

# NTRN1 Application Form

## 1. Investor details - Please tick the correct box and fill in capital letters:

New investor  Existing investor  Existing account number

### Investor Type

- Individual/Trustee/Sole Trader (complete 1.1)  Company (complete 1.2)
- Partnership (complete 1.2)  Regulated trust - Including self managed super funds (complete 1.2)
- Association - Incorporated/unincorporated (complete 1.2)  Unregulated trusts (complete 1.2)

### 1.1 Individuals / Individual Trustee / Sole Trader

Investor 1 / individual trustee 1/ sole trader

Title  Given name(s)

Surname/ Family name

Date of birth DD / MM / YYYY  /  /

Investor 2/ individual trustee 2

Title  Given name(s)

Surname/ Family name

Date of birth DD / MM / YYYY  /  /

### 1.2 All other entity types

Name of entity/organisation

#### Contact person

Given name(s)  Surname/ Family name

Telephone  Position title in entity

Email

### 1.3 Contact details

Telephone  Email

Postal address

### 1.4 Source of funds

- Savings  Employment income  Property/asset sale  Business activity
- Inheritance/gift  Financial investment  Property sale
- Other

## 2. Investment details:

Investment name - New account to be opened under the following name:

Full name






  

In Trust for (child's name)

Product selection

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Enhanced Cash Portfolio       | <input type="checkbox"/> Enhanced Cash Trust       | <input type="checkbox"/> International Equities Trust |
| <input type="checkbox"/> Growth Portfolio              | <input type="checkbox"/> Australian Equities Trust | <input type="checkbox"/> Funeral Fund                 |
| <input type="checkbox"/> Australian Equities Portfolio |  |   |

Initial funding - Investment will be funded via:

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Direct credit                                  |  | BSB 704-907                           | Reference number will be advised by U Ethical |
| <input type="checkbox"/> BPay   |  | Biller Code 16089                     | Reference number will be advised by U Ethical |
| <input type="checkbox"/> Direct debit                                   |  | Provide a completed Direct Debit Form |   |
| <input type="checkbox"/> Cheque   |  | Payable to U Ethical                  |   |
| <input type="checkbox"/> Funds transfer from existing U Ethical account |  | Provide a completed Redemption form   |   |

Investment amount £

Investment amount in words

## 3. Income Distributions and Redemption Instructions:

Details provided must be for a bank account with an Australian domiciled financial institution (payment to third party or foreign bank accounts is not permitted).

**3.1 Income reinvestment** - Please select ONE of the following:

- Reinvest income
- Credit income to a bank account - Please complete details below:

BSB  Account number

Account name

**3.2 Redemption Proceeds** - Please select ONE of the following:

- Bank account as above
- Alternate bank account

BSB  Account number

Account name

## 5. Acknowledgments (continued)

I/We acknowledge and agree that: (i) U Ethical may at its sole discretion transact with me/us via straight through processing networks or other similar electronic messaging networks facilitating the exchange of electronic communications where U Ethical has notified me/us in writing prior to the availability of such service and (ii) U Ethical will not be liable to me/us for any loss whatsoever in connection with instructions sent by me/us via such networks which are not received by U Ethical and (iii) U Ethical may at its sole discretion cease transacting with me/us via such networks.

I/We have read and understood the information in the "Anti-Money Laundering and Counter Terrorism Financing" (AML) section of the IM, PDS or Offer Document, or Incorporation by Reference document forming part of the PDS and/or Offer Document for the Fund(s).

I/We acknowledge that the Know Your Client Form (KYC) form forms part of this Application Form.

I/We acknowledge that all information provided in this Application Form is true and correct.

I/We consent to U Ethical providing me/us with certain types of product disclosure (including but not limited to PDS, Offer Documents or Information Memorandum) and other types of Fund related documentation (including but not limited to annual reports) via digital disclosure (including but not limited to email and publication of documentation to U Ethical's website or online client portals).

I/We acknowledge that the terms and conditions set out in this Investment Application Form will govern all other investments I/we make in the Fund(s) to which this current application relates.

U Ethical must comply with Anti-Money Laundering (AML) Legislation, which requires us to, among other things, establish your identity. By completing this Fund Application Form, the Know Your Client (KYC) form relevant to you and providing us with information to establish your identity, you acknowledge and agree that:

- this information will be used by U Ethical to establish your identity for the purposes of the AML Legislation; and
- U Ethical will not be responsible or liable to you or any other person for any loss suffered where transactions are delayed, blocked, frozen or where U Ethical declines to process a transaction or ceases to provide you with a product or service in circumstances where U Ethical is unable to establish your identity or where U Ethical reasonably believes you are a Proscribed Person\*\*.

\*\* A Proscribed Person means any person or entity who U Ethical reasonably believes to be (i) in breach of the laws of any jurisdiction regarding economic or trade sanctions, or laws prohibiting money laundering or terrorism financing, or (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A Proscribed Person includes any person or entity who U Ethical reasonably believes to act on behalf, or for the benefit of, a person or entity referred to in (i) and/or (ii).

A paper copy of the PDS, Offer Document and/or Information Memorandum for the Fund(s) is available free of charge upon request by contacting the U Ethical Client Service Centre.

Signatory 1

Full name of signatory

Corporate title (if applicable); (Sole director/Director/Sole Secretary/Secretary/Trustee/Power of Attorney)

Signature

Date

Signatory 2

Full name of signatory

Corporate title (if applicable); (Sole director/Director/Sole Secretary/Secretary/Trustee/Power of Attorney)

Signature

Date

Company Seal

**Individual investor:** Where the investment is in one name, the investor must sign.

**Joint investor:** Where the investment is in more than one name, all investors must sign.

**Corporate investor/Corporate trustee:** Must sign either: (a) under seal and signed by directors; or (b) by two directors or director and company secretary; or (c) by a sole director/sole secretary (where applicable).

**Superannuation/Trust:** Each trustee must sign.

**Authorised registered signatories:** Please provide a completed signatory list attached with this form (on page 6).

**Power of Attorney (POA):** Please provide a certified copy of the POA and a certified copy of the attorney(s) photo identification document (driver's licence or passport) along with certification that they have not received notice of revocation of that power.

## Additional authorised signatories

### Signatory 3

Title Given name(s)

Surname/ Family name

Date of birth DD / MM / YYYY

Address (PO Box not accepted)

Suburb

State

Postcode

Telephone

Email address

Signature (By signing below, I acknowledge the declarations in section 5)

Date

### Signatory 5

Title Given name(s)

Surname/ Family name

Date of birth DD / MM / YYYY

Address (PO Box not accepted)

Suburb

State

Postcode

Telephone

Email address

Signature (By signing below, I acknowledge the declarations in section 5)

Date

### Signatory 4

Title Given name(s)

Surname/ Family name

Date of birth DD / MM / YYYY

Address (PO Box not accepted)

Suburb

State

Postcode

Telephone

Email address

Signature (By signing below, I acknowledge the declarations in section 5)

Date

### Signatory 6

Title Given name(s)

Surname/ Family name

Date of birth DD / MM / YYYY

Address (PO Box not accepted)

Suburb

State

Postcode

Telephone

Email address

Signature (By signing below, I acknowledge the declarations in section 5)

Date