

# JBWere Cash Trust Application form

JBWere

November 2015

**Issued by:** The Trustee, MLC Investments Limited ('MLC'), ABN 30 002 641 661, AFSL 230705. JBWere Cash Trust ARSN 160 854 277  
**Administered by:** JBWere Limited ('JBWere'), ABN 68 137 978 360, AFSL 341162

## Important Information

The Trustee can only accept your application if the form is correctly completed. Before signing this Application Form, please make sure you have read and understood the Product Disclosure Statement, the Fee Flyer and the Terms of Facilities. Please check that you have completed all the questions (as appropriate) by printing clearly in the spaces provided and have signed the relevant section(s).

If you are making your initial investment by cheque, please make it payable to MLC Investments Limited, crossed 'Not Negotiable'. Please send everything to:

**Australia: JBWere Investor Services**, Reply Paid 4595, Melbourne VIC 8060

**New Zealand: JBWere Investor Services**, Freepost 55876811, PO Box 2085, Shortland Street, Auckland 1140

## Your account

### 1. Are you an existing JBWere client?

No

You will also need to complete the Client Identification Form available on [jbwere.com](http://jbwere.com) and attach current certified copies of the acceptable proof of identity documents.

Yes **Please provide your Investor number**

### 2. What type of account are you opening?

Individual or joint individuals

Individual or joint individuals acting as trustee of a trust or super fund, or as executor of an estate

Company or incorporated association

Company acting as trustee of a trust or super fund

Partnership

Club

## Your details

### 3. Please fill in your details.

Applicants must be at least 18 years of age.

#### Company/Incorporated association/Club details

Name

ACN

ABN (if applicable) or Tax File Number (TFN) or exemption status

#### Trust/Super fund details

Trust  Super fund  Estate

Tax File Number (TFN) or exemption status

Name

Australian Business Number (ABN)

#### Individual/Joint individuals/Partnerships details

##### 1st Individual

Title

Mr  Mrs  Miss  Ms  Other

Name

Middle name

Surname

Date of birth (DD/MM/YYYY)

Tax File Number (TFN) or exemption status

##### 2nd Individual

Title

Mr  Mrs  Miss  Ms  Other

Name

Middle name

Surname

Date of birth (DD/MM/YYYY)

Tax File Number (TFN) or exemption status

##### 3rd Individual

Title

Mr  Mrs  Miss  Ms  Other

Name

Middle name

Surname

Date of birth (DD/MM/YYYY)

Tax File Number (TFN) or exemption status

You don't have to provide your TFN and it isn't an offence if you decide not to. However if you don't, the Trustee is required to deduct tax at the highest marginal rate inclusive of the Medicare levy from any income payable to you. The Trustee is authorised under the Income Assessment Act 1936 to ask for your TFN when you open a savings or investment account and will use your TFN to report details of income earned to the Australian Tax office. For more information about TFNs/ABNs please call your nearest tax office.

#### 4. Account designation (if applicable)

The name of your trust, super fund or estate will be used as the description on your account. If you would like any other description to be used, please write it here.

#### 5. Postal address

  

Suburb

State

Postcode

Country

#### 6. Residential address (if different from postal address above)

Your residential address can't be a PO Box.

  

Suburb

State

Postcode

Country

#### 7. Contact details

Surname

First name

Business phone

Home phone

Mobile phone

Email address

Fax

#### 8. Initial investment (minimum initial investment \$1,000)

How would you like to deposit your initial investment?

Electronic funds transfer

Cheque (Please make the cheque payable to MLC Investments Limited, crossed 'Not Negotiable')

BPAY

You are required to make your initial payment within 30 days of your application being processed. You can transfer money from your financial institution into your Trust account by electronic funds transfer or BPAY.

Your BSB, account number and BPAY details will be given to you once your application has been completed.

#### 9. Your financial institution account details

Any telephone withdrawals and internet funds transfers will be transferred to this nominated account.

Name of financial Institution

BSB

Account name (e.g. Peter Alfred Brown, Brown Pty Ltd, Metro Soccer Club Inc.)

Account number

To nominate additional accounts, please contact JBWere Investor Services.

## 10. Income distributions

How would you like to receive this income?

- Reinvested in your Trust account.
- Transferred to the financial institution account above.

If you do not make a selection, your income distributions will be reinvested back into your Trust account.

## 11. Would you like a periodic payment facility?

- No **Go to Question 12.**
- Yes **Complete the details below.**

Start date (DD/MM/YYYY)

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End date (If applicable)

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If it is not possible to meet this date, the next available date of your frequency cycle after the completion of processing your application will be used.

How much would you like the periodic payment to be?

\$

How often would you like payments to be made?

- Weekly       Fortnightly       Monthly       Quarterly       Annually

If you do not make a selection, it is assumed payments will be monthly.

