

Advance Investment Funds Wholesale Investments

ADVANCE

Application

Advance Asset Management Limited ABN 98 002 538 329 AFSL 240902

If you're investing as an individual, sole trader or joint investor, please complete the "Customer Identification For Individuals and Sole Traders Form" on page 7 of this Application booklet. You can download customer identification forms for other entity types from advance.com.au or you can call our Contact Centre on **1800 819 935**. If you're lodging your product Application Form through a financial adviser, please contact your financial adviser for further information.

Complete this form and the Identification Form using **black pen** – print in clear **CAPITAL LETTERS**

- Use this form to make initial or additional investments into the Advance Investment Funds.
- Questions? Please call our Contact Centre on 1800 819 935, Mon-Fri from 8.30am to 7pm, Sydney time.

IF YOU HAVE MORE THAN TWO JOINT INVESTORS OR TRUSTEES, PLEASE PHOTOCOPY THIS FORM AND USE IT TO SUPPLY ADDITIONAL INVESTOR DETAILS (Sections 1, 2 AND 3), AND SIGNATURES (Section 14).

1. Investor details

Cross [X] the relevant box.

New investors	<input type="checkbox"/> Go to Section 2
Existing Advance non super investors	Is this investment to be in the same name? <input type="checkbox"/> No <input checked="" type="checkbox"/> Go to Section 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Provide your Investor Number below

Investor Number

C

Go to Section 4

2. Type of investor

Cross [X] the relevant box (only one).

Institutional	<input type="checkbox"/> Go to Sections 3A and 3B	INS
Masterfund/Wrap Provider	<input type="checkbox"/> Go to Sections 3A and 3B	MTR
Individual/joint	<input type="checkbox"/> Go to Section 3A	
Business partnership	<input type="checkbox"/> Go to Sections 3A (partner(s) details) and 3C (partnership name)	
Trust/superannuation fund	<input type="checkbox"/> Individual trustee(s) <input checked="" type="checkbox"/> Go to Sections 3A (trustee(s) details) and 3C (trust/superannuation fund name) <input type="checkbox"/> Corporate trustee <input checked="" type="checkbox"/> Go to Sections 3A (individual contact person), 3B (corporate trustee name) and 3C (trust/superannuation fund name)	
Company	<input type="checkbox"/> Go to Sections 3A and 3B	

Adult(s) investing for a child under 18	<input type="checkbox"/> Go to Sections 3A (adult(s) details) and 3C (child's name)
Deceased estate	<input type="checkbox"/> Go to Sections 3A (executor(s) details) and 3C (estate's name)
Club/association and unincorporated body	<input type="checkbox"/> Go to Sections 3A (office bearer(s) details) and 3C (club/association's name)

3A. Individuals, joint investors or individual partner(s)/trustee(s) details

Investor A (contact person)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

/ /

Occupation

Investor B

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

/ /

Occupation

Joint (non corporate) investors only

Indicate account signing authority for future transactions	Either: <input type="checkbox"/> Investor A or B <input type="checkbox"/> A only <input type="checkbox"/> B only <input type="checkbox"/> Investor A and B
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7. Investment details (continued)

B Investment amount Enter the amount to be invested in each Fund. The minimum total investment is \$5,000 or \$1,500 if a Regular Savings Plan is set up.				C Regular Savings Plan A Regular Monthly Savings Plan via direct debit.	D Regular Withdrawal Plan The Regular Withdrawal Plan allows you to nominate a fixed payment to be paid directly into your bank account at the end of your selected Fund's distribution period.	E Distribution options* Select a distribution option for your investment. If you don't select a distribution option and haven't set up a Regular Withdrawal Plan, this will be treated as a request to reinvest your distribution.	
Wholesale Investment Fund Name	APIR Code	Fund Code Trust Code	Initial investment amount	Specify amount for your Regular Savings Plan and also complete Section 8	Specify amount for your Regular Withdrawal Plan and also complete Section 10 to nominate a bank account	Reinvest	Pay to bank (also complete Section 10)
Advance Defensive Multi-Blend Fund	ADV0049AU	AWI-DMB	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Moderate Multi-Blend Fund	ADV0091AU	AWI-MMB	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Balanced Multi-Blend Fund	ADV0050AU	AWI-BMB	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Growth Multi-Blend Fund	ADV0085AU	AWI-GMB	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance High Growth Multi-Blend Fund	ADV0087AU	AWI-HGM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Australian Shares Multi-Blend Fund	ADV0045AU	AWI-ASM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Australian Smaller Companies Multi-Blend Fund	ADV0096AU	AWI-SCM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance International Shares Multi-Blend Fund	ADV0053AU	AWI-ISM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Property Securities Multi-Blend Fund	ADV0095AU	AWI-PSM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Australian Fixed Interest Multi-Blend Fund	ADV0084AU	AWI-AFI	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance International Fixed Interest Multi-Blend Fund	ADV0067AU	AWI-IFI	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Alternative Strategies Multi-Blend Fund	ADV0159AU	AWI-ALT	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Asian Shares Multi-Blend Fund	ADV0083AU	AWI-AEF	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Cash Multi-Blend Fund	ADV0069AU	ARI-CHS	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL			\$	\$	\$		

* Advance must be notified of a change in distribution option at least seven days before the next scheduled distribution for it to be effective that period.

