

# JBWere Cash Trust

## Application for additional facilities (for existing investors)

**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

### Your details

#### 1. Please provide your details

Account name

Investor number

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### Additional facilities

#### 2. Would you like to add settlement authority to your account?

This allows you to settle securities transactions arranged through JBWere or another approved party by JBWere by making withdrawals from or investments to your account.

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

Yes  No

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

Yes  No

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

**Please provide your securities transaction account details. If any of the accounts above are not held in your name, then the relevant account owners will need to sign here:**

#### Account 1

Account name

Account number

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#### 1st Signatory

Full name

Signature

X	Date signed (DD/MM/YYYY)							

#### 2nd Signatory

Full name

Signature

X	Date signed (DD/MM/YYYY)							

#### Account 2

Account name

Account number

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**Please turn over – applicant(s) must sign page 3.**

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**1st Signatory**

Full name

Signature

X	Date signed (DD/MM/YYYY)										
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**2nd Signatory**

Full name

Signature

X	Date signed (DD/MM/YYYY)										
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**3. Would you like to add a Cheque Facility to your account?**

Yes     No

**Note:** To operate a Cheque Facility, applicants must be at least 18 years of age, identification of signatories will be required (refer to below), and Company applicants are required to provide their ACN or ABN.

ACN or ABN (if applicable)

**Identification requirements**

All signatories to this account will need to provide 100 points of current certified identification (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 information on each photocopy:

- “This is a true copy of the original document which I have sighted”;
- Write 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, for example, magistrate, police officer etc; and
- Affix 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 two or more years of continuous membership; and
- if the certification occurs in New Zealand: A person before whom a statutory declaration may be made under the law of New Zealand.

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

By signing this application for additional facilities (for existing investors) form, I:

- agree to be bound by the terms of the current JBWere Cash Trust Product Disclosure Statement, Fee Flyer and the JBWere Cash Trust Constitution, and the Terms of Facilities, as amended from time to time;
- declare that I am over 18 years of age; and
- acknowledge that I have access to the National Australia Bank (NAB) Group’s Product Disclosure Statement and agree that any member of the NAB Group may collect, use, disclose and handle my personal information in a manner set out in the NAB Group’s privacy policy available on mlc.com.au.

**Instructions for signing the Application for Additional Facilities Form:**

- Companies must arrange for this form to be signed by:
  - o two directors;
  - o a director and a secretary;
  - o if a sole director, then sole director to sign; or
  - o duly authorised representatives of the company.
- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives.
- Joint account holders must all sign this form.
- If signed under a Power of Attorney, the attorney must attach a current certified copy of the Power of Attorney if not already supplied. The Attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- Applications by Incorporated Associations/Clubs must be signed by the authorised office bearers, for example, A. Smith – President, and a copy of the Constitution/Rules must be attached.

**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)

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Signature

	Date signed (DD/MM/YYYY)						

Please return completed form to: **JBWere Investor Services**, Reply Paid 4595, Melbourne VIC 8060.

For Australian dollar transfers we will process them on the same day if your valid request (by telephone, mail, internet or fax) is received by **JBWere Investor Services** by 2.00 pm (Melbourne time) and, if required, we have verified the transfer.

For further assistance please contact **JBWere Investor Services** on 1800 812 267 or email [investorservices@jbwere.com](mailto:investorservices@jbwere.com)

**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).