

AUSTRALIAN SMALL COMPANIES FUND

APPLICATION FORM

Individual applicants must be over 18 years of age.

☐ I have read the Product Disclosure Statement (PDS) and the Additional Information Document (AID) before completing the Application Form.

If you are an existing investor in an InvestSMART SMA portfolio and would like to invest under the same name, please fill in the fields below.

SMA Account Number

Account Name

You may skip Part 1 and go straight to Part 2.

PART 1 – APPLICANT'S NAME

Account type (Individual, Joint, Company, Trust, Self-managed Super Fund)

1st Investor/Signatory

Title

Given names

Surname

Date of birth

Capacity

2nd Investor/Signatory

Title

Given names

Surname

Date of birth

Capacity

AND/OR

Company/Trustee(s)/Partnership name(s)

Self-managed Super Fund/Trust name (if applicable)

Contact name

ABN/ACN/ARBN

Address

Street address (mandatory)

Town or suburb

State

Postcode

Country

Telephone (home)

Telephone (business)

Telephone (mobile)

Facsimile

Email (mandatory)

Postal address (if different)

Town or suburb

State

Postcode

Country

TAX FILE NUMBER NOTIFICATION OR EXEMPTION

Please complete the details below.

Collection of Tax File Number information is authorised and its use and disclosure are strictly regulated by the tax laws and Privacy Act. It is not an offence if you choose not to quote your Tax File Number however, if you do not, tax at the highest marginal rate plus the Medicare levy will be deducted from income credited to your Account.

If you carry on an enterprise of investing and are entitled to quote your ABN as an alternative, you may quote your ABN instead.

Only one Tax File Number should be provided unless the Account is held in joint names in which case all individuals should provide their Tax File Numbers.

FIRST INVESTOR

Name/Company/Partnership/Superannuation Fund

Tax File Number/ABN

If an exemption is to be quoted, please complete the box below.

SECOND INVESTOR

Name/Company/Partnership/Superannuation Fund

Tax File Number/ABN

If an exemption is to be quoted, please complete the box below.

FATCA CERTIFICATION

The Foreign Account Tax Compliance Act (FATCA) and CRS require InvestSMART to report non-tax residents via the Australian Tax Office (ATO).

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

☐

NO, proceed to Part 2

☐

YES, please see below

The Foreign Account Tax Compliance Act (FATCA) and CRS require InvestSMART to collect additional information on foreign (non-US) financial institutions to facilitate our due diligence and reporting obligations. Please contact InvestSMART on invest@investsmart.com.au or 1300 880 160 to discuss your application to invest.

PART 2 – INITIAL INVESTMENT

Initial contribution

\$

The minimum initial investment is currently \$25,000 per portfolio.

PART 3 – NOMINATED BANK ACCOUNT(S)

Bank Account (mandatory)

This account will be used for all bank account transactions, including payment of any distributions or redemption proceeds.

Financial Institution

BSB Number

Account Number

Account Name

PART 4 – DISTRIBUTION INSTRUCTIONS

If you do not elect to have payments made to your nominated financial institution, your distributions will be reinvested.

☐

Pay distributions to my nominated financial institution (see Part 3)

PART 5 – COMMUNICATIONS

You will be mailed the registration details when your application is processed.

You will be given online access which enables you to view the details of your investments (account balance, investment details and account statements). It will also give you access to the annual financial statements.

If you do not elect to have the annual financial statement mailed to you, it will be made available to you via our website.

☐

I would like to have the annual financial statement mailed to me

Note 1 For bank accounts in the applicant's name(s), please ensure that you sign this application form in the same way as the signing instructions held by the financial institution for the nominated accounts.

Note 2 By providing your bank account details on this section, you authorise InvestSMART to use these details for all future transaction requests that you nominate.

PART 6 – PAYMENT DETAILS

I/We apply to invest in the InvestSMART Australian Small Companies Fund.

Amount

\$

(Minimum of \$25,000 and thereafter in multiples of \$1,000)

Please tick the box beside your chosen payment method and complete the required details.

☐

Electronic Funds Transfer or Direct Deposit

Bank: St George Bank

Reference: <Your application name>

Account Name: InvestSMART ASCF

BSB Number: 112 879

Account Number: 440 589 293

Date of Transfer

Reference Used

PART 15 – DECLARATION AND SIGNATURE

Individual applications should be signed personally or under Power of Attorney. In the case of companies or trusts, the Application Form should be signed by two Directors, one Director and a Secretary or Sole Director, by the Trustee(s) personally or under Power of Attorney.

