Client Services contact details

Phone: 1300 730 032 (Australia)
Phone: +61 2 8823 2534 (International)
Email: perennial.transactions@unitregistry.com.au

Application (Wholesale) | Self Managed Super Fund (SMSF)

Perennial Microcap Resources Trust
Perennial Future of Healthcare Fund

WHO SHOULD COMPLETE THIS FORM?

This application form is for individuals or sole traders, investing on their own behalf.

HOW TO COMPLETE THIS FORM

Step 1

Before submitting this form, please read the Information Memorandum (IM), available here or if you are unable to access the link or print the document, contact us on 1300 730 032.

Units in a trust will only be issued following acceptance of an application form issued with the relevant Information Memorandum (IM), with all required documents attached.

Please complete using the editable PDF, sign and print or, please print, use black pen and write in BLOCK letters. If you make an error do not use correction fluid, instead, cross out your error and initial your changes.

Note: Please ensure all fields are completed including those in **sections A** and **B**.

Step 2 **Tell us your foreign tax status**

Please complete the **Global Tax Reporting (FATCA/CRS)** information in **section 10**.

Step 3 **Sign and send your documents to the below address.**

Please ensure you sign **section 12** of the form in accordance with the instructions provided.

You can return your forms by email or by post to:

Perennial Trusts Registry Services
GPO Box 804
Melbourne VIC 3001
perennial.transactions@unitregistry.com.au

Step 4 **Make your payment**

Please refer to **section 4** of the application form and follow the instructions on how to pay the application amount.

Your application cannot be processed until all relevant identification documents and cleared funds are received.

IMPORTANT INFORMATION

- Please ensure all relevant fields are completed. If you do not complete all relevant sections your application may be rejected and returned to you for completion, resulting in a delay in processing your application.
- If you have any questions as you complete this form, please refer to the FAQs of this form, or contact us on 1300 730 032.

Investor details

What is the full legal name of the entity that will hold title to the units?

Full name of account designation

If you are an existing investor, please provide your account number ☐☐☐☐☐☐☐☐☐

☐ I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.

☐ I/We confirm there are no changes to the information in our previous application provided and that it remains current and valid.

1. SUPERANNUATION FUND DETAILS

Full name of superannuation fund

Full business name (if any) of the trustee in respect of the superannuation fund

Country of establishment

Tax file number or exemption code

Australian Business Number (if any)

2. TRUSTEE DETAILS

Note: A Self-managed Super Fund (SMSF) may have either individual trustees or corporate trustees. Details relating to trustees can be found here: www.ato.gov.au/super/self-managed-super-funds/setting-up/choose-individual-trustees-or-a-corporate-trustee/. If there are more than four (4) trustees, please complete section 2 of another application form and attach it to the main application form.

How many trustees does the SMSF have?

Type of trustee

☐ **Individual trustee** (complete **section 2.1**) ☐ **Corporate trustee** (complete **section 2.2** & **2.3**)

2.1 Individual trustee(s) details

Individual trustee 1

Title | Given name(s) | Surname

Date of birth (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐ Occupation

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Contact details

Home number (including country and area code)

Mobile number (including country code)

Email (default address for all correspondence)

Individual trustee 2

Title | Given name(s) | Surname

Date of birth (DD/MM/YYYY) / / | Occupation

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Contact details

Home number (including country and area code) | Mobile number (including country code)

Email (default address for all correspondence)

All correspondence will be sent to the email address provided by **Individual trustee 1**.
If you wish to receive correspondence directly to your email address, please check this box ☐

Individual trustee 3

Title | Given name(s) | Surname

Date of birth (DD/MM/YYYY) / / | Occupation

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Contact details

Home number (including country and area code) | Mobile number (including country code)

Email (default address for all correspondence)

All correspondence will be sent to the email address provided by **Individual trustee 1**.
If you wish to receive correspondence directly to your email address, please check this box ☐

Individual trustee 4

Title | Given name(s) | Surname

Date of birth (DD/MM/YYYY) / / | Occupation

Residential address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Contact details