If the date of your payment falls on a non-business day (including weekends and public holidays) would you like the payment made before or after the non-business day?

- Before       After

If you do not make a selection, it is assumed you would like the payment made beforehand.

Please provide details of the account to be credited (must be an Australian Financial Institution account)

Name of financial institution

BSB

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Name of account

Account number

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## 12. Would you like a Cheque Facility?

- No       Yes

All cheque signatories must be identified (see page 11 for more information).

**13. Settlement Authority**

Would you like to use this account for settlement of securities transactions?

No  Yes

Would you like more than one securities transaction account to be covered by this authority?

No  Yes

If you do not make a selection to either of these questions, it is assumed to be a "no" response.

If you would like more than one securities transaction account to be covered by this authority, please give the details of each account below. If any of these accounts are not held in your name, then the relevant account owners will need to sign below.

**Account 1**

Account name

Account number

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**1st Signatory**

Full name

Signature

	Date signed (DD/MM/YYYY)										
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

**2nd Signatory**

Full name

Signature

	Date signed (DD/MM/YYYY)										
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

**Account 2**

Account name

Account number

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**1st Signatory**

Full name

Signature

	Date signed (DD/MM/YYYY)										
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

**2nd Signatory**

Full name

Signature

	Date signed (DD/MM/YYYY)										
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

**14. How would you like the Trustee to keep you informed about your account?**

Electronic reporting via jbwere.com including Monthly and Annual statements (please provide your email address in section 7 and make sure you register for online access to your account), or

Paper reporting

If you do not make a selection, the reporting will be electronic.

## Additional signatories for written withdrawal instructions

### 15. Signatories

All signatories will need to be identified. For more details, see page 8.

#### 1st Signatory

Full name

Date of birth (DD/MM/YYYY)

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Residential address


Signature

X									

#### 2nd Signatory

Full name

Date of birth (DD/MM/YYYY)

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Residential address


Signature

X									

#### 3rd Signatory

Full name

Date of birth (DD/MM/YYYY)

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Residential address


Signature

X									

#### 4th Signatory

Full name

Date of birth (DD/MM/YYYY)

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Residential address


Signature

X									

**16. Would you like all signatories to sign when making a written withdrawal?**

**For joint individuals**

No Each of you can sign written withdrawals instructions individually and bind the other(s) to any transactions made on the account.

Yes

If you do not make a selection, it is assumed to be a "no" response.

**For Company/Incorporated association/Club**

No Any one signatory to sign.

Any two signatories to sign.

Other. Please specify

Yes

If you do not make a selection, it is assumed all signatories must sign.

**Authorised persons to access account information**

**17. Would you like to nominate an authorised person?**

Complete this section if you want to appoint another person to access information on your account. Note this person will not have authority to transact on your account.

No **Go to Application declarations below.**

Yes **Complete the details below.**

**Authorised person's details**

First name

Surname

Relationship to applicant

Business phone

Daytime phone

Mobile phone

Email address

Fax

## Application declarations

### Client acceptance

I have received:

- this Application Form, the JBWere Cash Trust Product Disclosure Statement and the Fee Flyer which, together with the JBWere Cash Trust Constitution, form the terms of the agreement between myself and the Trustee for the issue of units in the Trust, and
- the Terms of Facilities, which form the agreement between myself and the Trustee for relevant Facilities,

and I agree to be bound by those documents and terms as amended from time to time.

I apply for units in the JBWere Cash Trust and for the Facilities described in the Terms of Facilities (other than the Periodic Payment and Cheque Facility unless I have expressly requested them).

### Statements available online

I agree to receive any Monthly and Annual statements, and any other document that the law permits at any time to be delivered electronically, by accessing [jbwere.com](http://jbwere.com) unless I have otherwise elected to receive them in writing.

### Notification of changes

I understand that notice of all changes required to be given to me about changes to the PDS, Terms of Facilities, and events affecting the JBWere Cash Trust will be made available on [jbwere.com/cashtrust](http://jbwere.com/cashtrust) and that I can obtain a paper copy of these notices on request, free of charge.

### Marketing consent

Unless I indicate otherwise, I consent to MLC and other members of the NAB Group contacting me to offer other services or products that may be of interest to me.

I acknowledge that I may withdraw my consent at any time by contacting JBWere at 1800 812 267 or in writing addressed to Privacy Officer, JBWere Limited, Level 16, 101 Collins Street, Melbourne, Vic 3000.

I do not wish to receive communications about other services or products that may be of interest to me.

If you do not make a selection your consent will be assumed. You can withdraw your consent at any time by calling 1800 812 267.

### Privacy

JBWere and MLC collect and hold your personal information for the purposes of providing you with products and services, and in circumstances where the collection of that information is required by law. If you do not provide your personal information, we may not be able to provide you with products or services.

