

# Expand Extra Investment Application Form

13 December 2024 www.myexpand.com.au

Issuer: Navigator Australia Limited ABN 45 006 302 987, AFSL 236466



# How to get started

In this guide you will find out about:

- additional forms to complete along with the application form
- the steps you need to follow to set up your account
- how to make additional deposits to your account (once it has been set up) using BPAY®.
- which steps of the application form to complete

### Additional forms to complete (optional)

The below forms are optional and can be sent in with the application form where required. These additional forms are available at myexpand.com.au.

You can also review and update your account by logging in to your online account or mobile app.

Form name	When to complete this form
Direct Debit Request	To make your initial and ongoing contributions by direct debit.
Family Fee Aggregation Application	To apply for Family Fee Aggregation

Before you complete any forms, please ensure you have read the Investor Directed Portfolio Service Guide (Offer Document). If you require further information or any assistance in completing the forms, please contact ClientFirst on 1800 517 124. Please note that ClientFirst is not authorised to give you investment or financial product advice.

Expand Extra Investment is currently open to individual investors, joint investors, self-managed superannuation funds, Australian resident trusts and companies.

### Step-by-step guide to opening your account

Once you have read the Offer Document and discussed your investment strategy with your financial adviser (if applicable), you are ready to set up your account.

How to set up your account	
Step 1	Complete the Application form and all other forms that are relevant to you.
Step 2	Deposits can be made via BPAY, direct debit or transfers.
	If you would like to pay by cheque, make your cheque payable to:
	Expand Extra Investment - [your full name, joint account name, trust or company's name]
	For example, if your name is Robert Brown, your cheque should be made payable as follows:
	Expand Extra Investment - Robert Brown
Step 3	If relevant, attach your cheque to your Application, and post the Application and all other completed forms to the following address:
	Expand Extra Investment Reply Paid 264 Melbourne VIC 8060

We will send you an Account Schedule, normally within seven business days of joining, confirming your account details and investment strategy.

#### **BPAY** details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY	
Step1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	To make contributions via the BPAY facility, simply log in to your personal account via <b>myexpand.com.au</b> to obtain your biller code and unique Customer Reference Number (CRN) information.  If you are not registered to access your account details, this information is available in your welcome pack
	or by calling ClientFirst.
Step 3	Record the receipt number provided for your transaction. Please keep this for your personal records.

### **EFT** details

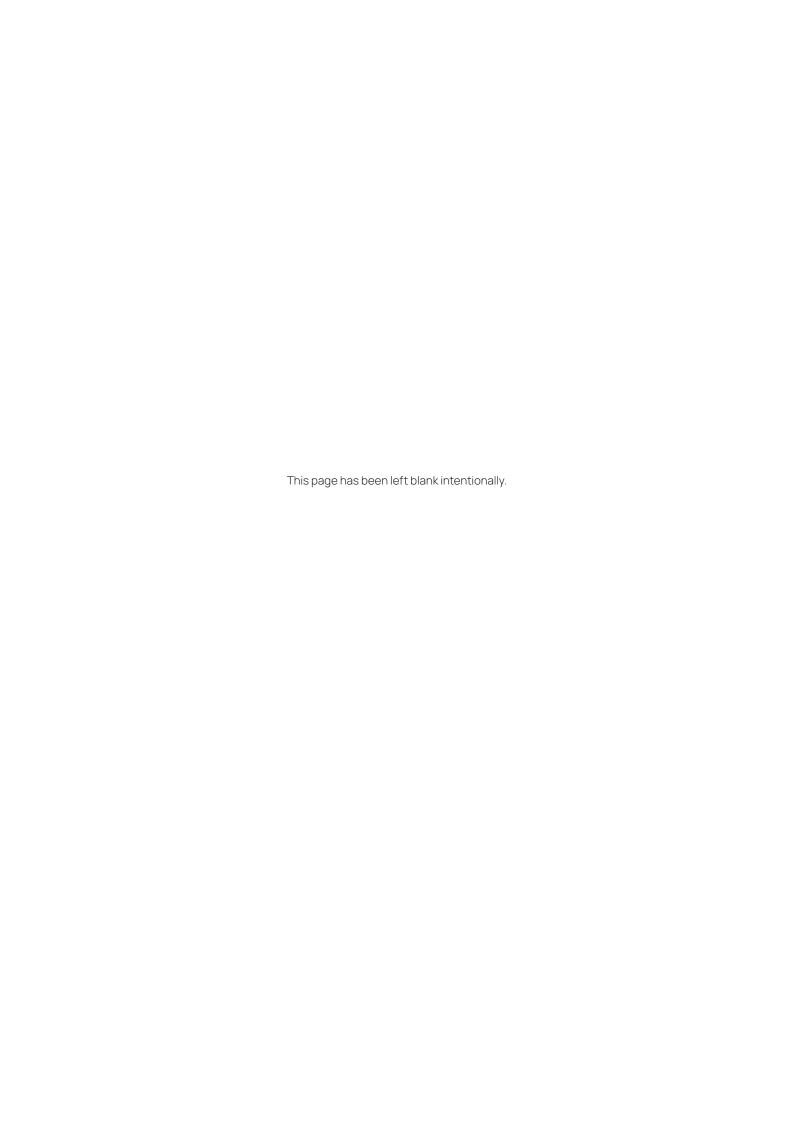
Once your account has been set up you can make additional deposits using EFT.

