



Use this form to provide information for

- * a partnership
- * an incorporated association
- * a registered co-operative
- * a government body

Please complete all applicable sections of this form. Provision of this information is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Your identity must be verified before we can proceed with your request.

If you have any queries, contact your financial planner or phone Pengana Customer Service on +61 2 8524 9900.

Mark boxes with (x) where appropriate, otherwise use block letters.

Investment Type

To help us process your request please complete the following:

Please identify the Fund that your application relates to

.....

If this is an additional investment in a Fund that you already invest in, please provide your investor number for that Fund

.....

1 Investor Type

Please select one of the following

- | | |
|---|--|
| <input type="checkbox"/> Partnership - go to Section 2 | <input type="checkbox"/> Registered Co-operative - go to Section 7 |
| <input type="checkbox"/> Incorporated Association - go to Section 5 | <input type="checkbox"/> Government Body - go to Section 9 |

2 Partnership Details

Full name of partnership

.....

Full registered business name (if any) of the partnership

.....

Country partnership established (If other, please specify)

Australia Other

Professional Association

Is your partnership regulated by a professional association and can this be verified in accordance with the association's current membership directory?

Yes No, please provide number of partners within partnership

If Yes, please provide details for the association

Name of professional association

.....

Membership details for the professional association

.....

Tax File Number/Exemption (New Zealand resident partnerships please provide an IRD number)

.....



3 Partner Details

Full details are required for one of the partners in the partnership. Proof of identity will be required for this partner. See Section 11 for proof of identity details.

Title Surname
Given Names
Date of Birth

Residential Address (must not be a PO Box)

Address.....
Suburb.....State.....Postcode.....Country.....

4 Details for Remaining Partners

If you answered No to the professional association question in Section 2, you are required to provide details of all additional partners. If space is insufficient, please complete and attach a separate sheet.

Partner 2 Details

Title Surname
Given Names
Date of Birth

Residential Address (must not be a PO Box)

Address.....
Suburb.....State.....Postcode.....Country.....

Partner 3 Details

Title Surname
Given Names
Date of Birth

Residential Address (must not be a PO Box)

Address.....
Suburb.....State.....Postcode.....Country.....

Partner 4 Details

Title Surname
Given Names
Date of Birth

Residential Address (must not be a PO Box)

Address.....
Suburb.....State.....Postcode.....Country.....

Proceed to Sections 10, 11 and 12

5 Incorporated Association Details

Full name of incorporated association
.....

Any unique identification number issued upon incorporation
.....

If you are a charity, your authority-to-fundraise number
.....

Address Details

Please select one of the following and provide details below



Please staple all relevant material together

- Registered office address
- Treasurer's residential address (if no Public Officer)
- Principal place of administration
- Secretary's residential address (if no Public Officer)
- Public Officer's name and residential address
- President's name and residential address (if no Public Officer)

Full Name of Public Officer or President, if selected

Title Surname

Given Names

Date of Birth

Residential Address (must not be a PO Box)

Address.....

Suburb.....State.....Postcode.....Country.....

Tax File Number/Exemption (New Zealand resident incorporated associations please provide an IRD number)

.....

6 Office Holder Details for Incorporated Association

Chairman (or equivalent office holder)

Title Surname

Given Names

Treasurer (or equivalent office holder)

Title Surname

Given Names

Secretary (or equivalent office holder)

Title Surname

Given Names

Proceed to Sections 10, 11 and 12

7 Registered Co-operative Details

Full name of co-operative

.....

Any unique identification number issued by the relevant registration body

.....

If you are a charity, your authority-to-fundraise number

.....

Address Details

Please select one of the following and provide details below

- Registered office address
- Treasurer's residential address (if no Secretary)
- Principal place of operations
- President's name and residential address (if no Secretary)
- Secretary's residential address

Full Name of President, if selected

Title Surname

Given Names

Residential Address (must not be a PO Box)

Address.....

Suburb.....State.....Postcode.....Country.....



Tax File Number/Exemption (New Zealand resident registered co-operatives please provide an IRD number)

8 Office Holder Details for Registered Co-operative

Chairman (or equivalent office holder)

Title Surname
Given Names

Treasurer (or equivalent office holder)

Title Surname
Given Names

Secretary (or equivalent office holder)

Title Surname
Given Names

Proceed to Sections 10, 11 and 12

9 Government Body

Full name of government body

Principal Place of Operation Address (must not be a PO Box)

Address.....
Suburb.....State.....Postcode.....Country.....

