required), a document produced by you must not have expired (other than in the case of a passport issued by the Commonwealth that expired within the preceding two years).

#### Option 1

Please attach at least one certified document from the list below.

Select one	Primary photographic identity documents
<input type="checkbox"/>	Driver's licence or permit under a State/Territory government or an equivalent authority of a foreign country
<input type="checkbox"/>	Australian passport (that is current or expired within the last two years)
<input type="checkbox"/>	Foreign passport or other international travel document that has a photograph and signature of the individual
<input type="checkbox"/>	Proof of age card issued by a State/Territory government
<input type="checkbox"/>	National identity card issued by a foreign government that has a photograph and signature of the individual

#### OR Option 2

Please attach at least one primary non-photographic document AND one secondary non-photographic document from the lists below.

Select one	Primary non-photographic identity document
<input type="checkbox"/>	Australian birth certificate or birth extract
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Foreign citizenship certificate
<input type="checkbox"/>	Foreign birth certificate
<input type="checkbox"/>	A Centrelink Pension card or a Centrelink Healthcare card

#### AND

Select one	Secondary non-photographic identity document
<input type="checkbox"/>	A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains the name and address of the individual
<input type="checkbox"/>	An income tax assessment notice issued within the last 12 months that contains the name and address of the individual
<input type="checkbox"/>	A local government notice (e.g. council rates) or utilities notice (e.g. electricity, gas or phone bill) issued within the last 3 months

### O.2a Company and corporate trustees

If a company or corporate trustee, we will perform the verification process to establish your identity. However, we may request that you provide us with further information if we are unable to access the information to complete our verification process.

Select	Identity document
<input type="checkbox"/>	A certificate of registration issued by ASIC or other regulator
<input type="checkbox"/>	A licence or other records issued by a domestic or foreign regulator
<input type="checkbox"/>	Other (please specify): <input type="text"/>

## O.2b Custodians

If you are a custodian of a managed investment scheme, superannuation fund, investor directed portfolio service (IDPS), IDPS-like scheme or managed discretionary account service, please provide one of the documents below to confirm your appointment as custodian.

Select	Identity document
<input type="checkbox"/>	An extract of the custody agreement
<input type="checkbox"/>	Letter from the operator/issuer of the relevant fund/scheme

## O.3a Trust or partners (this includes self-managed superannuation funds)

All individual trustees or partners are required to attach documentation as listed in Section O.1 and for corporate trustees or corporate partners documentation as listed in Section O.2a.

Select	Individual or corporate identity document
<input type="checkbox"/>	Individual trustee or partner – Attach documentation as listed in Section O.1
<input type="checkbox"/>	Corporate trustee or corporate partner – Attach documentation as listed in Section O.2a

## O.3b Trust or partnership (this excludes self-managed superannuation funds)

Please attach at least one identification document from the list below which verifies the identity of the trust or partnership.

Select one	Trust or partnership identity document
<input type="checkbox"/>	A certified copy of the trust deed or a certified copy of an extract or extracts from the trust deed that identifies the name of the trust, the name(s) of the trustee(s), the name of the settlor (if applicable), the place of establishment of the trust and the identity of the beneficiaries
<input type="checkbox"/>	A certified copy or certified extract of a current partnership agreement or minutes of a partnership meeting. Either copy must include the full name of the partnership; the registered business name; the country in which the partnership was established; and the full name and residential address of each partner
<input type="checkbox"/>	A certificate issued to the trust by ASIC or other regulator
<input type="checkbox"/>	Other (please specify): <input type="text"/>

## O.4 Associations and registered co-operatives

Please attach at least one identification document from the list below which verifies the association or co-operative. If you are an unincorporated association please attach documentation listed in Section O.1 for all the individual governing members.

Select one	Association and registered co-operatives identity document
<input type="checkbox"/>	A certified copy of the constitution or rules of the association or co-operative
<input type="checkbox"/>	A certificate issued to the association or co-operative by ASIC or other regulator
<input type="checkbox"/>	A certified copy of the minutes of an association or co-operative meeting
<input type="checkbox"/>	Other (please specify): <input type="text"/>

Select	Individual governing members identity document
<input type="checkbox"/>	If you are an unincorporated association please attach documentation listed in Section O.1 for all the individual governing members

## O.5 Government body

Please attach at least one identification document from the list below which verifies the identity of the government body.

Select	Government body identity document
<input type="checkbox"/>	A certified copy of the constitution
<input type="checkbox"/>	Other (please specify): <input type="text"/>

## O.6 Power of Attorney

Please also complete this section if one or more attorneys are completing and signing this form under power of attorney and attach the applicable documents.

Select	Proof of identity and attorney's authority to act
<input type="checkbox"/>	A certified copy of the Power of Attorney's driver's licence, passport or other photographic identification which confirms the full name and the residential address and contains your signature
<input type="checkbox"/>	Certified copy of the Power of Attorney which confirms that any attorney completing and signing this form is authorised to do so under the power of attorney. If the power of attorney does not contain a sample of each attorney's signature, please also provide a list containing the name of each attorney and a sample of each attorney's signature

**All foreign language documents must be accompanied by an English translation prepared by an accredited translator.**

## Section P – Checklist

**Before sending this form, make sure you have:**

- Completed each section that applies to you
- Signed and dated the form (Section M.6)
- Provided all applicable certified investor identification documents (Section O)
- Attached your cheque or transferred your funds electronically

## Once completed

**Please post this form and identification documents to:**

Fidelity Unit Registry  
PO Box 3721  
Rhodes NSW 2138

**Please note:** We require the original application, therefore faxed or emailed copy will not be accepted.