How to use EFT	
Step1	Through your nominated financial institution's telephone or internet banking service, choose option to transfer money to a bank account
Step 2	To make contributions via the EFT facility, simply log in to your personal account via <a href="mayexpand.com.au">myexpand.com.au</a> to obtain your BSB and account number information.  If you are not registered to access your account details, this information is available by calling ClientFirst.
Step 3	Record the receipt number provided for your transaction. Please keep this for your personal records.

# Which steps of the application form to complete

You can use the below table as a guide to help you complete the application form.

Account Type	Individual Investor	Joint Investors	SMSF	Trust	Company
Step1	Yes	Yes	Yes	Yes	Yes
Step 2	Part A only	Part B and 2d	Part C, 2b, 2c, and 2d	Part D, 2a, 2b, 2c, and 2d	Part E, 2a, 2b, and 2d
Step 3	Yes	Yes	Yes	Yes	Yes
Step 4	No	No	No	If applicable	If applicable
Step 5	No	No	No	If applicable	If applicable
Step 6	No	No	No	If applicable	No
Step 7	No	No	No	If applicable	No
Step 8	If applicable	If applicable	No	If applicable	If applicable
Step 9	Yes	Yes	Yes	Yes	Yes
Step 10	Yes	Yes	Yes	Yes	Yes
Step 11	If applicable	If applicable	If applicable	If applicable	If applicable
Step 12	Yes	Yes	Yes	Yes	Yes
Step 13	Yes	Yes	Yes	Yes	Yes
Step 14	If applicable	If applicable	If applicable	If applicable	If applicable
Step 15	If applicable	If applicable	If applicable	If applicable	If applicable
Step 16	Yes	Yes	Yes	Yes	Yes









13 December 2024

# **Expand Extra Investment Application**

Before you sign this Application form, the Service Operator or your licensed financial adviser is obliged to give you an Offer Document, which is a summary of important information relating to Expand Extra Investment. The Offer Document will help you to understand the product and decide if it is appropriate to your needs. A target market determinations (TMD) has been issued by us and describes the target market for this product. A copy of the TMD for the this product is available at myexpand.com.au.

Please note: In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF), the Service Operator must obtain proof of identity documents prior to you opening this account. It is important for the Service Operator to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

For further information on the types of identification which can be attached, please refer to the 'Completing Proof of Identity' document on myexpand.com.au. It also includes a list of persons authorised to certify copies of original documents.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

You will need to complete certain sections of this Application form depending on your investor type. For assistance in which steps to complete please refer to the table on page 3.

This application form is for client use only. If you are a Financial Adviser you should complete the Expand Extra Investment Application through IOOF Online. For more information please speak to your Business Development Manager.

## Step 1: Product suitability (required)

Please answer each of the following questions.

O1. Have your received personal financial advice in relation to Expand Ext

Q1 Have you received personal financial advice in relation to Expand Extra Investment?	
Yes, proceed to Step 2 - Applicant details.	
No, please complete the following mandatory questions.	
Q2 Reason for opening this account (tick all that apply)	
Looking for a solution to manage my investment needs outside of the superannuation environment.	
To operate a joint, self managed superannuation fund (SMSF), trust or company account.	
Looking for a superannuation account (other than an SMSF) to deposit employer contributions.	
Q3 What level of decision making are you seeking when selecting your investment strategy?	
<b>Extensive Investment menu:</b> You seek to invest in a product with investments chosen from an extensive investment (access to a range of managed investments, separately managed account, listed securities and maturing investments)	
Limited Investment menu: You seek to invest in a product with investments chosen from a limited investment men (access to a limited range of multi-manager investment options only).	ıU
<b>Default Option only:</b> You seek to invest in a product with a default investment strategy applied where no investmen selection is made.	nts
Q4 Please confirm intended investment amount:	
Intending to invest \$10,000 or more.	
Intending to invest \$2,500 or more with a Regular Savings Plan.	
Intending to invest less than \$10,000 with no Regular Savings Plan.	