Home number (including country and area code) | Mobile number (including country code)

Email (default address for all correspondence)

All correspondence will be sent to the email address provided by **Individual trustee 1**.
If you wish to receive correspondence directly to your email address, please check this box ☐

2.2 Corporate trustee details

Full business name as registered by ASIC | ACN

Nature of business

Registered Office Address - (A PO Box/RMB/Locked Bag is not acceptable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Principal place of business (if any) (PO Box is not acceptable)

Unit | Street number | Street name

Suburb | State | Postcode | Country

Contact details (for company or contact person)

Name | Email

Business number (include country and area code) | Mobile number (include country code)

2.3 What type of company is the corporate trustee?

Public (companies whose name does NOT include the word Pty or proprietary; generally listed companies)	☐
Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies)	☐

Please complete the director details below if you are an Australian proprietary company. Do not complete for public companies.

Directors details

How many directors are there? ☐

Please provide below the full name of all the directors. If there are more than four directors, please complete the details on a separate sheet and attach to this application form.

Director 1

Title	Given name(s)	Surname

Director 2

Title	Given name(s)	Surname

Director 3

Title	Given name(s)	Surname

Director 4

Title	Given name(s)	Surname

3. INVESTMENT DETAILS AND DISTRIBUTION INSTRUCTIONS

Trust name	APIR	Trust Minimum AUD$	Investment amount AUD$	Distribution option (indicate (X) one option per trust)	
				Pay to my bank a/c	Reinvest
Perennial Microcap Resources Trust	WPC0911AU	25,000		☐	☐
Perennial Future of Healthcare Fund	AUS9268AU	20,000		☐	☐

Note: We will only accept applications in their base currency. The minimum investment is $20,000 - $25,000 (please refer to the IM of the product you are making your investment). However, we may waive or vary the investment minimums. Please nominate one distribution option. If no selection is made, distributions will be automatically re-invested.

Please indicate the source and origin of funds being invested (required)

Savings	☐
Investment	☐
Superannuation contributions	☐
Commission	☐
Donation/gift	☐
Inheritance	☐
Normal course of business	☐
Sale of assets (e.g. shares, property)	☐
Other	☐

4. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

☐ **EFT** ☐ **BPAY®**

EFT	Electronic Funds Transfer
Account name:	Perennial Investment Management Limited - Applications Account
BSB:	342 - 011
Account number:	691649-002
Your reference:	[please use the name of the investor and investor number]

BPAY® - Telephone & Internet Banking

You can make your payment using telephone or internet banking.

You will need to quote the biller code and your account number (for reference) when making this payment.

If this is a new investment, we will notify you of your account number once this is available. Please make your payment within 14 days of this notification.

Trust	BPAY details
[Trust name]	Biller code [insert] Reference number [account number]

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account. More info www.bpay.com.au

®Registered to BPAY Pty Ltd ABN 69 079 137 518

Trust name	BPAY® details
Perennial Microcap Resources Trust	Biller code: 216895 Reference number: Investor number
Perennial Future of Healthcare Fund	Biller code: 445031 Reference number: Investor number

5. FINANCIAL INSTITUTION ACCOUNT DETAILS

Australian bank account details

Please provide your bank account details if you have selected to take your distribution in cash or wish to provide these details for future redemptions. We will only pay cash proceeds to a bank account in the name(s) of the investor(s). We will not make any payments into third party bank accounts.

Financial institution name

Branch name

Account name

BSB number

Account number

Foreign bank account details

Financial institution name

Financial institution address

Account number

Account name

SWIFT/BIC

ABA/FED (US)

IBAN (Europe)

6. COMMUNICATION

Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

Annual report options

The annual financial statements of the trust are available free on our website. If you would like to receive a copy by email, please indicate below.

☐ Yes

Marketing materials

☐ You may receive information from us via email relating to market commentary, services or information that may be of interest to you. By providing us with your contact details you consent to being contact by these methods for these purposes. Please indicate if you do not wish to receive marketing information from us or any companies within our group.

