

Adelaide Cash Management Trust Application Form

Adelaide Managed Funds

A subsidiary of Adelaide Bank



Adelaide Cash Management Trust and Related Transaction Services

This application form is for units in the Adelaide Cash Management Trust and for related Transaction Services. It accompanies the Product Disclosure Statement (PDS) for the Adelaide Cash Management Trust and Transaction Services. You should read the PDS prior to completing this application form. A person may only give another person access to this application form if at the same time and by the same means, they give the other person access to the PDS. Units in the Trust to which the PDS relates will only be issued on receipt of application monies and an application form issued together with the PDS.

Account name

A Individual/Joint/Sole Trader Applicants Applicant 1

Individuals not residing in Australia are required to complete an additional KYC information form which is available on the Adelaide Managed Funds website: adelaidemanagedfunds.com.au

Title First name(s)

Last name

Residential address (PO Box is not acceptable)

Postcode

Please note that security code(s) and Cashcard(s) will be mailed to the residential address of the person to whom they are issued.

Work phone number

Home phone number

Mobile phone number

Date of birth:

Email address

Business name (sole trader)

ABN

Principal place of business address

Postcode

Applicant 2

Title First name(s)

Last name

Residential address (PO Box is not acceptable)

Postcode

Please note that security code(s) and Cashcard(s) will be mailed to the residential address of the person to whom they are issued.

Work phone number

Home phone number

Mobile phone number

Date of birth:

Email address

Business name (sole trader)

ABN

Principal place of business address

Postcode

B Australian Company

Foreign companies are required to complete a separate form which is available on the Adelaide Managed Funds website: adelaidemanagedfunds.com.au

Full name of company (as registered with ASIC)

ACN

Registered office address (PO Box is not acceptable)

Principal place of business (PO Box is not acceptable)

Postcode

Postcode

Company type Proprietary Public (If Public, proceed to section H)

Is the company regulated (licensed by Australian Commonwealth, State or Territory statutory regulator)

No Yes – Please specify

Regulator name

Licence details

Details of Director(s)

The full name of all Directors must be provided for proprietary companies (attach additional page(s) if necessary).

Title First name(s)

Title First name(s)

Last name

Last name

Note: If you would like to operate this account, please complete section A as well as section B.

Details of shareholder(s)

To be completed for each shareholder who owns 25% or more of the issued capital of a proprietary or private company (except companies licensed and subject to Australian regulatory oversight).

Title	First name(s)	Title	First name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name		Last name	
<input type="text"/>		<input type="text"/>	
Residential address (PO Box is not acceptable)		Residential address (PO Box is not acceptable)	
<input type="text"/>		<input type="text"/>	
Postcode		Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C Trust/Superannuation Fund

Full name of Trust/Superannuation Fund

Full business name of the Trustee in respect of the Trust (if any)

Country in which Trust was established

Type of Trust (e.g. Managed Investment Scheme, Regulated Trust, Self Managed or Government Superannuation fund, other - please specify)

Details of Beneficiary

Trusts licensed and subject to Australian regulatory oversight do not need to complete this section (e.g. Managed Investment Scheme, Superannuation Funds). If there are more than two Beneficiaries attach additional page(s).

Title	First name(s)	Title	First name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name		Last name	
<input type="text"/>		<input type="text"/>	

If the terms of the Trust identifies the beneficiaries by reference to membership of a class, provide details of the class(es)

Details of Trustee(s)

One Trustee must complete the relevant section above (individual or company) in all cases. In addition, all other Trustees must complete the relevant section above (individual or company) unless the Trust is licensed and subject to Australian regulatory oversight.

Note: If you would like to operate this account, please complete section A, and/or B (where relevant) as well as section C.

D Association/Co-operative

Incorporation Association Unincorporated Association Co-operative

Full name of Association / Co-operative

Any identifying number (issued upon incorporation/registration)

Registered office or Principal Place of Operations
(PO Box is not acceptable)

Postcode

Officer details

Title First name(s)

Last name

Address of Public Officer or Principal Place of Operations
(PO Box is not acceptable)

Postcode

Chairman

Title First name(s)

Last name

Position title (e.g. Treasurer)

Secretary

Title First name(s)

Last name

Treasurer

Title First name(s)

Last name

Either the Chairman, Secretary or Treasurer must complete the individual customer identification requirements, refer to section A.

E Partnership

Full name of partnership

Registered business name of the partnership (if any)

Country in which partnership was established

Details of partner(s)

Each partner must complete the individual customer identification requirements, refer to section A. Where the partnership is a member of a professional association only one Partner is required to complete the individual customer identification requirements. If there are more than two partners attach additional page(s).