# Step 2: Applicant details

#### What part of Step 2 do I need to complete?

- Individual Investor Complete Part A
- Joint Investors Complete Part B and Step 2d
- Self Managed Super Fund Complete Part C and Step 2b, Step 2c, and Step 2d
- Trust Complete Part D, Step 2a, Step 2b, Step 2c and Step 2d
- Company Complete Part E and Step 2a, Step 2b, and Step 2d

#### Part A - Individual Investor

Title (Dr/Mr/Mrs/Ms/Miss)		Surname				
Given name(s) Residential address (PO Box is not accepted)						
Suburb				State	Postcode	
Country (if not Australia) Mailing address (if different from above)						
Suburb				State	Postcode	
Country (if not Australia)				D.		
Phone (home)				Phone (work)		
Mobile Email (used for electronic communications)						
Date of birth	1	1		Gen	der Male 🗌 F	emale
Account description (optional)	– only use to inc	dicate the intention	of the account so	that it is easily i	dentifiable	
Certified copies of my ID do	ocument(s) are	attached to my appl	cation.			
Please provide your tax file number (TFN) when investing in this product. We are authorised under taxation law to collect your TFN which will only be used for lawful purposes and in accordance with the <i>Privacy Act 1988</i> . It is not an offence if you choose not to provide your TFN, but if you are an Australian resident for taxation purposes and a TFN is not provided or an exemption is not claimed, we are required by law to withhold tax at the top rate of tax plus medicare levy from future payment of income.						
Tax file number		-				
OR lauthorise the Service	e Operator to u	se the TFN already h	eld on file.			
OR Ichoose not to disclose my TFN.						
OR I am not an Australian resident for tax purposes.						
OR I claim an exemption from quoting my TFN and have provided a reason below:						

Part B – Joint account (Up to 6 joint investors)
(a) Joint account name
(b) Mailing address
(c) Email (used for notification of electronic communications)
Account description (optional) - only use to indicate the intention of the account so that it is easily identifiable
Note for Joint account holders:
<ul> <li>The joint account name should be an abbreviation of the joint investors or an appropriate group name.</li> <li>Complete Step 2d with details of all joint account holders.</li> </ul>
All joint investors must sign the Application declaration in Step 16.
<ul> <li>Please provide the preferred email address for notifications of electronic communications. Any joint account holders may register for Expand Online where they will be able to access the account and download copies of communications sent.</li> </ul>
Part C - Self Managed Superannuation Fund
(Trust with a Corporate Trustee or Individual Trustees)
(Trast with a corporate Trastee of Individual Trastees)
Before providing your ABN please ensure you read the 'Providing your TFN or ABN' section of the General Reference Guide.
(a) Full name of the Trust
(b) Country of establishment of Trust
(c) ABN
(C) ADIV
Note for Trustees:
<ul> <li>For Trusts with a Corporate Trustee, complete subsection Step 2d, if applicable.</li> <li>For Trusts with Individual Trustees, please complete subsection Step 2d, if applicable.</li> </ul>
All trustees/directors must sign the Applicant declaration in Step 16.
Part D - Trust
Trust name
Please ✓ the box for the unregulated trust type you are applying for:
Family trust
Charitable trust
Testamentary trust
Other Australian resident trust (please provide description below)

Part E – Company
Company name
Please ✓ the box for the company type you are applying for:
Company type
Proprietary
Public
isting and Regulatory details
Please ✓ the box for the listing and regulatory details of the company type you are applying for:
Unlisted, unregulated company
Australian listed company (only applicable for Public company type)
Name of market/exchange
Majority owned subsidiary of an Australian public company
Australian listed
company name
Name of market/exchange
Regulated company
Regulator name
License details (eq. AFS), ACL, BSF)

Is the trust or company a tax resider  Yes No	nt of Australia?
This product is only able to be o	pened for unregulated trusts and companies that are tax residents of Australia.
Australian Company Numb or exemption reason	per (ACN), Australian Business Number (ABN), Tax File Number (TFN)
Provide ACN	
Provide ABN	
Provide TFN  Claim exemption from providing	a TFN as a registered and endorsed charity or non-profit company exempt from income tax
Providing a TFN or ABN	
may provide an ABN instead of a TFN your TFN or ABN, but if you do not pro levy from future payment of income For more information about the use of	on is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors when the investment is made in the course of their enterprise. You are not obliged to provide either ovide either or claim an exemption, we are required to deduct tax at the top rate of tax plus medicare to meet Australian taxation law requirements and we may not be able to fulfill your investment request. of TFNs for investments, contact the enquiries section of your local branch of the ATO.
required (eg distribution reinvestme	led automatically to any future investments in the Fund where formal application procedures are not nts), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Ipy of the certificate of exemption. For trusts list only the applicable ABN or TFN for the trust.
Is the trust or company a tax residen	nt of any other country? Yes No
	complete the below tax residency information.
Country of tax residency	
Tax identification number or o	exemption reason
Provide TIN	
Tax identification number	
Provide a TIN exemption	reason
Reason for exemption	
Country of tax residency	does not issue TINs to tax residents
	d - You must provide details for this reason below,
Reason you have not bee	en issued with a TIN (if applicable)
The country of tax reside	ency does not require the TIN to be disclosed

