

# Hunter Hall Investment Management Limited ABN 69 063 081 612 AFSL 219462

## **APPLICATION FORM**

OFFICE USE ONLY

	CSA Client ID:	CTF	DRP	CASH
			Portfolio ID:	
	Fund:	_	Date:	
	Amount: \$		Adv:	
1. Do you have an existing investment in a Hunter Hall Fund	<u>1?                                    </u>			
No (go to section 2)		<b>7</b>		
Yes, the Investor Code or Unitholder Code is (please complete account name below and proceed to section 5)				
2a. Unitholder A – individuals, joint investors, trustees or sole	e traders			
Title Given Name(s)				
Surname Date	of birth (dd/mi	n/yyyy)		
	/	/		
TFN/ABN or exemption (Australian Residents)  Country of residence for	or tax purpos		itizen for tax	_
		No		Yes
Business Name (if a sole trader)				
2b. Unitholder B – individuals, joint investors, trustees or sole	e traders			
Title Given Name(s)				
Surname Date	of birth (dd/mi	n/yyyy)		
	/	/		
TFN/ABN or exemption (Australian Residents)  Country of residence for	or tax purpose	es US Ci	itizen for tax	k purposes
	•	No		Yes
	• ,•			
2c. Corporate Applicant – including corporate trustees and ass	sociations			
Company name (eg. XYZ Pty Ltd)				
ABN/ACN (Australian residents) Contact na	2mo			
ABN/ACN (Australian residents)  Contact no	anie			
TFN or exemption (Australian residents)  Country v	where domicil	ed for tax pu	ırposes	
2d. Trust or Superannuation Fund Applicant - beneficiary det	tails			
Beneficiary name (eg. XYZ Superannuation Fund or XYZ Family Trust)				
ABN Contact no	ame			
TFN or exemption (Australian residents)  Country v	where domicil	ed for tax pu	ırposes	

3. Contact Detail	s		
Email address			
Telephone (during busing	ness hours)	Telephone (mobile)	
	,	()	
4a. Residential Ad	ddress (mandatory)		
Street			
Suburb		State	Post Code/Zip Code
Suburb			1 ost code/ Zip code
_			
Country			
4b. Postal Address			
Same as residential a			
Street	uuless		
Street			
0.1.1			D + C 1 /7: C 1
Suburb		State	Post Code/Zip Code
Country			
- A ( 1) T'			
	ancial Institution Account Details	3	
Name of financial institu	ation		
Branch address			
Branch number (BSB)	Accou	nt number	
-			
Account name			
6. Investment an	a a semba		
6. Investment an	Investment Amount	Dogular 6	Savings Plan (Minimum
runu	(Minimum investment amount \$5,000 p		200 per Fund per month)
Value Growth Trust (VGT)	\$ , , , ,		,
Global Equities Trust (GET)	\$ , , , , , , , , , , , , , , , , , , ,		,
Australian Value Trust (AVT)	\$ , , , , , , , , , , , , , , , , , , ,	. \$	,
Global Deep Green Trust (GDG)	\$ , , ,	. \$	,
Total	\$ , , ,	. \$	

#### Initial investment payment Please indicate how your investment amount will be made: Cheque Attached is a cheque made payable to JPM Nominees ACF HH App a/c OR **Electronic Funds Transfer (EFT) Australian investors** New Zealand investors Account Name: JPM Nominees ACF HH App a/c Account Name: JPM/Hunter Hall NZ Apps Account Number: 010059612 Account Number: 0000152-00 BSB: 212-200 BSB: 01-1836 JPMorgan Chase Bank, N.A. Bank Name: **ANZ** Bank Name: Address: Level 18, 85 Castlereagh Street Address: 23-29 Albert Street Sydney NSW 2000 Auckland SWIFT: CHASAU2X New Zealand 017000277 Reference: **EFT Reference** Deposit Date (dd/mm/yyyy) Please note: Application monies paid by cheque or EFT will be available as cleared funds in Hunter Hall's account on the next business day after your account has been debited, unless dishonoured by your financial institution. Units in a Hunter Hall fund will be issued following receipt of a valid Application Form, cleared funds and Investor Identification documents. Regular Savings Plan I/We request for Hunter Hall to set up Regular Savings Plan (RSP) and for JP Morgan Nominees Australia Ltd acf Hunter Hall Investment Management Limited (User ID 416480) to debit monthly payments from the account nominated in the Australian Financial Institution Account Details section. I/We acknowledge that this Direct Debit Request is governed by the Conditions of Operation set out on the Hunter Hall website: www.hunterhall.com.au If debiting from a joint account, both signatures are required. **Distribution Payments** How do you wish to receive your distribution? Reinvested in additional units (default option) Direct Credit - credited by EFT to my nominated Australian financial institution account (please note that EFT payments can only be made to an Australian bank, building society or credit union account) 8. Authorised Representatives (for advisors, see section 11) Complete this section only if you wish to appoint an Authorised Representative to enquire and transact on your account on your behalf. I/We wish to appoint the following as my/our Authorised Representative Title Given Name(s) Surname Email address Signature of Authorised Representative Signature of Applicant 1 Signature of Applicant 2 (if a joint account) Name of Applicant 1 Name of Applicant 2 (if a joint account)