F Government Bodies

Full name of Government Body

Address of Principal Place of Operations (PO Box is not acceptable)

Postcode

Is this Government Body established under legislation of the:

Commonwealth of Australia

Australian State or Territory (specify in space provided)

Foreign Country Government (specify in space provided)

G Mailing address

Unit

Street number

Street name or PO Box

Suburb

State

Postcode

H Investment details

\$ (minimum \$5,000.00) Note: Cash is not accepted.

I Transaction Services

I/We request that the Transaction Services for the Adelaide Cash Management Trust be provided to me/us by Adelaide Bank.

If you would like a cheque book what size cheque book would you like? 35 Cheques 75 Cheques

Please complete the following details if you require a Cashcard(s):

Applicant 1

Name to appear on Cashcard

Mother's maiden name (for security/identification purposes)

Applicant 2

Name to appear on cashcard

Mother's maiden name (for security/identification purposes)

(If there are more than two applicants please attach details separately)

J Account operating authority

Please indicate how you wish to operate your account Any one of us to sign All of us to sign

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your account independently of the others. If you select 'all of us to sign', you will not be able to operate your account using Express Line, Online Banking or using a Cashcard. You can change the account operating authority at any time by written request signed by all account holders.

For accounts in the name of a company or other incorporated body, please affix the common seal if required by the body's constitution. Please note that any of the individuals signing this application for the company or incorporated body will be able to operate the account on behalf of the body without affixing the common seal in the future.

If you do not select an option we will assume that 'anyone of us to sign' option will apply

K Tax file number collection and exemption

It is not an offence if you decide not to supply us with your tax file number (TFN). However, if you do not supply us with your TFN we will be required to deduct withholding tax from distribution returns paid to you, calculated at the highest marginal tax rate plus the Medicare Levy, and forward it to the Australian Taxation Office. Entries investing in the furtherance of their enterprise may provide an ABN instead of a TFN.

If you choose to supply us with your TFN(s), please tick (✓) applicable box and complete the TFN details:

I Individual

Name of applicant 1 (or entity)

Name of applicant 2 (or entity)

J Joint

P Partnership

Tax file number

Tax file number

C Company

T Trust

S Superfund

G Government Body

If you wish to claim an exemption from quoting a tax file number(s), please indicate the type of exemption you wish to claim.

Age, service, invalid or veteran's pension Other pension (e.g. wife, carer, widow) Entity not required to lodge a tax return

If you are a non-resident or territory resident, we will deduct non-resident withholding tax from distribution returns paid to you providing that you have supplied us with your overseas or territory address. If we do not receive your overseas or territory address, we will be required to deduct tax from distribution returns paid to you, calculated at the highest marginal rate plus the Medicare Levy.

Please tick (✓) applicable box

Non-resident of Australia Territory resident

Address Postcode

I/We authorise the application of this exemption to this and subsequent deposits within this investment.

L Declaration and signatures

Please read the product disclosure statement before signing this form

I/We the undersigned:

1. Confirm that I/we have received, read and understood this PDS;
2. Agree to be bound by the provisions of the constitution of the Trust, and this PDS;
3. If an individual or joint investor, declare that I/we are 18 years of age or older;
4. Have the legal power to invest in accordance with the application and have received and completed this application in Australia;
5. Understand and acknowledge that investments in the Trust are not deposits with or other liabilities of the Bank or of any Bendigo and Adelaide Bank Group company, and are subject to investment risk, including possible delays in repayment and loss of income and capital invested;
6. Further acknowledge that neither the Bank, the Manager, or any company within the Bendigo and Adelaide Bank Group, guarantees the performance of the Trust nor the repayment of capital from the Trust;
7. Authorise the Manager and the Bank to provide a financial adviser, whose details appears on this form (or any new financial adviser that I/We have appointed and notified to the Manager), with Limited Operator Access to my account enabling them to access personal and financial information relating to my/our Application or account including copies of documents issued in relation to the account;
8. Agree that, in addition to receiving statements, transactions may be confirmed by telephone instruction by the Manager;
9. Agree to pay the Manager for any service(s) we request it to perform and authorise the Manager to redeem units from my/our investment account reflecting the cost of the service(s) for that purpose, the applicable fee for the service(s);
10. Declare that the information shown on this Application Form is true and correct.



Applicant 1

Name
Corporate title (if applicable)
Signature Date

Applicant 2

Name
Corporate title (if applicable)
Signature Date

M Adviser use only

Adviser name
Firm name
Dealer group State
Broker code Client reference no



By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable 'Know Your Customer' requirements.