8. Direct debit request (bank account to be debited to add to your Advance investment)

Bank account holder(s) must complete this section if you:

- are making this investment via direct debit and/or
- wish to set up a direct debit facility for future investments and/or
- are setting up a Regular Savings Plan.

Bank accounts for direct debits can be in the name(s) of the investor(s) or a third party.

We only accept Australian bank account details.

Name of financial institution

Branch name

BSB number

Account number

Account holder's name(s)

9. Regular Savings Plan

Cross [X] the relevant box.

Which day of the month would you prefer for your investment to be taken from your nominated account?

On or around: 5th 19th

Which month do you want your Regular Savings Plan to start?

Note – if you don't indicate otherwise, your plan will commence on the 19th of the month.

ALL BANK ACCOUNT SIGNATORIES MUST SIGN AND DATE BELOW

Direct Debit Authority: I/We authorise Advance Asset Management Limited ABN 98 002 538 329 (User ID 137244 ID:055389) to, until further notice, arrange for funds to be debited from the account at the financial institution identified above through the Bulk Electronic Clearing System. I/We acknowledge this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement found in the Product Disclosure Statement.

Where the investor is not the nominated bank account holder

I/We consent to the investor(s) increasing amounts or making additional investments without further approval from me/us.

If you **don't** agree with this declaration please cross [X] in this box.

Signature of Bank Account Holder A

Date (dd/mm/yy)

Signatory's full name (please print)

Director Sole Director/Sole Secretary/Sole Trader

Clubs/associations/unincorporated bodies: please indicate office title (please print)

Signature of Bank Account Holder B

Date (dd/mm/yy)

Signatory's full name (please print)

Director Company Secretary

Clubs/associations/unincorporated bodies: please indicate office title (please print)

Company: two directors or a director and company secretary must sign unless the company has only a sole director and sole secretary. All signatories must state their capacity within the company by crossing the applicable box(es) above.

Please ensure Section 14 – Investor's declaration and signature is also completed.

10. Payment/distribution account details (bank account to be credited with payments from Advance investments)

Complete this Section if you:

- have selected a Regular Withdrawal Plan (Section 7D) and/or
- have selected Pay to bank distribution option (Section 7E) and/or
- wish to provide bank account details to be used for any future withdrawals that you request from your investment. (This is the quickest way to make withdrawals from your investment.)

Bank account for payments/distributions must be in the name of the investor and not a third party.

We only accept Australian bank account details.

Name of financial institution

Branch name

BSB number

Account number

Account holder's name(s)

11. Fax requests

Cross [X] the relevant box.

Would you like us to accept fax requests from you (for redemptions and changes to investor details)? See 'Terms and conditions' in the PDS.

Yes No

Please note, we cannot accept initial applications by fax.

12. Authorised representative – optional

Complete this Section with the details of the person you wish to appoint with the legal capacity to act as your authorised representative and to operate the Advance Investment Funds on your behalf.

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Work phone number

Fax number

Email address

Signature of authorised representative

Date (dd/mm/yy)

13. Monthly Adviser Remuneration Fee

Cross [X] the relevant box.

Flat percentage remuneration of ..% (excluding GST) per annum of your total Account value

or

Flat dollar remuneration of \$.. (excluding GST) per month

Any rebate will be credited to your nominated bank or reinvested into your account as additional units and constitutes taxable income.

14. Investor's declaration and signature

The PDS for each of the Advance Investment Funds contains important information about investing in the Funds. If you give this Application Form to another person you must, at the same time and by the same means, give them the relevant PDS(s), free of charge.

By signing this Application Form, I/we:

- acknowledge that I/we have read the relevant PDS(s) in full and agree to be bound by the terms of that PDS(s) and the terms of the relevant constitution(s), each as amended from time to time
- acknowledge that none of Westpac Banking Corporation or any of its related entities stands behind or otherwise guarantees the capital value or the investment performance of any fund offered in the PDS(s)
- acknowledge that investments in the Funds are not deposits with, or other liabilities of, Westpac Banking Corporation or any other company in the Westpac Group of companies and that investments in the Funds are subject to investment risks, including possible delays in repayment and loss of income and principal invested
- acknowledge that I/we have read the Section in the PDS(s) titled 'Protecting your privacy' and agree that Advance Asset Management Limited, a member of the Westpac Group may collect, use, disclose, and handle my/our personal information in the manner set out in that Section
- declare that all the details given on this Application form are true and correct
- acknowledge that a person must not pass on to another person the Application form unless it is accompanied by the completed and unaltered PDS(s)
- acknowledge that if I/we have received the PDS(s) from the internet or other electronic means, I/we have received it personally, or a paper print out of it, accompanied by this Application form.