7. WHOLESALE INVESTOR CERTIFICATION

Investment in the trust is restricted to wholesale investors. Please tick the appropriate box and provide the requested evidence.

☐ I am investing $500,000 or more in units

☐ I am currently certified by an accountant as a wholesale investor (provide a copy of the current accountant's certification - i.e. less than two years old)

☐ I am a professional investor - e.g. an Australian financial services licensee; an APRA regulated body; or control $10m or more in assets (provide evidence of meeting one of these requirements)

Note: If we are not satisfied that you meet one of the requirements, you will not be able to invest in the trust.

8. FINANCIAL ADVISER DETAILS

Unless you check the box below to opt out of allowing your financial adviser access to information about your investment in the trust, copies of all documentation you receive in respect of your investments will be provided to your financial adviser.

☐ I do not want my financial adviser to receive any information in regard to my investment in the trust.

(If you have checked the box above you do not need to complete any further information in this Section).

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

Operating your account

Do you want your financial adviser to be able to operate your account?

☐ No

☐ Yes- Please provide details below

In general, an appointed financial adviser can do everything you can do with your investment, except appoint another person to operate your account. It is important to tell us promptly if you no longer wish your financial adviser to operate your account, or if your financial adviser changes – We will keep accepting their instructions until you or your adviser inform us in writing that the appointment has terminated.

We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

You indemnify us from any loss you or we suffer as a result of the actions of your appointed financial adviser, and agree to ratify their actions if we ask.

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Details

AFSL holder name

AFSL number

Adviser name

Advisor code or Authorised representative number

ABN

Postal address (if different to above) - (A PO Box/RMB/Locked Bag is not acceptable

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone

Mobile

Contact details

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

9. AUTHORISED REPRESENTATIVE OF INVESTOR

Please complete this section if you wish to appoint an individual or individuals to act on your behalf in relation to your investment in the trust. If you have appointed an entity as your authorised representative, please contact us on 1300 730 032 to obtain the relevant KYC form.

9.1 Agent's details

Agent 1

Title | Given name(s) | Surname

Agent's phone number

Email

Agent's signature

Agent 2

Title | Given name(s) | Surname

Agent's phone number

Email

Agent's signature

If you wish to appoint more than two agent's please complete the details on a separate sheet and attach to this application form.

9.2 How authorised representatives may act in relation to the account?

Please tick as applicable

Each authorised representative listed above may provide instructions in relation to the investment individually without the consent of the other	☐
All authorised representatives must act jointly to provide instructions in relation to the investment	☐
Other arrangement – please provide details below	☐

9.3 Verification procedure for authorised representatives who are individuals

For each authorised representative, please provide verification documents in accordance with the verification procedure in **section 5**. In addition, please provide evidence of each authorised representative's authority to act on behalf of the investor. Please tick the document(s) you have provided.

Verification documents - mandatory

A certified copy of ID as per **section 2**	☐

Authorised representative's authority - one of the following (not required for a Financial Adviser listed in **Section 11**)

Certified copy of the authorising document (e.g. POA); or	☐
A certified copy of a guardianship order; or	☐
Other arrangement – please provide details	☐

☐ I confirm that the document authorising each authorised representative is still valid and has not been revoked.

If you cannot meet the requirements of **option A**, please follow the instructions in **option B.**

OPTION A

Provide a certified copy* of one of the following:

Current Australian Driver's Licence containing a photo of the person (scan the front and back)	☐
Current Australian Passport or an Australian Passport that has expired within the preceding 2 years	☐
Current Australian State or Territory Government Identity Card showing the person's date of birth, photo and signature	☐
Current Foreign Government Identity Card showing the person's date of birth, photo and signature**	☐
Current Foreign Driver's Licence showing the person's date of birth, photo and signature**	☐
Current Foreign Passport showing the person's date of birth, photo and signature**	☐

OPTION B

If you can't provide any document from option A, then please provide a certified copy* of one document from group 1 and one document from group 2.

