Step 2: Australian companies and corporate trustees

2.1 Company details													
Full Company name as registered with ASIC*													
ACN* ABN													
Company type*													
Full address of registered o ce* (must not be a PO Box)	Full address of registered o ce* (must not be a PO Box)												
Suburb*	State*	Postcode*											
Postal address (if di erent from your registered address)													
Suburb	State	Postcode											
Principal place of business (if any)													
Suburb	State	Postcode											
Nature of business* (not applicable for corporate trustees)													
Please enter the details for the person who will act as the primary contact point for the account.													
First name*													

Please provide full name of each	director	r (if more	e than 4,	please p	orovide a	dditional	director r	names separately).
Director 1 / Sole Director and sole	e compa	any secr	etary					
Director 2 / Company Secretary								
Director 3								
Director 4								

 $\hfill\square$ I will provide proof of identi cation for electronic veri cation.

Please provide any TWO of the following:

1. Full name exactly as it appears on my Medicare card

Step 2: Australian companies and corporate trustees (continued)

□ I will provide proof of identi cation for electronic veri cation.

Please provide any TWO of the following:

1.	Full name exactly as it appears on my Medica	are card	
	My Medicare number is	Valid to (MM-YYYY)	
		My reference number	
	Select your Medicare card colour	Green 🗌 Blue 🗌	

Step 2: Australian companies and corporate trustees (continued)

□ I will provide proof of identi cation for electronic veri cation.

Please provide any TWO of the following:

1. Full name exactly as it a	ppears on my Medicare card
My Medicare number is	Valid to (MM-YYYY)
	My reference number on this card is
Select your Medicare ca	rd colour 🛛 Green 🗌 Blue 🗌 Yellow
2. Full name exactly as app	pears on my driver's licenče

- □ I will provide proof of identi cation for electronic veri cation.
 - Please provide any TWO of the following:
 - 1. Full name exactly as it appears on my Medicare card

Step 3: Australian Trust and Superannuation Fund

3.1 Trust/Fund details

Full Name of Trust/Fund*											
Full business name (if any) of the trustee in respect of the trust											

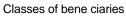
3.2 Bene ciaries

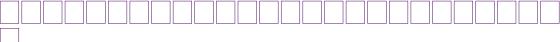
Only unregulated trusts need to complete this section.

Please provide the names of each bene ciary of the trust if the trust has named bene ciaries.

Alternatively, please provide details of the classes of bene ciaries if they are specied by the terms of the trust deed.

Bene ciary 1





Step 4: Incorporated association

4.1 Association details

(Only incorporated associations are eligible to apply)

Full name of association*

Step 4: Incorporated association (continued)

 $\hfill\square$ I will provide proof of identi cation for electronic veri cation.

Please provide any TWO of the following:

1.	Full name exactly as it appears on	my Medicare card	
	My Medicare number is		
		My reference number on this card is	
	Select your Medicare card colour	Green Blue Yellow	

6.2 Investment fund suitability*

Please answer the following questions and refer to the table to help determine which Investment Funds are suitable for you based on your volatility tolerance and time frames.

For more information including a description of who each of the Funds are appropriate for, refer to the Target Market Determinations (TMDs) at aware.com.au/tmd.

We recommend that you consider seeking nancial advice before making your investment selection.

1. Have you received personal nancial advice from a licensed nancial adviser in relation to this Fund/s?

Step 6: Account information (continued)

6.3 Deposit pro le

You must specify the percentage you wish to invest in each fund (must total to 100%).

The investment instructions you specify when opening your account will apply to all future deposits unless changed in the meantime.

Fund name	Percentage allocation
Diversi ed Funds	
Capital Stable Fund (ARSN 090 078 961)	%
Moderate Fund (ARSN 150 755 150)	%
Balanced Fund (ARSN 090 077 991)	%
Growth Fund (ARSN 090 078 103)	%
Single asset class Funds	
Cash Fund (ARSN 090 078 443)	%
Australian Equities Fund (ARSN 150 755 196)	%
International Equities Fund (ARSN 150 755 294)	%
Total (must add to 100%)	1 0 0 %

6.4 Withdrawal pro le

How do you want your funds to be withdrawn?