#### Tax Status

We are required to collect the tax status of the trust or company in accordance with the United States Foreign Account Tax Com (FATCA) and Common Reporting Standard (CRS). Select one of the following tax status options	npliance Act
Other (passive non-financial entity)	
Active non-financial entity	
Financial institution	
Australian public listed company (can only apply to company accounts)	
Majority owned subsidiary of an Australian public listed company (can only apply to company accounts)	
For a Trust or Company with a Tax Status of 'Financial institution', please complete this application form along with the Additional Tax Information form	,
Step 2b: SMSF, Trust or Company contact details	
Registered address (PO Box not accepted)	
Suburb State Post code	
Mailing address (If different from above.)	
Suburb State Post code	
Principal place of business address (if relevant) (POBoxnot accepted)	
Suburb State Post code	
Email Phone	

#### Electronic communications

Phone (bh)

We (as Service Operator) will use the applicant's email address to send electronic communications via Expand Online, including:

(Mobile)

- Annual, Tax and Exit Statements
- notices of certain changes or events, or confirmation of certain transactions, as required by law.

Please ensure you enter the details are correct. By providing an email for a SMSF, Trust or Company, you are indicating you have consent to do so.

Please provide the trust or company's preferred email address for notifications of electronic communications (including notifications). Please note, any (or all) of the Trustees/Directors or Company Secretaries (where they are authorised as a signatory) may register for Expand Online where they will be able to access the trust or company's account, download copies of communications sent, and amend communication preferences; however, a Trustee/Director/Company Secretary will not be able to alter the details of other Trustees / Directors / Company Secretaries.

## Step 2c: Proof of identity requirements (this section is not required for company accounts) In accordance with AML/CTF Law, please provide the applicant's proof of identity information. Please refer to the Completing Proof Of Identity document for further details. A certified copy of the Trust's proof of identification is attached to this application. The trust's Trust Deed must be provided to open the account. Step 2d: Details of Trustees and Joint Investors i - Corporate Trustee (if applicable - SMSFs and Trusts only) Company name ACN Registered mailing address (PO Box not accepted) Post Suburb State code Principal place of business address (if relevant) (PO Box not accepted) Phone Phone (bh) (ah) Phone (mobile) Copy(s) of the company's ID document(s) are attached to this application. ii - Details of Joint account holders, Individual Trustee(s), Director(s), Company Secretary(ies) Please list all joint investors/trustee(s)/director(s)/company secretary(ies), including name(s) and address(es). Tax File Number for Joint Investors Please provide your tax file number (TFN) when investing in this product. We are authorised under taxation law to collect your TFN which will only be used for lawful purposes and in accordance with the Privacy Act 1988. It is not an offence if you choose not to provide your TFN, but if you are an Australian resident for taxation purposes and a TFN is not provided or an exemption is not claimed, we are required by law to withhold tax at the top rate of tax plus the Medicare Levy from future payment of income through the Service. All Joint account holders will be asked to provide their TFN.

To add a beneficial owner(s) who is not a director, trustee or company secretary, please add them in Step 4: Trust

Trust associated or other reportable people

associated or other reportable people.

Individual 1					
Role					
Please tick which role applies:					
Joint investor Trust	ee Director Company Secre	tary			
If company secretary, are they	an authorised signatory?	s No			
Title (Dr/Mr/Mrs/Ms/Miss)	Surname				
Given name(s)					
This section must be complete	d. Note: PO Box can only be provided und	er 'Mailing addres	SS'.		
Residential address					
Suburb			State	Post code	
Country (if not Australia)					
Mailing address (If different from above. Not required for joint investors)					
Suburb			State	Post code	
Country (if not Australia)					
Phone (work)		Pho (hon			
Phone (mobile)					
Email					
Date of birth	1 1		Gender	Male	Fema
Country of residence Director identification number (optional)					
TFN for joint investor 1 (not	equired for trustees / directors / con	npany secretar	ies)		
Tax file number					
OR lauthorise the Service	e Operator to use the TFN already held or	n file.			
OR I choose not to disclo					
OR I am not an Australian	resident for tax purposes.				
OR I claim an exemption					

Certified copies of my ID document(s) are attached to my application.

