



## Step 2: Australian companies and corporate trustees

### 2.1 Company details

Full Company name as registered with ASIC\*

ACN\*

ABN

Company type\*

Public company

Proprietary

Full address of registered office\* (must not be a PO Box)

Suburb\*

State\*

Postcode\*

Postal address (if different 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\*





**Step 2: Australian companies and corporate trustees (continued)**

I will provide proof of identification for electronic verification.

Please provide any TWO of the following:

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

My Medicare number is

Valid to (MM-YYYY)

My reference number on this card is

Select your Medicare card colour  Green  Blue

## Step 2: Australian companies and corporate trustees (continued)

I will provide proof of identification for electronic verification.

Please provide any TWO of the following:

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

My Medicare number is

Valid to (MM-YYYY)

My reference number  
on this card is

Select your Medicare card colour  Green  Blue  Yellow

2. Full name exactly as appears on my driver's licence

## Step 2: Australian companies and corporate trustees (continued)

I will provide proof of identification for electronic verification.

Please provide any TWO of the following:

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





### Step 3: Australian Trust & Superannuation Fund (continued)

□









**Step 4: Incorporated association (continued)**

I will provide proof of identification for electronic verification.

Please provide any TWO of the following:

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

[20 empty boxes for name entry]

My Medicare number is

[9 empty boxes for Medicare number]

Valid to (MM-YYYY)

[2 empty boxes for month, 4 empty boxes for year]

My reference number on this card is

[1 empty box for reference number]

Select your Medicare card colour  Green  Blue  Yellow



## Step 6: Account information (continued)

### 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](http://aware.com.au/tmd).

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

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

Yes

**IMPORTANT**

We cannot accept an application without a deposit profile.

## Step 6: Account information (continued)

### 6.3 Deposit profile

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
<b>Diversified Funds</b>	
Capital Stable Fund (ARSN 090 078 961)	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Fund (ARSN 150 755 150)	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Fund (ARSN 090 077 991)	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth Fund (ARSN 090 078 103)	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Single asset class Funds</b>	
Cash Fund (ARSN 090 078 443)	<input type="text"/> <input type="text"/> <input type="text"/> %
Australian Equities Fund (ARSN 150 755 196)	<input type="text"/> <input type="text"/> <input type="text"/> %
International Equities Fund (ARSN 150 755 294)	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total (must add to 100%)</b>	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> %

### 6.4 Withdrawal profile

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
<b>Diversified Funds</b>	
Capital Stable Fund (ARSN 090 078 961)	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Fund (ARSN 150 755 150)	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Fund (ARSN 090 077 991)	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth Fund (ARSN 090 078 103)	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Single asset class Funds</b>	
Cash Fund (ARSN 090 078 443)	<input type="text"/> <input type="text"/> <input type="text"/> %
Australian Equities Fund (ARSN 150 755 196)	<input type="text"/> <input type="text"/> <input type="text"/> %
International Equities Fund (ARSN 150 755 294)	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total (must add to 100%)</b>	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> %





## 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
<b>Diversi ed Funds</b>			
Capital Stable Fund (ARSN 090 078 961)	<input type="checkbox"/>	OR	<input type="checkbox"/>
Moderate Fund (ARSN 150 755 150)	<input type="checkbox"/>	OR	<input type="checkbox"/>
Balanced Fund (ARSN 090 077 991)	<input type="checkbox"/>	OR	<input type="checkbox"/>
Growth Fund (ARSN 090 078 103)	<input type="checkbox"/>	OR	<input type="checkbox"/>
<b>Single asset class Funds</b>			
Cash Fund (ARSN 090 078 443)	<input type="checkbox"/>	OR	<input type="checkbox"/>
Australian Equities Fund (ARSN 150 755 196)	<input type="checkbox"/>	OR	<input type="checkbox"/>
International Equities Fund (ARSN 150 755 294)	<input type="checkbox"/>	OR	<input type="checkbox"/>

- 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 account 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](http://aware.com.au/pds).
- I/We have received and accepted this offer 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 identification and verification 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 differs 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 verification. 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.



Please sign and date form here.

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)



Post the form to this address.

## Step 9: Where to post your completed form

Send your completed form and certified 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), ("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") confidential, 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.

### 2. 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.
- b) Ensure there are sufficient cleared funds available in the 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.
- e) Meet any Financial Institution charges resulting from the use of the Direct Debit system.

### 3. Your rights

- a) You may alter the Direct Debit arrangements at any time by telling us in writing. We must receive your written notification 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 certified copies of linking documents displaying both names, such as:

- From Birth, Death's and Marriages Registration Office:
  - marriage certificate (ceremonial certificate is not accepted)
  - relationship certificate
  - change of name certificate
  - birth certificate 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 certificate, showing your maiden name and your married name.

- Deed poll

### Power of attorney

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

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

### 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 certified proof of your identity is a three-step process

You can provide:

A certified 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.<sup>^</sup>
  - An Australian passport (if expiry is less than 2 years)
- following documents:

<sup>^</sup> If the document and/or the certification 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.