Please select () one option only:

☐ The default order – refer to 'Default withdrawal order' section in this PDS for more information. OR

Withdraw from the Investment Funds in the same proportions as the money is invested

OR

□ Withdraw in the following percentage allocation

OR

□ Withdraw in the following Fund order

Specify the percentage allocation OR fund order amounts that you wish to redeem from each fund (not applicable if you are completing a full redemption)

Fund name	Percentage allocation				
Diversi ed Funds					
Capital Stable Fund (ARSN 090 078 961)	%				
Moderate Fund (ARSN 150 755 150)	%				
Balanced Fund (ARSN 090 077 991)	<u>%</u>				
Growth Fund (ARSN 090 078 103)	<u>%</u>				
Single asset class Funds					
Cash Fund (ARSN 090 078 443)	<u>%</u>				
Australian Equities Fund (ARSN 150 755 196)	<u>%</u>				
International Equities Fund (ARSN 150 755 294)	<u>%</u>				
Total (must add to 100%)	1 0 0 %				

Step 6: Account information (continued)

6.5 Monthly regular savings plan

Complete this section to deposit a regular amount into your investment. Refer to the Product Disclosure Statement for details and the Direct Debit Service Request Agreement located at the end of this form.

Monthly regular savings plan amount (minimum deposit amount is \$100)



When would you like your regular savings plan to commence?

Next instalment date (DD-MM-YYYY) End date (DD-MM-YYYY)

OR No end date	
----------------	--

Bank account details for regular savings plan

- Bank account details for regular savings plan musbe an Australian bank, credit union or building society account.
- Please ensure there are su cient funds in the nominated bank account to avoid bank dishonour fees being charged.
- Debit the funds from the same bank account which I have previously nominated at Step 6.1.
 (If selecting this option you do not need to provide your bank details below)

Account name

Step 6: Account information (continued)

6.7 Income distributions

Please indicate how income from ALL your fund(s) is to be distributed.

Please select () one option only:

Reinvest all distributions in additional units in the fund from which the income was earned.

OR

Pay all distributions to my bank account (provide your bank details below).

OR

Distribute my income as indicated in table below. Select () to the option that applies. Only select from either "Reinvest distribution" or "Pay to bank account" for each fund.

Fund name	Reinvest distribution	Pay to bank account
Diversi ed Funds		
Capital Stable Fund (ARSN 090 078 961)	0	R
Moderate Fund (ARSN 150 755 150)	0	R
Balanced Fund (ARSN 090 077 991)	0	R
Growth Fund (ARSN 090 078 103)	0	R
Single asset class Funds		
Cash Fund (ARSN 090 078 443)	0	R
Australian Equities Fund (ARSN 150 755 196)	0	R
International Equities Fund (ARSN 150 755 294)	0	R

• Please ensure the Australian bank, credit union or building society account details provided are accurate and written clearly.

• We can only deposit amounts into an account held in your name or jointly in your name.

You must provide proof of identity if you are setting up or updating your bank details.

Account name

Branch (BSB) number	Australian bank ac	count number		
Name of bank or nancial institution				

Step 8: Declaration

I/We declare that:

- The information I/we have provided is true and correct.
- I/We have read the current Aware Investment Funds Product Disclosure Statement as well as any supplements or on-line updates. The PDS is available at aware.com.au/pds.
- I/We have received and accepted this o er in Australia.
- I/We understand investment in the Funds carry risk.
- I/We consent to Aware Financial Services Australia Limited disclosing my personal information to any of
 its service providers, in relation to any identi cation and veri cation that it is required to undertake on me,
 including as required under the Anti-Money Laundering and Counter Terrorism Financing Act.
- I/We understand that, if there is an inconsistency between the PDS and the Trust Deed, the terms of the Trust Deed prevail. I/We agree to be bound by the Trust Deed as amended from time to time.
- I/We understand that in the event the amount that I/we transfer pursuant to this application di ers to
 the amount stated in my application form, my application will be processed on the basis of the amount
 received by any instruction in respect of the account held jointly which is executed by any one of the joint
 account holders.
- I/We have read and understood the Direct Debit Request Service Agreement (if applicable).
- I/We have read, understood and accept the Aware Super privacy policy.
- I/We authorise the use of my/our personal details for the purpose of electronic data veri cation. I/We
 understand that my/our information may be used to verify my/our identity electronically using independent
 data sources.
- If I/we provided an email address on this application, I/we am agreeing to receive selected communications
 electronically, including Annual Statements.
- I/We understand that I can contact Aware Super's Member Support Team if I have any questions regarding this application form, before and after signing this declaration.