Appointor Protector/Guardian Settlor Beneficiary Company secretary

Shareholder – 25% or more of ownership (or 10% ownership if resident of Hong Kong) (only applies to unlisted, unregulated companies)

Reason for exemption

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Please tick which role applies:						
Joint investor Trust	•	any Secretary Yes	No			
, , , , , , , , , , , , , , , , , , , ,						
Title (Dr/Mr/Mrs/Ms/Miss)	Surnar	me				
Given name(s)						
This section must be complete	d. Note: PO Box can only be pro	vided under 'Mailing	address'.			
Residential address						
Suburb				State	Post code	
Country (if not Australia)						
Mailing address (If different from above. Not required for joint investors)						
Suburb				State	Post code	
Country (if not Australia)						
Phone (work)			Phone (home)			
Phone (mobile)						
Email						
Date of birth	1 1			Gender	Male	Female
Country of residence						
Director identification number (optional)						
TFN for joint investor 2 (not	equired for trustees / direc	tors / company se	cretaries	)		
Tax file number						
OR lauthorise the Service	e Operator to use the TFN alrea	ady held on file.				
OR I choose not to disclo	se my TFN.					
OR I am not an Australian	resident for tax purposes.					
OR I claim an exemption f	rom quoting my TFN.					
Reason for exemption						
Certified copies of my ID document(s) are attached to my application.						
Certified copies of my ID do	cument(s) are attached to my a	application.				
	·					
Please tick all additional roles th	·			Company secret	tary	

Role
Please

Please tick which role applies:	
Joint investor Truste	ee Director Company Secretary
If company secretary, are they a	an authorised signatory?
Title (Dr/Mr/Mrs/Ms/Miss)	Surname
Given name(s)	
This section must be complete	d. Note: PO Box can only be provided under 'Mailing address'.
Residential address	
Suburb	State Post code
Country (if not Australia)	
Mailing address (If different from above. Not required for joint investors)	
Suburb	State Post code
Country (if not Australia)	
Phone (work)	Phone (home)
Phone (mobile)	
Email	
Date of birth	Gender Male Female
Country of residence Director identification number (optional)	
TFN for joint investor 3 (not	required for trustees / directors / company secretaries)
Tax file number	
OR lauthorise the Service	re Operator to use the TFN already held on file.
OR Choose not to disclo	se my TFN.
OR I am not an Australian	resident for tax purposes.
OR I claim an exemption f	from quoting my TFN.
Reason for exemption	
Certified copies of my ID do	ocument(s) are attached to my application.
Please tick all additional roles th	hat apply: (Only applicable for Trust and Company accounts)
Appointor Protect	ctor/Guardian Settlor Beneficiary Company secretary
Shareholder – 25% or more	of ownership (or 10% ownership if resident of Hong Kong) (only applies to unlisted, unregulated companies)

R	o	le

Please tick which role applies:						
Joint investor Trusto	ee Director	Company Secreta	ry			
If company secretary, are they a	an authorised signatory	y? Yes	L No			
Title (Dr/Mr/Mrs/Ms/Miss)		Surname				
Given name(s)						
This section must be complete	d. Note: PO Box can only	/ be provided under	'Mailing address	· .		
Residential address						
Suburb				State	Post code	
Country (if not Australia)						
Mailing address (If different from above. Not required for joint investors)						
Suburb				State	Post code	
Country (if not Australia)						
Phone (work)			Phon (home			
Phone (mobile)						
Email						
Date of birth	1 1			Gender	Male	Female
Country of residence Director identification number (optional)						
Director identification	required for trustees	/ directors/ comp	any secretarie	es)		
Director identification number (optional)	required for trustees	/ directors/ comp	any secretarie	es)		
Director identification number (optional)  TFN for joint investor 4 (not  Tax file number	required for trustees	-	·	es)		
Director identification number (optional)  TFN for joint investor 4 (not  Tax file number	e Operator to use the T	-	·	es)		
Director identification number (optional)  TFN for joint investor 4 (not Tax file number  OR	e Operator to use the T	FN already held on f	·	es)		
Director identification number (optional)  TFN for joint investor 4 (not Tax file number  OR	e Operator to use the T se my TFN. resident for tax purpos	FN already held on f	·	es)		
Director identification number (optional)  TFN for joint investor 4 (not Tax file number  OR	e Operator to use the T se my TFN. resident for tax purpos	FN already held on f	·	es)		
Director identification number (optional)  TFN for joint investor 4 (not Tax file number  OR	e Operator to use the T se my TFN. resident for tax purpos rom quoting my TFN.	FN already held on f	·	es)		
Director identification number (optional)  TFN for joint investor 4 (not a file number)  OR	e Operator to use the T se my TFN.  resident for tax purpos rom quoting my TFN.  cument(s) are attached at apply: (Only application	FN already held on f	mpany accounts	s)		
Director identification number (optional)  TFN for joint investor 4 (not law file number  OR	e Operator to use the T se my TFN.  resident for tax purpos from quoting my TFN.  cument(s) are attached at apply: (Only applicat	FN already held on f	ile.		etary	