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

9. Investor Communications			
Please nominate how you would like to receive communication from Hunter Hall, if no election is made the default option is none. The Annual Report and Monthly Performance Reports for the Hunter Hall Funds will be also be available on our website: www.hunterhall.com.au			
Monthly Performance Reports None Email Marketing mail-outs None Email Annual Report None Email Post			
10. Declaration and Signatures			
I/We declare and agree that:			
<ul> <li>All details in this application are true and correct;</li> </ul>			
<ul> <li>Any documents or information whatsoever used for verification purposes in support of my/our application are complete and correct;</li> </ul>			
• I/We have received and read, or have had the opportunity to read, the current Product Disclosure Statement and Additional Information Booklet (collectively the "PDS") to which this application applies and agree to be bound by the provisions of the PDS and the Constitution governing each of the Hunter Hall Funds. This Application Form does not form part of the PDS;			
• I/We understand Hunter Hall will pay my/our financial advisor (if any) up to 4% of my/our gross investment amount deducted as a Contribution Fee in accordance with the terms of the PDS. I/We authorise Hunter Hall to process the Contribution Fee according to the instructions in Section 11 "Contribution Fee Direction Form". I/We direct that the Contribution Fee be deducted from my/our gross investment amount by Hunter Hall acting as agent for my/our advisor. I/We acknowledge that a portion of the Contribution Fee may be rebated to me/us by my/our advisor in accordance with the instructions detailed in the Contribution Fee Direction Form.			
• I/We will provide further information that Hunter Hall or its agents may request in order for it to comply with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF).			
• I/We agree that you will provide all necessary cooperation and assistance, including the provision of information, waivers and consents, for the Responsible Entity to comply with their obligations under FATCA or any agreement entered into under FATCA.			
<b>FATCA</b> means sections 1471 to 1474 of the US Internal Revenue Code of 1986, any associated regulations or other official guidance, any treaty, law, regulation or other official guidance enacted in any other jurisdiction, or relating to an intergovernmental agreement between the US and any other jurisdiction, which (in either case) facilitates the implementation of the above, or any agreement pursuant to the implementation of the above with the US Internal Revenue Service, the US government or any governmental or taxation authority in any other jurisdiction.			
I/We acknowledge that:			
<ul> <li>It may be a criminal offence to knowingly provide false, forged, altered or falsified comments or misleading information or documents when completing an Application for units in a fund.</li> </ul>			
Certified documents are attached as required by the AML/CTF Act			
Signature of Applicant 1 Signature of Applicant 2 (if a joint account)			
Name of Applicant 2 (if a joint account)			
Date (dd/mm/yyyy)			
Joint holdings:   Either to sign OR Both to sign (if no selection is made, 'Either to Sign' will be assumed)			
Company holdings: Sole Director to sign OR Joint Directors to sign OR Director and Company Secretary to sign			

11. Contribution Fee Direction Form - To be comp	leted by Advisors			
Hunter Hall Advisor Code (if known)				
New Advisors: Agent ASIC Licence Number	Advisor ASIC Rep Number			
Advisor Name				
Name of Advisory Company				
Mailing Address				
G				
Suburb	State Post Code/Zip Code			
Country				
Email address				
Email address				
Telephone (during business hours)	Telephone (mobile)			
Advisor Use Only (continued)				
As an advisor you are entitled to up to 4% of your client's gross investment amount as a Contribution Fee. You appoint Hunter Hall to collect this amount from your client's gross investment amount as your agent and in accordance with the client's direction. Please indicate the percentage, if any, you would like to rebate to your client, which will be used to purchase additional units.  1% 2% 3% 4% Other (=25% rebate) (=75% rebate) (=100% rebate*)  *100% rebate means fully invested and no Contribution Fee payable by the client  AML/CTF Certification: Copy of ID document(s):  Not Attached: I confirm that I have completed the AML/CTF identification and verification requirements for this investor as required by the AML/CTF Act.  Attached: Please provide the required documentation for an individual, Australian company, trust or partnership.  Notifications - New advisors only  I wish to be notified when the Monthly Performance Reports are updated on the Hunter Hall website (please ensure you have included advisor email address above).  Advisor Signature  Advisor Signature				
	CMC Markets Stockbroking Stock & Share Broker ACN 081 002 851 266-2			
	Level 13, 130 Pitt Street, Sydney NSW 2000			
Date (dd/mm/yyyy)				
Signature of Applicant 1	Signature of Applicant 2 (if a joint account)			
Date (dd/mm/yyyy)	Date (dd/mm/yyyy) / / / / / / / / / / / / / / / / /			
Return this completed form to:	Contact us			
FundBPO - Unit Registry	Telephone: 1300 133 451			
GPO Box 4968 Sydney NSW 2001	International callers: + 61 2 8259 8888 Facsimile: + 61 2 9251 3525			
Australia	Email: registry@fundbpo.com			
This form accompanies the Product Disclosure Statement (PDS) f				