GROUP 1

Birth Certificate or Birth Extract issued by an Australian State or Territory	☐
Australian Government issued Citizenship Certificate	☐
Current Concession or Health Care Card issued by Centrelink (scan the front and back)	☐

GROUP 2

Commonwealth, State or Territory Government Notice within the preceding 12 months and recording the provision of financial benefits	☐
Australian Taxation Office Notice within the preceding 12 months and recording the debt payable to or by the individual by or to (respectively) the ATO	☐
Local Government or Utilities Provider Statement within the preceding 3 months and recording the provision of services	☐

*Please see the FAQs at the end of this form for the meaning of certified copy.
**If the document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

10. GLOBAL TAX REPORTING REQUIREMENTS (FATCA/CRS)

Why you need to complete this section?

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and a number of other foreign Governments have an agreement which requires us to obtain certain information from investors, including taxation information. You may be liable to a penalty if you provide information that is false or misleading in a material particular. We may decide not to open an account without first receiving the required information. For more information, visit www.ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

10.1 Regulated Superannuation Funds

Are you a regulated superannuation fund?

☐ I am the trustee of a regulated superannuation fund (this includes a self-managed superannuation fund)

☐ I am NOT the trustee of a regulated superannuation fund
(If you are not the trustee of a regulated superannuation fund, you must use the Trusts & Companies form. Please do not complete this form)

HELP

Regulated superannuation fund means self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or semi-government superannuation funds and pooled super trusts.

11. DECLARATIONS & ACKNOWLEDGMENTS

Please read the declarations below before signing this form. The required signature(s) are detailed at the bottom of this form. When you apply to invest, you (the applicant) are telling us that I/we:

- declare that I/we have read and understood the IM of the trust and agree to be bound by its terms and conditions as they apply to the trust and agree to be bound by the constitution of the trust (both as amended from time to time).
- declare that I/we am/are not bankrupt or a minor, and I/we am/are authorised to sign this form.
- agree to the collection, disclosure and use of my/our personal information in accordance with Perennial Investment Management Limited's Privacy Policy, the Privacy section of the IM or otherwise as required by law.
- consent to my/our information being disclosed to the related entities of Perennial Investment Management Limitedfor the purposes of administration of the trust, direct marketing of potential investment opportunities (subject to my/our right of opt-out at any time), product management and development, and for other reasonable purposes.
- agree to the verification of my/our identity and provide any further information or documentation required by Perennial Investment Management Limited to comply with its obligations under laws relating to anti-money laundering and counter-terrorism or any other law, including Australian and overseas taxation legislation.
- represent and covenant that the funds I/we are investing are not the proceeds of crime or money laundering, nor connected with the financing of terrorism and are not in breach of laws relating to anti-money laundering and counter-terrorism, in Australia or elsewhere.
- agree that Perennial Investment Management Limited may in its absolute discretion determine not to issue units to me/us, may cancel any units that have been issued to me/us.
- understand that Perennial Investment Management Limited needs time to determine whether to accept identification and verification documents (and to consider whether additional information is required) and acknowledge that even if all the information requested has been provided and received prior to the cut- off time, the processing of the application may be postponed or delayed pending acceptance in which case the application will be processed at the unit price applicable for the Business Day on which all information has been received and verified.
- acknowledge that none of the Custodian, Perennial Investment Management Limited nor any of their subsidiaries, directors, associates or any other person guarantee the repayment of capital or the performance of the trust and that an investment in the trust is subject to risks including possible delays in repayment of capital, possible loss of capital invested and possible loss of income.
- declare that I/we have received this IM personally, or a print-out of it, accompanied by or attached to this application form before signing the application form.
- declare that all information provided in the application form or any other information provided in support of the application is true and correct and undertake to inform Perennial Investment Management Limited of any changes to the information supplied as and when they occur.
- declare that if I/we are signing under a power of attorney, the power of attorney has not been revoked.
- acknowledge that this IM does not constitute an offer in any jurisdiction in which, or to any person for whom, it would be unlawful to make the offer and I/we are in a jurisdiction in which the offer may be lawfully made.
- declare that I/we have the legal power to invest in the trust and by making this application. I/we will not contravene any law, regulation, authorisation or the relevant constitution or constituent documents of the investor
- acknowledge that if I/we use electronic instructions (online or email facility), I/we:
    - release, discharge and agree to indemnify Perennial Investment Management Limited and its agents, including the registrar and their respective officers from and against all losses, liabilities, actions, proceedings, accounts, claims and demands arising from instructions received under the facility;
    - agree that a payment made in accordance with the conditions of the facility shall be in complete satisfaction of all obligations to me/us for a payment, notwithstanding it was requested, made or received without my/our knowledge or authority.
- Declare that I am/we are a Wholesale, Sophisticated or Professional Investor (as defined in the Corporations Act 2001 (Cth);