#### dual 5

Individ
Role
Please
If comp
Title (D
Given r
Reside
Suburt

Please tick which role applies:							
Joint investor Truste	ee Director	Company	/ Secretary				
If company secretary, are they a	an authorised sign	atory?	Yes	No			
Title (Dr/Mr/Mrs/Ms/Miss)		Surname					
Given name(s)							
This section must be completed	d. Note: PO Box ca	n only be provide	ed under 'Mailin	g address'.			
Residential address							
Suburb					State	Post code	
Country (if not Australia)							
Mailing address (If different from above. Not required for joint investors)							
Suburb					State	Post code	
Country (if not Australia)							
Phone (work)				Phone (home)			
Phone (mobile)							
Email							
Date of birth	1	1			Ge	ender Male	Female
Date of birth  Country of residence  Director identification number (optional)	1	1			Ge	ender Male	Female
Country of residence Director identification	/ required for trus		s /company se	cretaries)	Ge	ender Male	Female
Country of residence Director identification number (optional)	required for trus		s /company se	cretaries)	Ge	ender Male	Female
Country of residence Director identification number (optional)  TFN for joint investor 5 (not i	-	tees/directors		cretaries)	Ge	ender Male	Female
Country of residence Director identification number (optional)  TFN for joint investor 5 (not in the first state of the first s	e Operator to use	tees/directors		cretaries)	Ge	ender Male	Female
Country of residence Director identification number (optional)  TFN for joint investor 5 (not investor 5)  Tax file number  OR I authorise the Service	e Operator to use se my TFN.	tees/directors - the TFN already		cretaries)	Ge	ender Male	Female
Country of residence Director identification number (optional)  TFN for joint investor 5 (not investor 5)  Tax file number  OR	e Operator to use se my TFN.	tees/directors - Language TFN already urposes.		cretaries)	Ge	ender Male	Female
Country of residence Director identification number (optional)  TFN for joint investor 5 (not investor 5)  Tax file number  OR	e Operator to use se my TFN.	tees/directors - Language TFN already urposes.		cretaries)	Ge	ender Male	Female
Country of residence Director identification number (optional)  TFN for joint investor 5 (not interpretate the Service of the	e Operator to use seemy TFN.  resident for tax put from quoting my TF	tees/directors  - the TFN already  urposes.	held on file.	cretaries)	Ge	ender Male	Female
Country of residence Director identification number (optional)  TFN for joint investor 5 (not investor 5 (not investor 5)  Tax file number  OR	e Operator to use seemy TFN.  resident for tax put from quoting my TF	tees/directors  the TFN already  urposes.  FN.	held on file.		Ge	ender Male	Female
Country of residence Director identification number (optional)  TFN for joint investor 5 (not investor 5 (not investor 5)  Tax file number  OR	e Operator to use seemy TFN.  I resident for tax put from quoting my TF	tees/directors  the TFN already  urposes.  FN.	held on file.	accounts)	1	ender Male	Female

R	o	le

Please tick which role applies:			
Joint investor Trust  If company secretary, are they			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Title (Dr/Mr/Mrs/Ms/Miss)	Surname		
Given name(s)			
This section must be complete	d. Note: PO Box can only be provided under 'Mailing address	š'.	
Residential address			
Suburb		State	Post code
Country (if not Australia)			
Mailing address (If different from above. Not required for joint investors)			
Suburb		State	Post code
Country (if not Australia)			
Phone (work)	Phon (home		
Phone (mobile)			
Email			
Date of birth	1		Mala
Date of birtin		Gender	Male Female
Country of residence		Gender	Male Female
		Gender	Male Female
Country of residence Director identification number (optional)	required for trustees/directors/company secretaries		Male Female
Country of residence Director identification number (optional)	required for trustees/directors/company secretaries		iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number	required for trustees/directors/company secretaries  -		iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number	e Operator to use the TFN already held on file.		iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number  OR	e Operator to use the TFN already held on file.		iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number  OR	e Operator to use the TFN already held on file. se my TFN. resident for tax purposes.		iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number  OR	e Operator to use the TFN already held on file. se my TFN. resident for tax purposes.		iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number  OR	e Operator to use the TFN already held on file. se my TFN. resident for tax purposes.		iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number  OR	e Operator to use the TFN already held on file. se my TFN. resident for tax purposes.		iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number  OR	e Operator to use the TFN already held on file. se my TFN. resident for tax purposes. from quoting my TFN.	)	iviale Female
Country of residence Director identification number (optional)  TFN for joint investor 6 (not  Tax file number  OR	e Operator to use the TFN already held on file. se my TFN. resident for tax purposes. from quoting my TFN.	)	

# Step 3: Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) requirements

In accordance with the  $Anti-Money\ Laundering\ and\ Counter-Terrorism\ Financing\ Act\ 2006\ (AML/CTF)$ , please advise the following: (Please note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate our compliance with the AML/CTF legislation).

