

# Section T

## Fund Application Form

This is an Australian Securities Limited, Fund Application Form. To be completed if you are investing in any or all of the Funds listed below



**Australian Securities Fund Application.**

This form accompanies the Product Disclosure Statement for each of the following funds  
Please tick chosen fund application boxes:

- Australian Securities Income Fund
- Australian Securities Property Fund
- Australian Securities Term Fund
- All of the above

ASL use only: \_\_\_\_\_

When you complete this form please print in clear **BLOCK LETTERS** and use crosses in boxes.

Adviser's stamp:

- Step One** Identify the applicant type for your investment account by ticking the appropriate box
- Step Two** Complete the mandatory sections identified against the Applicant type you ticked
- Step Three** Complete section 5 only if you appoint a third party or representative to act for you.
- Step Four** Sign the Application at Section 6 [initial any amendments or white outs]
- Step Five** Return the signed Application to Australian Securities Limited along with a copy of the following:
  - Photo ID (eg Drivers licence, Passport)
  - Recent utilities bill (eg Gas, electricity, water)
  - Certified copy of a Power of Attorney (if account is opened under a Power of Attorney)
 [Authorised Representative or Third Party appointments also require Photo Identification]

**Applicant type (please tick box)**

**Mandatory Sections to complete**

- Individual or Joint Individuals..... 1, 2A, 2B, 3, 4, 6A
- Company..... 1, 2A, 2C, 3, 4, 6B
- Trust- Trustees are individuals..... 1, 2A, 2B, 3, 4, 6A
- Trust- Trustee is a company..... 1, 2A, 2C, 3, 4, 6B
- Superannuation Fund- Trustees are individuals..... 1, 2A, 2B, 3, 4, 6A
- Superannuation Fund- Trustee is a corporation..... 1, 2A, 2C, 3, 4, 6B
- Partnership- partners are individuals..... 1, 2A, 2B, 3, 4, 6A
- Partnership- partners are companies..... 1, 2A, 2C, 3, 4, 6B
- Deceased Estates..... 1, 2A, 2B, 3, 4, 6A
- Trust (no trust deed)- individual..... 1, 2A, 2B, 3, 4, 6A
- Trust (no trust deed)- Company..... 1, 2A, 2C, 3, 4, 6B
- Unincorporated body- office bearers..... 1, 2A, 2C, 3, 4, 6B

# Australian Securities Limited Fund Application Form

1. Investor Name: \_\_\_\_\_

Your investment is/or will be recorded in this name

2. Do you have an existing investment in this name?  Yes ASL INVESTOR NUMBER: \_\_\_\_\_

If YES and you do not wish to use this form to update our records, proceed to Signing Clause at Section 6 and return this Application with your preferred method of payment. If NO, continue to complete this Application Form.

3. Initial Investment Method<sup>9</sup> (Minimum requirements apply) If this is an ASL Term Fund Application only, please proceed to number 11.

\$ \_\_\_\_\_ (Cash is not accepted)  Direct Debit  Direct Credit

4. Investment Options<sup>10</sup>

Only Direct  Only Contributory  Only Nominee  All Types refer to page 5

5. First Mortgage Security Priority Type

T1  T2<sup>11</sup>  All Types

6. Preferred Term

One Year  Two Year  Three Year  Four Year  Five Year  Any term up to 5 Years

7. Security Category

Industrial  Residential  Development & Construction  Regional/Rural  Regional/Coast  All Types

8. Interest Rate

Fixed  Variable  Both Fixed and Variable

9. Interest Advance Facility<sup>13</sup> (Applies to Direct Investment only within the Australian Securities Investment Fund)

Cross this box if you do not require this facility for direct investments  Hold – I do not require the interest Advance Facility

10. Investment Summary<sup>14</sup> (Applies only to the ASL Property Fund and the ASL Term Fund)

Tick box to not receive Summary

11. GST

Yes  No ABN No. \_\_\_\_\_

12. Privacy Notice

No marketing information

Your personal information is collected to enable us to provide information about existing and invest funds in your name in sub-schemes provide you with and administer the sub-schemes under this PDS you wish to invest in.

Please cross the box above if you do not wish to receive marketing information.