Signature

(Office use only)

Customer number Valid TFN/ABN Yes No Scan number
KYC completed for all applicants and signatories Yes

Adelaide Cash Management Trust Authorised Operator Form

Adelaide Managed Funds

A subsidiary of Adelaide Bank



Account name

Account number

A Appointment of your financial adviser

Full access

If you open your account through your financial adviser, they are automatically authorised as a Limited Access Operator on your account. You can use this form to increase the level of their authority by appointing them as a Full Access Operator.

Would you like to appoint your financial adviser whose stamp appears on this form, and their partners, officers, employees, agents and service providers to have Full Access Operator status on your account?

- Yes, I/We do wish to appoint my/our financial adviser whose stamp appears on this form to operate this account through their partners, officers, employees, agents and service providers.
- No, I/We DO NOT wish to appoint my/our financial adviser to operate this account.

Modify access

- Please change my financial adviser/dealer group whose stamp appears on this form to have Limited Operator Access.

Delete access

- Please cancel the authority of my financial adviser/dealer group

Please note: Cancelling financial adviser authority means they will no longer be noted on your account.

B Appointment of other authorised operators

If you would like to appoint an alternative person as an authorised operator on your account, please complete all of the following details:

Authorised Operator 1

Individuals not residing in Australia are required to complete an additional KYC information form which is available on the Adelaide Managed Funds website: adelaidemanagedfunds.com.au

Please tick applicable box (✓) Add Modify Delete

Title First name(s)

Last name

Residential address (PO Box is not acceptable)

Postcode

Contact number

Date of birth

Please tick (✓) required operator access level

- Full Operator Limited Operator

Signature of Authorised Operator 1

Authorised Operator 2

Please tick applicable box (✓) Add Modify Delete

Title First name(s)

Last name

Residential address (PO Box is not acceptable)

Postcode

Contact number

Date of birth

Please tick (✓) required operator access level

- Full Operator Limited Operator

Signature of Authorised Operator 2

Appointment of corporate entity as a Limited Access Operator

If you would like to appoint a corporate identity as a Limited Access Operator to this account please complete this section:

Corporate entity name

Address

Postcode

Contact number

(Limited access option only - Code 11)

- Duplicate statement required

Estate of the late accounts only - full access operator appointment

- Yes, I/we authorise my/our financial adviser/broker whose stamp appears on this form to act as my/our agent and to be appointed as a Full Access Operator on this account. I/We also acknowledge that by appointing an agent that I/we will no longer have access to this account.

Please note, all executors must sign this form and will be removed from the account. All future requests must be facilitated via the appointed agent.

C Account operating authority

Please indicate how you wish to operate your account Any one of us to sign All of us to sign

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your account independently of the others.

If you select 'all of us to sign', you will not be able to operate your account without the written authority of all account holders. You can change the account operating authority at any time by written request signed by all account holders.

If you do not select an option we will assume that 'any one of us to sign' option will apply.

D Additional cheque book/card facility

If you require a cheque and/or cashcard facility please complete the following details.

Cheque facility

35 cheques 75 cheques

Cashcard facility

Authorised Operator 1

Name to appear on cashcard

Mother's maiden name (for security/identification purposes)

Authorised Operator 2

Name to appear on cashcard

Mother's maiden name (for security/identification purposes)

(If there are more than two applicants please attach details separately)

E Declaration and acknowledgement

You should read and understand the PDS (including the Terms and Conditions as amended from time to time). In particular, your attention is drawn to the section of the PDS titled "Appointing an Authorised Operator" and clauses 2, 12, 21.4 and 21.6 of the Terms and Conditions which outline the powers of account operators, including closing your account and transferring monies to another account.

I/We the undersigned:

1. Authorise each operator in this form to operate my/our account subject to the level of access specified for each operator in section A and B and the instructions I/we have provided in section C of this form;
2. Understand that a Full Access Operator can at any time request additional Transaction Services such as (but not limited to) a card and cheque book;
3. Understand that any such appointment of a Full Access Operator or Limited Access Operator continues until I/we cancel the appointment by giving notice in writing to the Manager or the Bank; and
4. Acknowledge that where I/we have asked the Manager and the Bank to delete or modify an operator's access that this instruction supersedes any prior instruction.

Customer 1

Name

Corporate title (if applicable)

Signature

Date

Customer 2

Name

Corporate title (if applicable)

Signature

Date

F Adviser use only

Adviser name

Firm name

Dealer group

State

Broker code

Client reference no

Adviser
Stamp

By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable 'Know Your Customer' requirements.

Signature

(Office use only)

Investment number

Signature verified

Scan number