Please confirm your source or	f wealth (how you'	ve obtained your v	vealth).					
Income from employment (eg regular and/or bonus)								
Investment income (eg r	Investment income (eg rent, dividends, pension)							
Business income								
one-off payment (eg ma	tured investment,	court settlement,	redundancy, inher	itance)				
Sale of assets (eg share	s, property)							
Windfall (eg gift, lottery,	gambling)							
Please confirm your source o	f funds. (Source of	funds is where the	e funds for the ope	ening of the accour	nt have originated	from).		
Income from employmer	nt (eg regular and/	or bonus)						
Investment income (eg r	rent, dividends, pe	nsion)						
Business income								
One-off payment (eg ma	atured investment,	, court settlement,	redundancy, inher	ritance)				
Sale of assets (eg share	s, property)							
Windfall (eg gift, lottery,	gambling)							
Politically Exposed Per	son (PEP)							
Politically Exposed Persons are or international organisation, e associates, either within or out	either within or outs	. ,			· ·	,		
Are any Trustees/Directors, or	r Investor(s), a Polit	ically Exposed Per	son(s)?					
Individual 1		Individual 2		Individua	13			
Individual 4		Individual 5		Individua	16			
If you have nominated yourse	lf to be a Politically	Exposed Person, y	ou must complete	and attach the follo	owing:			
a Politically Exposed Per	sons form (myexpa	and.com.au).						
Tax Residency - not ap	plicable for SN	/ISFs						
Please answer both tax reside	ency questions as	you can be a tax re	sident of more thar	n one country.				
	Individual 1	Individual 2	Individual 3	Individual 4	Individual 5	Individual 6		
Are you a tax resident of Australia?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No		
Are you a tax resident of any other Country?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No		
If you are only a tay regident	of Australia and n	o other country n	loose proceed to	Stop / If you are a	tay racidant of any	, other country		

If you are only a tax resident of Australia and no other country please proceed to Step 4. If you are a tax resident of any other country please complete the details below.

#### Foreign Residents only - Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency. Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. Refer to Step 16: Applicant declaration and signature.

For all countries where you are a tax resident, other than Australia, please provide a TIN (Tax Identification Number) which is the number assigned by each country for the purposes of administering tax laws such as a Social Security Number in the US. If a TIN cannot be provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Name	Country	TIN	If no TIN, please list Reason A, B or C
If there are more individuals or co	ountries , provide details on a	a separate sheet and tic	kthisbox
Reasons for not providing a TIN:			
Reason A - The country of ta	ax residency does not issue TII	Ns to tax residents, OR	
Reason B - You have not bee	en issued with a TIN – <b>You mus</b>	t provide details for this	reason below,
Reason you have not been is	ssued with a TIN (if applicable)		
OR			
Reason C - The country of ta	ax residency does not require	the TIN to be disclosed.	

Please note: It is important that we hold up to date records, so please update your details you have provided by the <a href="Change of Details">Change of Details</a> form available on our website.

### Step 4: Trust associated or other reportable people

Please note that this section may only apply to trusts and unlisted, unregulated companies. If you are applying for any other account, please proceed to Step 6.

You must complete this step to add any associated people to the trust or other reportable people to the unlisted, unregulated company. Under AML/CTF and international tax reporting laws, we are required to collect and verify information about individuals who do, or may, control a trust or company.

- The **settlor** is the person who settled the trust at commencement. In order to create a trust a 'settled sum' (typically a nominal amount of \$10) must pass from the settlor to the trustee. We are only required to collect the information of the settlor if they settled the trust with an a amount of \$10,000 or more and are still alive at the time of this application.
- The **beneficiaries** are the people or companies for whose benefit the trust is created and administered. Beneficiaries can be either primary beneficiaries (who are named in the trust deed) or general beneficiaries (who often are not named individually but are part of a class of beneficiary named in the trust deed). If a beneficiary has a fixed entitlement of 25% or more, certain laws consider that beneficiary as being a controlling person.
- Many, but not all, trusts also have an **appointor**. The appointor is very important as they have the power to appoint and remove the trustee, which is a form of control over the trust.
- Protector/Guardian may be used as a separate role to the role of Appointer and act as an additional safeguarding layer to the operation of the trust.
- Other controlling individual or managing official is a role that allows for the capture of all other reportable people either for AML or FATCA/ CRS purposes who directly or indirectly control the company. This includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).
- Shareholder with 25% or more ownership Shareholders are the people whose shareholding (through direct or indirect shareholdings) is 25% or more of the company's issued share capital, or 10% or more for shareholders from Hong Kong.

Please contact ClientFirst on 1800 517 124 or email clientfirst@myexpand.com.au if you require more than four people to be associated with

Please provide detail of any trust associated or other reportable people on the following pages.