<sup>9</sup> Initial Investment- Investing page 8 <sup>10</sup> Investment options- page 5 <sup>11</sup> T2 Investments page 7 <sup>12</sup> Security Categories page 6  
<sup>13</sup> Interest Advance Facility page 9 <sup>14</sup> Investment Summary page 3

Section

# 2

# Australian Securities Limited Fund Application Form

**A INFORMATION TYPE**

New Investor Information

Updated Investor Information

**B INDIVIDUALS (COMPLETE ALSO IF TRUSTEE IS INDIVIDUAL(S))**

**1. Individual Investor A or Trustee**

Title (Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_  This person is an Individual Trustee for this Investment

Given Names: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tax File Number: \_\_\_\_\_

**2. Individual Investor B or Trustee**

Title (Mr/Mrs/Miss/Ms/Other) \_\_\_\_\_  This person is an Individual Trustee for this Investment

Given Names: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tax File Number: \_\_\_\_\_

**3. Relationship Investor A & B. If contact details for each investor the same, please state "AS ABOVE" for Investor B**

Joint       Tenants in Common       Partnership       Trustee

**4. Account signing authorities for future transactions**

For two investors only       A&B       Either A or B       Only A       Only B

**C NON INDIVIDUAL**

**5. Name:** \_\_\_\_\_

If the Trustee is an Individual, complete Question 1 and Mark the BOX as Trustee.

**6. Tax File Number:** \_\_\_\_\_

Australian Registered Business Number or Exemption Reason: \_\_\_\_\_

ARBN Non-resident OR Exemption Reason: \_\_\_\_\_

# Australian Securities Limited Fund Application Form

## Contact Information

1. Contact Name: \_\_\_\_\_
2. Contact Details  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country of Residence (If other than Australian): \_\_\_\_\_  
 Telephone (Home): + 61 ( ) \_\_\_\_\_ (Work): + 61 ( ) \_\_\_\_\_ (Mobile): \_\_\_\_\_  
 Fax: + 61 ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_
3. Alternative Contacts: \_\_\_\_\_ Phone (Day time) + 61 ( ) \_\_\_\_\_
4. Relationship: \_\_\_\_\_

### ADVISERS DETAILS (if applicable)

#### 5. Lawyers Details

Contact Name: \_\_\_\_\_ Phone No: + 61 ( ) \_\_\_\_\_  
 Business No: \_\_\_\_\_ Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

#### 6. Accountant Details

Contact Name: \_\_\_\_\_ Phone No: + 61 ( ) \_\_\_\_\_  
 Business No: \_\_\_\_\_ Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

#### 7. Financial Advisor Details

Contact Name: \_\_\_\_\_ Phone No: + 61 ( ) \_\_\_\_\_  
 Business No: \_\_\_\_\_ Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

#### 7. Attorney or Administrator Details

Contact Name: \_\_\_\_\_ Phone No: + 61 ( ) \_\_\_\_\_  
 Business No: \_\_\_\_\_ Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Power of Attorney       Appointment as administrator      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Appointment

Attach Certified copy of EPA or Order of Appointment as Administrator

#### 8. Next of Kin (Emergency Only)

Contact Name: \_\_\_\_\_ Phone No: + 61 ( ) \_\_\_\_\_  
 Business No: \_\_\_\_\_ Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Section

# 4

## Australian Securities Limited Fund Application Form Capital & income payments electronic banking

### 1. DEFT INVESTMENT ACCOUNTS - AUTHORITY

Direct Credit Authority     Direct Debit Authority

### 2. Bank Account Details (ASL User ID 161318, 484021 & 476158)

The following nominated bank account will be:

- (a) Credited for payment of income distributions and withdrawals if applicable, and
- (b) Debited for your initial and additional investments (if paying by direct debit).

(i) Primary Bank Account (incorporating Direct Debit request)

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Account Name: \_\_\_\_\_ BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Direct Debit Authority**/We acknowledge this Direct Debit arrangement is governed by the Direct Debit Facility in this Product Disclosure Statement to Australian Securities Ltd (ASL User ID 161318, 484021 & 476158)

BANK SIGNATORIES    All signatories for account to be debited must sign

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

### 3. ALTERNATE BANK ACCOUNT FOR INCOME DISTRIBUTION ONLY

Please complete if you wish to nominate an alternative bank account for payment of the following:

Income distribution payments

(ii) Optional Alternative Bank Account (for direct credit payments only)

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Account Name: \_\_\_\_\_ BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### 4. INSTRUCTIONS FOR ALL CAPITAL REPAYMENTS FROM INCOME FUND INVESTMENTS\*:

Please complete the following.