By completing and signing this form:

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, you undertake to inform us within 30 days of receiving it
- you undertake that if information in this form changes, you will tell us within 30 days
- you declare that to the best of your knowledge and belief the information provided in the Global Tax Reporting section is true and correct
- you agree to notify Perennial Investment Management Limited of any changes to your tax residency or that of any beneficial owners orcontrolling person.

12. SIGNATURE(S)

For individual trustees, all trustees to sign. For companies or corporate trustee, the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signature 1

Signature

Date (DD/MM/YY) ☐☐/☐☐/☐☐☐☐

Full name

Capacity	
Individual trustee 1	☐
Director	☐
Company Secretary	☐
Agent	☐

Signature 2

Signature

Date (DD/MM/YY) ☐☐/☐☐/☐☐☐☐

Full name

Capacity	
Individual trustee 2	☐
Director	☐
Company Secretary	☐
Agent	☐

Signature 3

Signature

Date (DD/MM/YY) ☐☐/☐☐/☐☐☐☐

Full name

Capacity	
Individual trustee 3	☐
Director	☐
Company Secretary	☐
Agent	☐

Signature 4

Signature

Date (DD/MM/YY) ☐☐/☐☐/☐☐☐☐

Full name

Capacity	
Individual trustee 4	☐
Director	☐
Company Secretary	☐
Agent	☐

If signed under Power of Attorney

Attorneys must attach a certified copy of the power of attorney. 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.

FAQs	
Translating documents by an accredited translator	In Australia an accredited translator means a professional translator accredited by the National Accreditation Authority for Translators and Interpreters at or above professional level. • NAATI (https://www.naati.com.au/) In an overseas country, an accredited translator is a professional translator accredited by a NAATI equivalent authority. For these, escalate to the AML Compliance Officer for assistance.
Getting your copies certified	Any document(s) requiring to be certified for verification purposes must be certified by an eligible person to be a true copy of the original document. Documents must be either certified on all pages or certified on the front page with a clear reference to the number of subsequent pages that are included.
Example of certification	I certify that this is a true and correct copy of the original document Signature of Certifier Name of Certifier Capacity of certifier - e.g. Justice of the Peace Date of certification (DD/MM/YYYY)
List of occupations that can certify (from the Statutory Declaration Regulations 2018)	• Architect • Chiropractor • Dentist • Financial adviser or financial planner • Legal practitioner • Medical practitioner • Midwife • Migration authorised representative registered under Division 3 of Part 3 of the Migration Act 1958 • Nurse • Occupational therapist • Optometrist • Patent attorney • Pharmacist • Physiotherapist • Psychologist • Trade marks attorney • Veterinary surgeon.
List of persons who can certify	• a person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia, as a legal practitioner (however described) • a judge of a court • a magistrate • a chief executive officer of a Commonwealth court • a registrar or deputy registrar of a court • a Justice of the Peace • a notary public (for the purposes of the Statutory Declaration Regulations 2018) • a police officer • an authorised representative of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public • an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) • an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018) • a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 2018) • an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees • 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.