If Section 12 (Authorised representative) is completed, by signing below I/we:

- acknowledge that the appointment of an authorised representative is governed by the terms set out in the PDS.

ALL INVESTORS MUST SIGN AND DATE THIS SECTION

If signing under a Power of Attorney (POA), you verify that at the time of signing, you have not received notice of revocation of that power. Please provide a certified copy of the original POA, including the appointed POA's signature. If the POA's signature is not included, please attach two certified copies of original identification.

Individual or sole trader	Sign as Investor A. If a sole trader, indicate by crossing applicable box above.
Joint investor	All investors must sign for an initial application. However, for existing Advance Investment Funds investors, the previously notified signing authority applies.
Business partnership	All partners to sign. If more than two partners, please photocopy this page and attach with signatures for all partners.
Trust/ superannuation fund	Individual Trustee Sign as Investor A. Joint Trustees Sign Investors A and B. Corporate Trustee – see company requirements.
Company / Institutional/ Masterfund/ Wrap Provider	Two directors or a director and company secretary must sign unless the company has only a sole director and sole secretary. All signatories must state their capacity within the company by crossing the applicable box(es).
Adult(s) investing for a child under 18	Adult(s) to sign in their own name.
Deceased estate	All executors to sign. If more than two executors, please photocopy this page and attach with signatures of all executors.
Clubs, associations or unincorporated bodies	Office bearer(s) must sign and state their appropriate office title in the fields above.

Signature of Investor A, Director or Sole Trader

Date (dd/mm/yy)

 / /

Signatory's full name (please print)

Director Sole Director/Sole Secretary/Sole Trader

Clubs/associations/unincorporated bodies: please indicate office title (please print)

Signature of Investor B or Director

Date (dd/mm/yy)

 / /

Signatory's full name (please print)

Director Company Secretary

Clubs/associations/unincorporated bodies: please indicate office title (please print)

15. Adviser use only

Advance Adviser Number

A

Advance Dealer Number

A

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Daytime phone number

{ }

Fax number

{ }

Investment Link ILCN (Client No.)

ILGN Group No.

ADVISERS MUST SIGN AND DATE THIS FORM

Signature of Adviser (if applicable)

Date (dd/mm/yy)

 / /

Adviser's stamp (please use black ink only)

New adviser information

New advisers please attach copies of the following documents.

Authorised representative

- Letter/Fax from the licensee confirming the AFSL number and that the adviser is an authorised representative.
- Copy of the written notice from the licensee authorising the adviser to provide financial services on their behalf.

Licensee

- Copy of AFSL issued by ASIC.

To comply with our obligations under the *Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006*, Advance customers must complete a Customer Identification Form in addition to the application form.

This Customer Identification Form is to be completed by individuals, sole traders and joint investors only. Customer identification forms for other entity types can be downloaded from advance.com.au or can be obtained from our Contact Centre on **1800 819 935**.

Please follow the instructions provided.

Applications received without a completed Customer Identification Form and any necessary supporting documentation, from customers who are required to be identified, cannot be processed.

Instructions and checklist for completing the Customer Identification Form

Who should complete this Customer Identification Form

If you are an individual, sole trader or joint investor investing in a new Advance product.

Important information for investors

- If you are lodging your product application form through a financial adviser, please contact your financial adviser for further information.
- If you are lodging your product application form as a **direct investor** (without a financial adviser), you will need to complete **Section 1** of the Customer Identification Form only, and attach certified copies of your identity document(s). Please use the **checklist** provided below.

Checklist for direct investor

Before you send the Customer Identification Form, ensure that you have correctly completed all items on the **checklist** below. Ensuring that all information and documentation is provided will assist in a smooth application process.

This **checklist** section of this form is provided for your records and is not required by Advance to process your application.

- Complete **all** applicable fields in **Section 1** of the Customer Identification Form using the instructions provided.
- The following documents must be mailed to Advance
 - Completed Customer Identification Form
 - Certified copies of your identification document(s)
 - Product application form (except online applications) with any applicable documentation.

How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample wording is provided below.

I, [full name], as [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date].