## Hunter Hall Investment Management Limited ABN 69 063 081 612 AFSL 219462

## INITIAL APPLICATION CHECKLIST

1. All Investors			
Initial Application Form completed and signed			
Cheque attached or Electronic Funds Transfer completed and reference number shown on Initial Application Form			
2. Anti-Money Laundering and Counter-Terrorism Financing			
Under the Anti Money Laundering (AML) and Counter-Terrorism Financing (CTF) Act 2006 Hunter Hall has an obligation to meet customer identification and verification requirements prior to issuing units to an investor.			
Your financial advisor may complete due diligence to verify the identity of a prospective investor on behalf of Hunt Hall. If you applying for units in a Hunter Hall Fund through a financial advisor, please confirm whether they will supplying the required identification requirements on your behalf.			
2a/b. Individual Investors			
Individual investors are required to provide certified copies of either one primary document or two secondary documents (with one document from each of Columns A and B) for the purposes of client identification.			
Primary document			
Driver's Licence			
Australian Passport (a passport that has expired within the proceeding 2 years is acceptable)			
State or Territory proof of age card			
Foreign Passport or travel documents (containing a passport)			
OR Secondary Documents - one document only from each of Columns A and B			
Column A Column B			
Birth Certificate Commonwealth, State or Territory financial be notice (less than 12 months old)	nefits		
Australian Citizen Card Tax Notice (less than 12 months old)			
Pension Card issued by Centrelink Local utilities provider notice (less than 3 months old)			
Health Card issued by Centrelink			
2c. Non-individual Investors - Australian Registered Company			
Australian registered companies are required to provide certified copies of the following information for the purpoclient identification.	ses of		
The full name of the company as registered by ASIC			
The full address of the company's registered office			
The full address of the company's principal place of business (if applicable)			
The ABN or ACN issued to the company			
Details on whether the company is registered by ASIC as a proprietary or public company			
The names of each Director for proprietary companies			
2c(i). Non-individual Investors - New Zealand or other foreign entities			
New Zealand or other foreign entities (not registered in Australia as a foreign company) are required to provide cercopies of the following information for the purposes of client identification.	tified		
All requirements listed for an Australian Registered Company (refer to section 2b.)			
In addition to:			
Details to enable verification of each beneficial owner			

2d.	Non-individual Investors – Trustees of a Trust (including Superannuation Funds)
	ees of a Trust or a Superannuation Fund are required to provide certified copies of the following information for the oses of client identification.
	Corporate Trustees - All requirements for companies (refer to section 2b. or 2c.) OR
	Individual Trustees - All requirements for individual investors (refer to section 2a.)
	In addition to:
	Copy of the trust deed AND
	Details of the type of Trust AND
	The place of establishment AND
	Details of the beneficiaries
2e.	Non-individual Investors – Partnerships
Partn	erships are required to provide certified copies of the following information for the purposes of client identification.
	All requirements for companies (refer to section 2b. or 2c.)
	All requirements listed for Individual Investors for each of the partners (refer to section 2a.)
In add	dition to one of the following:
	An extract of the partnership agreement OR
	An extract of minutes of a partnership meeting OR
	Current membership certificate of a professional association OR
	ATO notice issued with the last 12 months OR
	Certificate of Registration of a business name issued by a government of government agency
2f.	Non-individual Investors – Other
-	are a non-individual investor that does not fall under any of the categories set out above please contact Hunter to discuss the documentation we will require for verification purposes.

3. Further Questions?

If you have any questions when completing your application form please telephone Hunter Hall's Investor Relations department during business hours (Australian Eastern Time).

Return this completed form to:	Contact us		
FundBPO - Unit Registry	Telephone:	1300 133 451	
GPO Box 4968	International callers:	+ 61 2 8259 8888	
Sydney NSW 2001	Facsimile:	+ 61 2 9251 3525	
Australia	Email:	registry@fundbpo.com	
This form accompanies the Product Disclosure Statement (PDS) for the Hunter Hall Funds dated 1 July 2013			