

### GUIDE TO COMPLETING THIS FORM

- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email **investorservices@advance.com.au**.
- > Investors are required to complete this Application Form together with the relevant Customer Identification Form and send these to us with the required identification documentation. We will not be able to process your Application without a correctly completed Customer Identification Form and the required identification documentation. You can download customer identification forms from **advance.com.au** or you can call our Customer Relations team on **1800 819 935**. If you're lodging your product Application Form through a financial adviser, please contact your financial adviser for further information.

**PLEASE NOTE THAT THIS FORM CANNOT BE SENT BY FAX OR EMAIL.**

**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 13).**

### 1. INVESTOR DETAILS

#### New investors

➤ Go to Section 2

#### Existing investors

Is this investment to be in the same name?

No ➤ Go to Section 2

Yes

My Account Number is:

➤ Go to Section 4

### 2. TYPE OF INVESTOR

Cross [X] the relevant box. All new investors must complete this section.

<input type="checkbox"/> Institutional	INS
<input type="checkbox"/> Masterfund/Wrap Provider	MTR
<input type="checkbox"/> Other investor(s)/All remaining investors	

If you selected Other investor(s)/all remaining investors, please indicate one of the following categories.

	Go to Section
<input type="checkbox"/> Individual(s)/Joint/Sole traders	<b>3A</b>
<input type="checkbox"/> Business partnership	<b>3A and 3C</b>
Trust/Superannuation fund	
<input type="checkbox"/> Corporate trustee/Super fund	<b>3A, 3B and 3C</b>
<input type="checkbox"/> Individual trustee(s)/Self managed super fund (SMSF)	<b>3A and 3C</b>
<input type="checkbox"/> Company	<b>3A and 3B</b>
<input type="checkbox"/> Adult(s) investing for a child under 18	<b>3A and 3C</b>
<input type="checkbox"/> Deceased estate	<b>3A and 3C</b>
<input type="checkbox"/> Club/Association or unincorporated body	<b>3A and 3C</b>
<input type="checkbox"/> Charities/Religious order(s)	<b>3C</b>

### 3A. INDIVIDUALS, SOLE TRADERS, 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)

#### Investor B

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)



**Joint (non corporate) investors only**

Indicate account signing authority for future transactions.

**Note** – if no option is selected, future transactions will require both investors to sign.

Either:

- Investor A or B
- Investor A only
- Investor B only
- Investor A and B

**3B. NAME OF INSTITUTION/COMPANY OR CORPORATE TRUSTEE (INCLUDING INCORPORATED BODIES)**

  


**3C. NAME OF TRUST/SUPERANNUATION FUND, BUSINESS PARTNERSHIP, CLUB/ASSOCIATION, CHARITY/RELIGIOUS ORDER OR CHILD/ESTATE NAME**

  


**4. CONTACT DETAILS**

Residential address/Registered office (PO Box **not** acceptable)

  


	State	Postcode
Country, if not Australia		

Postal address – if different from above

  


	State	Postcode
Country, if not Australia		

Home phone number



Work phone number



Mobile phone number

Fax number



Email address<sup>1</sup>

  


<sup>1</sup> In the future, Advance may choose to email correspondence to you.

**ANNUAL REPORTS**

Individual Fund Annual Report will be available for download from **advance.com.au**

If you would still like to receive a hard copy in the post, cross [X] this box.

**5. OUR REPORTING OBLIGATIONS**

We are required to identify certain US persons in order to meet account information reporting requirements under local and international laws.

If you or (where you are applying on behalf of an entity) the entity and/or any office bearer\* of the entity and/or any individual who holds an interest in the entity of more than 25% (a Controlling Person) are a US citizen or US tax resident, you must telephone 1300 725 863 at the time of completing this application. When you contact us you will be asked to provide additional information about your US tax status and/or the US tax status of the entity and/or any Controlling Person which will constitute certification of US tax status for the purposes of this application.

Unless you notify us that you or (where you are applying on behalf of an entity) the entity and/or any Controlling Person are a US citizen or US tax resident as specified above, by completing this application you certify that you or (where you are applying on behalf of an entity) the entity and/or any Controlling Person are not a US citizen or US tax resident.

If at any time after account opening, information in our possession suggests that you, the entity and/or any Controlling Person may be a US citizen or US tax resident, you may be contacted to provide further information on your US tax status and/or the US tax status of the entity and/or any Controlling Person. Failure to respond may lead to certain reporting requirements applying to the account.