Return capital to the nominated primary bank account

OR

Return Capital to the Australian Securities Term Fund (ASTF) account. Note this Capital will then be subject to the 90 day minimum investment term as defined by the ASTF PDS; the 14 day cooling-off period will not apply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* Note that these instructions can be changed by providing written notice to ASL 10 business days prior to the next capital repayment

# Australian Securities Limited Fund Application Form Authorised Representative

## Authorised Representative

You may appoint another person or entity with legal capacity to contract as your authorised representative to operate investments on your behalf by completing this section. Complete company name & ASL reference if authorised representative is known.

Company Name: \_\_\_\_\_

Title (Mr/Mrs/Miss/Ms/Other): \_\_\_\_\_ ASL INVESTOR NUMBER: \_\_\_\_\_

Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

### CONTACT DETAILS

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (Home): + 61 ( ) \_\_\_\_\_ (Work): + 61 ( ) \_\_\_\_\_ (Mobile): \_\_\_\_\_

Fax: + 61 ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

I/We agree to the conditions relating to the appointment of an authorised representative as shown in the declarations, conditions and acknowledgments. All investors must countersign the authorised representative's signature

Authorised Representative: All signatories for account to be debited must sign  Enduring Power of Attorney held?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### SIGNATORIES APPOINTED AUTHORISED REPRESENTATIVES

Investor A (Print Name and Date) Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Investor B (Print Name and Date) Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

### APPOINTING AUTHORISED REPRESENTATIVE

COMPANY SEAL

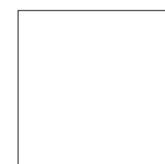
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

You must indicate your company title

You must indicate your company title

Director or Secretary  Sole Director and Sole Secretary

Director  Secretary



### INVESTMENT ADVISERS REMUNERATION (line out if not applicable)

#### 8. Adviser ONLY (to be completed by Adviser)

ASL INVESTOR NUMBER: \_\_\_\_\_ Company Name: \_\_\_\_\_

Remuneration Details:

Please indicate the brokerage to be charged to the client. Fees paid will be reflected in the effective income distribution to the Member. This brokerage will apply to this investment and all subsequent investments unless an alternative for future investment is selected below.

(i) Investment Advisers to be charged on funds and paid by deduction from interest collected

1.00%  0.75%  0.50%  Nil  Other: \_\_\_\_\_

If boxes are left blank we will assume no remuneration agreement applies to this investment requiring payment from ASL from the interest income collected

(ii) The same brokerage fee will apply to ongoing investments from the Applicant following future investments (optional).

Additional mortgage securities  Increased Investment  Roll Overs

The Investment Adviser holds a current signed authority from the Applicant to be paid these fees by deduction from the interest income collected.

### INVESTOR SIGNING CLAUSE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Australian Securities Limited Fund Application Form

## Investor Authorisation

### Section 6

#### SIGNATURE(S)

All investors must sign and date the Application.

In signing this Application I/We acknowledge that I/We have read and understood the Product Disclosure Statement to which this Application relates AND agree, consent and acknowledge the declarations, conditions and acknowledgments provided in the Prospectus AND declare that all the details given in this Application are true and correct.

NOTE: If signing under a Power of Attorney, you are verifying that at the time of signing you have not received notice of revocation of that Power. Please provide a certified copy of the Power of Attorney including appointed signature

#### A INDIVIDUALS & INDIVIDUALS ACTING AS TRUSTEES

Investor A (Print Name and Date)

Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIGNING CLAUSE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Investor B (Print Name and Date)

Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIGNING CLAUSE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### B CORPORATE INVESTORS

COMPANY SEAL

Company Name: \_\_\_\_\_

ACN: \_\_\_\_\_



CORPORATE DIRECTORS SIGNING CLAUSE Director(Print Name and Date)

Two directors or a director and a company secretary MUST sign (unless Sole Director and Sole Secretary)

1. Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

You must indicate your company title  Director or Secretary  Sole Director and Sole Secretary  Other

2. Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

You must indicate your company title  Director or Secretary  Sole Director and Sole Secretary  Other

3. Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

You must indicate your company title  Director or Secretary  Sole Director and Sole Secretary  Other

4. Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

You must indicate your company title  Director or Secretary  Sole Director and Sole Secretary  Other