Government Body Structure

The government body is a body of (select one of the following)

- Commonwealth of Australia
- State or Territory please specify.....
- Foreign Country please specify.....

Tax File Number/Exemption (New Zealand resident government bodies please provide an IRD number)

10 Agent Details

This section must be completed where the investor has authorised a person (the Agent) to enter into transaction on the investor's behalf. If space is insufficient, please complete and attach a separate sheet.

How many Agents will be acting on behalf of this client?

(Please enter 0 if there are no agents)

Individual Agent 1

Title.....Surname.....
Given Names.....

Individual Agent 2

Title.....Surname.....
Given Names.....

Where an Agent has been appointed to sign the application form or otherwise transact on your behalf, the Agent's proof of authority to act (such as Power of Attorney) must be provided. In addition, the Agent must also complete a "Know Your Customer Information" form.

11 Identification Procedure

For partnerships, incorporated associations and registered co-operatives proof of identity must be provided with this form.

For a partnership identified in Section 2, one of the following documents must be provided:

- A certified copy of the partnership agreement; or
- A certified copy of minutes of a partnership meeting; or
- Membership details independently sourced from the current membership directory of the relevant professional association; or
- A search of the relevant ASIC or other regulator's database; or
- A notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months; or
- A certified copy of a certificate of registration of business name issued by a government or government agency in Australia; or
- A letter from a solicitor or qualified accountant verifying the name and existence of the entity.

For a partner identified in Section 3, a certified copy of one of the following documents must be provided:

- Current Australian State or Territory Driver's Licence containing your photograph; or
- Australian Passport that is current or has expired within the preceding two years; or
- Card issued under a State or Territory law, for the purpose of providing a person's age, containing a photograph of the person in whose name the card is issued; or
- Foreign government issued passport (or similar international travel document) that contains your photograph and signature.

For an incorporated association identified in Section 5, one of the following documents must be provided:

- a certified copy of the Constitution or Rules of Association
- information provided by ASIC or the government body responsible for the incorporation of the association

For a registered co-operative identified in Section 7, one of the following documents must be provided:

- A certified copy of the register maintained by the co-operative; or
- information provided by ASIC or the government body responsible for the registration of the co-operative.

If you are sending your proof of identity, please send certified copies only. Do not send originals.

If you are unable to provide these documents, please contact your financial planner or Pengana Customer Service on +61 2 8524 9900 for further information on other documentation you may provide to verify your identity.

Where an Agent has been appointed to sign the application form or otherwise transact on your behalf, the Agent's proof of authority to act (such as a Power of Attorney) must also be provided.

Documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

What is a certified copy?

A certified copy is a document that has been certified as a true copy of the original document by one of the following:

- an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
- a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- a permanent employee of the Australian Postal Corporation with two or more continuous years of service who is employed in an office supplying postal services to the public
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a Justice of the Peace
- 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)



Please staple all relevant material together

- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- an Australian police officer
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership
- a notary public (for the purposes of the Statutory Declarations Regulations 1993)

12 Declaration

I/we declare that the information in this form (including each supporting document)

- is complete and correct
- if it is about another person, has been provided with the authority of that person (if required)
- may be used in connection with any products, services or benefits I/we hold, apply for, request or obtain, and
- subject to their Privacy obligations, may be disclosed to and used by the providers of such products, services or benefits to facilitate compliance with anti-money laundering and counter-terrorist financing legislation.

I/we acknowledge that it is a criminal offence to knowingly provide:

- false or misleading information on this form, or
- false documents in support of any information on this form.

These declarations are given by the customers named in Section 2, 5, 7, or 9 of this form and by any signatories signing this form.

Any individual authorised to sign or transact on behalf of the customer must be appointed in accordance with the relevant application form, product disclosure statement or other relevant disclosure document.

1st signature.....Date.....

Name of signatory.....

2nd signature.....Date.....

Name of signatory.....

13 Office Use Only

Customer identification verified by:

- Certified copies Register search Customer identification documentation attached