\* Director of a company, partner in a partnership, trustee of a trust, chairman, secretary or treasurer of an association or co-operative.

**6. TAX FILE NUMBER (TFN), AUSTRALIAN BUSINESS NUMBER (ABN) OR EXEMPTION**

Whose TFN or ABN is required?

Institutional	The institution
Mastertrust/Wrap Provider	The Mastertrust/Wrap Provider
Individual	Investor A
Joint	Both Investors A and B
Business partnership	The partnership
Trust/Superannuation fund (individual trustee(s) and corporate trustee(s))	The Trust or superannuation fund
Company	The company
Adult(s) investing for a child under 18	Investor A (and Investor B if relevant)
Deceased estate	The estate
Clubs/Associations and unincorporated bodies	The club, association or unincorporated body

**Enter TFN or ABN**

Investor A TFN

Investor B TFN

ABN

Investors can only provide an ABN instead of a TFN where the investment is made in the course or furtherance of an enterprise (eg business or trade).

**Or reason for exemption**

- Non-resident – country
- Registered Charity
- Other – please specify

- I authorise the TFN/ABN details to apply to this investment only.
- I authorise Advance to apply the TFN/ABN previously provided, as this is an existing Advance account.



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## 7. INVESTMENT DETAILS

Cross [X] the relevant box.

A Investment amount				B Regular Savings Plan	C Regular Withdrawal Plan	D Distribution options*	
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.				A Regular Savings Plan via direct debit.	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.	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 (for office use only)	Initial investment amount	Specify amount for your Regular Savings Plan and also complete Section 8 and Section 10	Specify amount for your Regular Withdrawal Plan and also complete Section 9 to nominate a bank account	Reinvest	Pay to bank (also complete Section 9)
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 Defensive Yield Multi-Blend Fund	ADV0173AU	AWI-DAL	\$	\$	\$	<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 Asian Shares Multi-Blend Fund	ADV0083AU	AWI-AEF	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Cash Multi-Blend Fund	ADV0069AU	ARI-CSH	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

\* 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.

### E How will your investment be made? Note – cash is not accepted.

Cheque sent to Advance	<input type="checkbox"/> Make cheques payable to: Advance Asset Management Limited – a/c Investor(s) name Mailing address: Advance Asset Management GPO Box B87 Perth WA 6838
Electronic Funds Transfer (EFT/direct credit)	<input type="checkbox"/> You'll only be able to make your initial application by EFT or direct credit after we've notified you that your application has been processed and your account set-up is established. We'll supply our bank account details by email, if provided, or by post to the address on file. <b>Note</b> – we prefer Real Time Gross Settlement. EFT is available only to Institutional investors.
Direct debit by Advance	<input type="checkbox"/> <input checked="" type="radio"/> Go to Section 8 (Direct Debit Request). <b>Note</b> – not available for Institutional Investors.
Transferring ownership	<input type="checkbox"/> Provide a signed and completed Transfer Form stamped by the NSW Office of State Revenue and the investor number for the investment that units are being transferred out of (if known).  <b>C</b> <input type="text"/> <b>Note</b> – Advance transfers stamped by the NSW Office of State Revenue are required to complete ownership transfer.



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**11. 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)

**12. 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

Email address

  


Investment Link ILCN (Client No.)

ILGN Group No.

**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

For Retail Investors only, the Adviser Remuneration Fee can only be a flat dollar remuneration if borrowed monies have been invested. It is your responsibility to ensure the correct box is checked. Please speak to your adviser if you have any queries.

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

**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.



### 13. 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 11 (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 below.
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 as 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/ Unincorporated bodies	Office bearer(s) must sign and state their appropriate office title in the fields below.

Signature of Investor A, Director or Sole Trader

Date (dd/mm/yy)

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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)

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Signatory's full name (please print)

Director  Company Secretary

Clubs/Associations/Unincorporated bodies: please indicate office title (please print)

**SEND THIS COMPLETED FORM TO:**

By Post: Advance Asset Management  
GPO Box B87  
Perth WA 6838

**FOR FURTHER ASSISTANCE CONTACT:**

**CUSTOMER RELATIONS**

1800 819 935

**FAX**

02 9274 5211

**EMAIL ADDRESS**

investorservices@advance.com.au

**INTERNET ADDRESS**

advance.com.au

**ADVANCE**  
ASSET MANAGEMENT



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