JBWere and MLC are part of the NAB Group, and may disclose your personal information to others both within and outside the NAB Group.

Further details about how your personal information is collected, used, disclosed and handled is set out in our full Privacy Notification and Privacy Policy, which include information on how you may access or correct your personal information, the countries to which your personal information may be sent, and how you may make a complaint about a privacy issue.

You should read our Privacy Policy and full Privacy Notification, which are available at [jbwere.com/privacy](http://jbwere.com/privacy)

### Understanding investment risk

I understand that my investment does not represent a deposit with or a liability of the Trustee, NAB, or other members companies of the NAB Group. An investment is subject to investment risk including possible delays in repayment and loss of income and capital invested.

### Periodic Payment Facility

I give the Trustee a standing instruction to withdraw units from my Trust account and send the money to my pre-nominated financial institution account. I understand I must maintain the minimum account balance and this instruction will continue until I cancel it in writing.

### Applicant declaration

I confirm that I am 18 years of age or over and as far as I am aware, everything I have provided in this Application Form and the Client Identification Form is true. If there are any changes to this information in the future, I will advise the Trustee as soon as possible.

### Offer within Australia and New Zealand

I have received the JBWere Cash Trust PDS and Terms of Facilities in New Zealand (and the JBWere Cash Trust PDS was accompanied by the 'Warning Statement for Australian offers in New Zealand') or Australia, and I have completed this Application Form in New Zealand or Australia.



**If signed under Company**

Companies must provide a list of signatories on the account and the application must be signed by:

- Two directors, or
- A director and a secretary, or
- If a sole director, then sole director to sign, or
- A duly authorised representative(s) of the company.

If signed by a duly authorised representative(s), a current certified copy of the authority to sign on behalf of the company must be attached to the Application Form.

**If signed under Incorporated Association/Clubs**

Incorporated Associations and Clubs must provide a current certified copy of their Constitution or Rules, and the Application Form must be signed by the authorised office bearers.

**If signed under Power of Attorney**

Attorneys must attach a current certified copy of the Power of Attorney if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents cannot be accepted by fax.

**Applicant acknowledgement and signature –  
ALL APPLICANTS MUST COMPLETE THIS SECTION**

**1st Individual**

Capacity

Individual   
  Director   
  Sole director and sole secretary   
  Individual trustee  
 Duly authorised representative (attach authority)   
  Other (please specify)

Signed by: Full name  Date of birth (DD/MM/YYYY)

Signature

Date signed (DD/MM/YYYY)

**2nd Individual**

Capacity

Individual   
  Director   
  Individual trustee  
 Duly authorised representative (attach authority)   
  Other (please specify)

Signed by: Full name  Date of birth (DD/MM/YYYY)

Signature

Date signed (DD/MM/YYYY)

**3rd Individual**

Capacity

Individual   
  Director   
  Individual trustee  
 Duly authorised representative (attach authority)   
  Other (please specify)

Signed by: Full name  Date of birth (DD/MM/YYYY)

Signature

Date signed (DD/MM/YYYY)

## Identification requirements

If a Cheque Facility has been requested, all signatories will need to provide 100 points of identification which can include any two of: a current certified copy of their passport, citizenship certificate or driver's licence (for example). If you do not have these documents you can provide alternative documents. Please refer to the Client Identification Form for more information.

### Certification of personal documents

- A person approved to certify identification documents must provide the following on each copy:
- The statement "This is a true copy of the original document which I have sighted"
- Their
  - o full name
  - o contact address and telephone number
  - o date of certification
  - o signature

The capacity in which they have certified the document (eg magistrate, police officer etc).

The official stamp or seal of the certifier's organisation.

### Who can certify a document?

The following list includes some of the people who are authorised to certify a document.

- A practising lawyer
- A Justice of the Peace
- A judge of the court
- A magistrate
- A Chief Executive Officer of the Commonwealth Court
- A registrar or deputy registrar of the court
- A notary public (for the purpose of the Statutory Declaration Regulations 1993)
- A police officer
- An employee of Australia Post with two or more years of continuous service to customers
- An employee of a financial institution with two or more years of continuous service with Financial Institutions (for the purposes of the Statutory Declarations Regulations 1993) (eg bank manager, bank officer)
- A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- 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 licences (eg financial planner, advisor, broker)
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.
- If the certification occurs in New Zealand: A person before whom a statutory declaration may be made under the law of New Zealand.

For a full list of people who are authorised to certify a document in Australia please go to [ag.gov.au](http://ag.gov.au)

**Important notice about privacy**

By completing this form, you agree to the National Australia Bank (NAB) Group collecting information about you and any third party individuals whose details you have provided in this form. Your personal information will be handled in accordance with the NAB Group's policy available at [mlc.com.au](http://mlc.com.au).