If this is a joint application, all applicants must sign here.

All subsequent instructions, including withdrawal requests, must include all signatories.

When documents are signed under a Power of Attorney, a certified copy of the Power of Attorney must be enclosed with the Application Form.

The attorney certifies that he/she has not received notice of revocation of that power.

- You declare that all information provided to us is correct and that you will promptly notify us of any changes.
- This application is made upon and subject to the terms and conditions of the PDS and AID dated 19 July 2017 which I/we have read.
- I/we agree to be bound by the Constitution as it may be amended from time to time.
- I/We have read and understood the information in the “Anti-Money Laundering and Counter Terrorism Financing” section in the PDS.

By completing this Application Form, you acknowledge and agree that:

- your information will be used by InvestSMART to establish your identity for the purposes of the AML Legislation; and
- InvestSMART is not responsible nor liable for any loss suffered (including consequential loss) where transactions are effected or declined or we cease to provide you with a product or service in circumstances where we are unable to establish your identity or where InvestSMART reasonably believes you are a Proscribed Person*.

In relation to the FATCA section of this Application Form, you declare and agree:

- that the information provided by me/us may be disclosed by InvestSMART to the Australian Taxation Office or any other government bodies, including bodies located overseas, to be reported and used in compliance with any FATCA Regulations; and;
- I/we will promptly notify InvestSMART with any change to the information provided by me/us and provide any further information reasonably required by InvestSMART to comply with any obligation under the FATCA Regulations.

A ‘Proscribed Person’ means any person or entity who InvestSMART reasonably believes to be (i) in breach of the laws of any jurisdiction regarding economic or trade sanctions, or laws prohibiting money laundering or terrorism financing, or (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A ‘Proscribed Person’ includes any person or entity who InvestSMART reasonably believes to act on behalf, or for the benefit of, a person or entity referred to in (i) and/or (ii).

‘FATCA Regulations’ means all laws, rules, regulation and other legal requirement(s) in force from time to time in Australia in relation to the United States’ Foreign Account Tax Compliance Act (FATCA).

NEED HELP?

If you have any questions regarding this form, please get in touch with our Portfolio Services team at invest@investsmart.com.au or by calling 1300 880 160.

Signature

Date

Name

Title (Director/Secretary/Sole Director/Trustee/POA) (mandatory)

Signature

Date

Name

Title (Director/Secretary/Sole Director/Trustee/POA) (mandatory)

Company seal

Note for corporate investors, this form must be signed either: (a) under seal;
(b) by two Directors or a Director and Company Secretary; or (c) by the Sole Director (where applicable).
If this is a joint application, all applicants must sign here. All subsequent instructions, including withdrawal requests, must include all signatories.
If your application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney with your Application Form.

THE COMPLETED AND SIGNED APPLICATION FORM SHOULD BE
MAILED TO: INVESTSMART FUNDS MANAGEMENT LIMITED
GPO BOX 2267
OR MELBOURNE VIC 3001
EMAILED TO: INVEST@INVESTSMART.COM.AU

INVESTOR CHECKLIST

Before you send us your Application Form, please check that you have completed the following checklist. It identifies information that must be provided by you under law and the sections you must complete before an application can be processed. Ensuring that all information is provided will assist in a smooth application process. For further information on each part of the Application Form please see the section “Application Process”.

☐ Have you read the InvestSMART Australian Small Companies Product Disclosure Statement?

Please keep this document for your reference.

☐ Are you aged 18 years or over?

Parents or guardians may invest as trustee for a child.

☐ Have you provided a street/residential address in Part 1 of the Application Form?

A street/residential address is MANDATORY. PO Boxes will not be accepted as a sole address.

☐ Have you provided your Tax File Number notification or exemption?

If not you will be taxed at the highest marginal tax rate, as well as the Medicare levy.

☐ If you have elected to transfer your initial investment payment via BPAY®, have you provided an email address to receive your reference number?

☐ Have you fully completed the Application Form?

Please remember to sign and date the Application Form.

☐ Have you indicated your initial investment amount in Part 2?

☐ Have you provided your bank account details in Part 3?