Who can certify copies of documents

Legal	<ul style="list-style-type: none">• A solicitor or barrister (that is, a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described))• A judge of a court• A magistrate• A chief executive officer of a Commonwealth court• A registrar or deputy registrar of a court• A notary public
JP	<ul style="list-style-type: none">• A Justice of the Peace
Police	<ul style="list-style-type: none">• A police officer
Accountant	<ul style="list-style-type: none">• A member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership
Post office	<ul style="list-style-type: none">• An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public• A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
Diplomatic service	<ul style="list-style-type: none">• An Australian consular officer• An Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1985</i>)
Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none">• An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the <i>Statutory Declaration Regulations 1993</i>)• A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declaration Regulations 1993</i>)• 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 or more licensees.

Important information for financial advisers

Advance will also accept identification from a correctly completed Financial Services Council/Financial Planning Association (FSC/FPA) identification form.

When using this Customer Identification Form, please complete **Sections 1 and 2**.

Advance Investment Funds - Wholesale Investments

Customer Identification

For Individuals and Sole Traders

ADVANCE

Advance Asset Management Limited ABN 98 002 538 329 AFSL 240902

Section 1

Complete all applicable sections on this form using **black pen** – print in clear **CAPITAL LETTERS**

Complete one form for each investor (eg two forms in total for two joint investors).

1A. Personal details

Full given name(s) (must complete)

Surname (must complete)

Daytime phone number

Date of birth (dd/mm/yyyy)

Residential address (PO Box is **not** acceptable)

	State Postcode
Country, if not Australia	

1B. Sole trader details (if applicable)

Complete this section if you are a sole trader.

Full business name (if any)

Australian Business Number (ABN)

Principal place of business (if any) (PO Box is **not** acceptable)

	State Postcode
Country, if not Australia	

1C. Verification procedure

Please send us certified copies of documents that show your full name and **either** your date of birth **or** residential address.

- Complete Part A to tell us what documents you are sending us.
- If you cannot send us a certified copy of a document from Part A, then complete either Part B or Part C.
- Contact us if you are unable to provide the required documents in Parts A, B or C.
- **Do not send original documents, only certified copies.** Please refer to the 'How to certify your documents' section for more information.

Part A – Acceptable primary ID documents

Cross X	Select ONE valid option from this section only.
<input type="checkbox"/>	Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.
<input type="checkbox"/>	Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).
<input type="checkbox"/>	Certified copy of a card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.
<input type="checkbox"/>	Certified copy of a foreign passport or similar travel document containing a photograph and the signature of the person.*

OR

Part B – Acceptable secondary ID documents

Should only be completed if you do not send a certified copy of a document from Part A or Part C

Cross X	Select ONE valid option from this section.
<input type="checkbox"/>	Certified copy of an Australian birth certificate
<input type="checkbox"/>	Certified copy of an Australian citizenship certificate
<input type="checkbox"/>	Certified copy of a Pension card issued by Centrelink
<input type="checkbox"/>	Certified copy of a Health card issued by Centrelink

AND

Cross X	ONE valid option from this section
<input type="checkbox"/>	Certified copy of a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.

<input type="checkbox"/>	Certified copy of a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
<input type="checkbox"/>	Certified copy of a document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
<input type="checkbox"/>	If under the age of 18, certified copy of a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school.



Part C – Acceptable foreign ID documents

Should only be completed if you do not send a certified copy of a document from Part A or B

Cross X	BOTH documents from this section must be presented
<input type="checkbox"/>	Certified copy of a Foreign driver's licence* that contains a photograph of you and your date of birth.
<input type="checkbox"/>	Certified copy of a National ID card* issued by a foreign government containing your photograph and your signature.

*Documents written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

Section 2. Financial adviser use only

- **Option 1** – Financial advisers can complete Section 2A as outlined below. Please ensure that you indicate which document(s) you have sighted as set out in Section 1C of this form. Enclose the completed verification procedure with your client's application form and mail to Advance. **This method is preferred by Advance.**



- **Option 2** – Financial advisers can send Advance copies of all documents received from the client with this completed Customer Identification Form and the application form. Documents must be provided in line with Section 1C of this form.

2A. Record of verification procedure

Verify the **individual's** full name; and **either** their date of birth or residential address.

ID document details	Document 1
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	
Issue date (dd/mm/yyyy)	
Expiry date (dd/mm/yyyy)	
Document number	
Accredited English translation	<input type="checkbox"/> n/a <input type="checkbox"/> Sighted
ID document details	Document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	
Issue date (dd/mm/yyyy)	
Expiry date (dd/mm/yyyy)	
Document number	
Accredited English translation	<input type="checkbox"/> n/a <input type="checkbox"/> Sighted

2B. Financial adviser details

Identification and verification conducted by:

Date (dd/mm/yyyy)
 | | / | | / | | | |

Financial Adviser's name

AFS licensee name

AFSL number
 | | | | | | | |

Phone number
 (| |) | | | | | |

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Contact Centre

1800 819 935

Fax

02 9274 5211

Correspondence and enquiries

Advance Asset Management

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Perth WA 6838

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advance.com.au

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