Signature of Director/Trustee/Chairperson* (as applicable)

Date signed* (DD-MM-YYYY)						
	-					



Signature of Director/Secretary/Trustee/Treasurer (as applicable)

Date signed (DD-MM-YYYY)						
			•			



Step 9: Where to post your completed form

Send your completed form and certi ed proof of identity documents (if required) to:

Aware Super GPO Box 89 MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on 1300 650 873.

Direct Debit Service Agreement Investment Fund

This Direct Debit Request Service Agreement sets out the terms and conditions which apply when you set up a direct debit with us ("Direct Debit").

1. Our commitment to you

- a) If Aware Financial Services Australia Limited (APCA ID: 023481), a) You may alter the Direct Debit arrangements at any time by ("Aware", "we" or "us") makes any material change to the terms of the Direct Debit arrangements, we will give you at least 14 days written notice of these changes.
- b) Aware will keep information relating to your nominated Financial Institution account ("Nominated Account") con dential, except where required for the purposes of conducting Direct Debits with your Financial Institution or providing information to the Financial Institution in connection with a claim made on Aware relating to an alleged incorrect debit.
- c) For a Regular Savings Plan Direct Debits will be processed by Aware on the nominated day(s) ("Due Date"). For any other deposit request Direct Debits will be processed on the day the request is authorized by you ("Process Date"). Where the Due Date or Process Date is not a business day, Aware will process the Direct Debits on the next business day. As it is not certain that your Nominated Account will be debited on the same day that Aware processes the Direct Debit, you should contact your Financial Institution directly to check when your Nominated Account will be debited.
- d) The amount debited will be invested into your account in the Investment Fund Class B, in accordance with the most recent investment instructions received from you.

Your commitment to us

It is your responsibility to:

- a) Ensure that your Nominated Account can accept direct debits, as direct debits are not available on all types of accounts. You should contact your Financial Institution if you are uncertain whether your Nominated Account can accept direct debits.
- Ensure there are su cient cleared funds available in the b) Nominated Account to meet each Direct Debit on the Due Date.
- c) Advise us immediately if the Nominated Account is transferred or closed or the account details change.
- d) Ensure that all account holders on the Nominated Account sign the form.
- Meet any Financial Institution charges resulting from the use of e) the Direct Debit system.

3. Your rights

- telling us in writing. We must receive your written noti cation at least 5 business days before the Due Date, for any of the following:
 - stopping an individual Direct Debit
 - deferring a Direct Debit
 - suspending future Direct Debits
 - altering the DDR Schedule
- cancelling the Direct Debits completely.
- b) Where you consider that a Direct Debit on your Nominated

Notes

Proof of identity

Have you changed your name?

If you have changed your name we must obtain and verify your previous full name and new full name against certi ed copies of linking documents displaying both names, such as:

- From Birth, Death's and Marriages Registration O ce:
 - marriage certi cate (ceremonial certi cate is not accepted)
 - relationship certi cate
 - change of name certi cate
 - birth certi cate displaying previous names
 - statutory declaration linking both names and clearly outlining the intention

If you have reverted to your maiden name, we will require your marriage certi cate, showing your maiden name and your married name.

Deed poll

Power of attorney

If you are requesting bene ts on behalf of the member as the holder of their Power of Attorney, you must provide certi ed copies of POI documents for yourself and the member.

We may request updated and/or additional certi ed POI documents at any time if we consider this is necessary for the security of our members' bene ts.

Proof of identity

Any change of name, change of bank account, update to your mobile number or providing an overseas address we have recorded for you must be supported by proof of identity (POI) documentation.

Providing certi ed proof of your identity is a three-step process

You can provide:

A certi ed copy of one of the following documents:A current drivers licence with a photograph, issued in Australia		
or under the authority of a foreign country.		
 An Australian passport (if expiry is less than 2 yeaed pollou h 353.0 following documents: 	09 0 c 0 0 l h S Q Q BT 9 0 0 9 41.4365 310.7894 Tm [(p16 ineated and/o S Q Q BT 9 0af y)8 m9)7u 0

If the document and/or the certi cation is not written in English, it must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI). If you are unable to provide these documents, please call us to discuss alternatives. Certi cation of personal documents