Please ensure that all beneficiaries of the trust have been included. Where the trust has an individual trustee they cannot also be the sole beneficiary. Where the trust has a corporate trustee the same corporation cannot also be the sole beneficiary.

### Trust associated person 1 / other reportable person 1

Please $\checkmark$ the box which applies:	
Roles this associated person may h	nave (note: other reportable persons can only select one role):
Appointor Protector/Gu	pardian Settlor Beneficiary with 25% or more ownership Other controlling individual
Other managing official	Shareholder with 25% or more ownership (or 10% or more ownership for Hong Kong residents)
Personal details	
Title (Dr/Mr/Mrs/Ms/Miss)	Surname
Given name(s)	
Date of birth	Gender Male Female
Percentage ownership of the trust	%
Address details	
Residential address	
Suburb	State Post code
Country (if not Australia)	
Proof of identity	
	, please provide the client's proof of identity information. Trust associated people (for trusts) and panies) also need to be identified, these include:
	Beneficiary with 25% or more ownership, <b>and/or</b> • Other managing official
• Settlor •	Other controlling individual • Shareholder with 25% or more ownership
Certified copies of my ID docur	ment(s) are attached to my application.
•	2 / other reportable person 2
Please ✓ the box which applies:	
Roles this associated person may r	nave (note: other reportable persons can only select one role):
Appointor Protector/Gua	ardian Settlor Beneficiary with 25% or more ownership Other controlling individual
	Shareholder with 25% or more ownership (or 10% or more ownership for Hong Kong residents)
Personal details	
Title (Dr/Mr/Mrs/Ms/Miss)	Surname
Given name(s)	
Date of birth	Gender Male Female
Percentage ownership of the trust	%
Address details	
Residential address	
Suburb	State Post code
Country (if not Australia)	
Proof of identity	
	, please provide the client's proof of identity information. Trust associated people (for trusts) and panies) also need to be identified, these include:
	Beneficiary with 25% or more ownership, <b>and/or</b> • Other managing official
• •	Other controlling individual  • Shareholder with 25% or more ownership

 $\label{lem:condition} \textbf{Certified copies of my ID document (s) are attached to my application.}$ 

## Trust associated person 3 / other reportable person 3

 $\label{lem:condition} \textbf{Certified copies of my ID document (s) are attached to my application.}$ 

Please ✓ the box which applies:		
Roles this associated person may h	nave (note: other reportable persons can only select one role):	
Appointor Protector/Gua  Other managing official	ardian Settlor Beneficiary with 25% or more ownership Other controlling individual  Shareholder with 25% or more ownership (or 10% or more ownership for Hong Kong residents)	
Personal details		
	0	
Title (Dr/Mr/Mrs/Ms/Miss)	Surname	f
Given name(s)		
Date of birth	Gender Male Female	
Percentage ownership of the trust	%	
Address details		_
Residential address		_
Suburb	State Post code	$\exists$
Country (if not Australia)		
Proof of identity		
	y, please provide the client's proof of identity information. Trust associated people (for trusts) and apanies) also need to be identified, these include:	
	Beneficiary with 25% or more ownership, <b>and/or</b> • Other managing official	
• Settlor •	Other controlling individual  • Shareholder with 25% or more ownershi	Э
Certified copies of my ID docur	ment(s) are attached to my application.	
Trust associated person	4 / other reportable person 4	
Please ✓ the box which applies:	·	
• • • • • • • • • • • • • • • • • • • •	nave (note: other reportable persons can only select one role):	
Appointor Protector/Gua	ardian Settlor Beneficiary with 25% or more ownership Other controlling individual	
	Shareholder with 25% or more ownership (or 10% or more ownership for Hong Kong residents)	
Personal details		
Title (Dr/Mr/Mrs/Ms/Miss)	Surname	
	Suriane	ī
Given name(s)		
Date of birth	Gender Male Female L	
Percentage ownership of the trust	%	
Address details		_
Residential address		ᆜ
Suburb	State Post code	_
Country (if not Australia)		
Proof of identity		
In accordance with AML/CTF Law	r, please provide the client's proof of identity information. Trust associated people (for trusts) and apanies) also need to be identified, these include:	
	Beneficiary with 25% or more ownership, <b>and/or</b> • Other managing official	
• Settlor •	Other controlling individual • Shareholder with 25% or more ownershi	_

# Step 5: Trust associated person or other reportable person Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) requirements

Please complete this section if you have added any associated people to the trust or other reportable people to the company in **Step 4**. Otherwise, proceed to **Step 6** for trust accounts or **Step 8** for company accounts.

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF), please advise the following: (Please note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate our compliance with the AML/CTF legislation).

Politicall	y Exposed Person	(PEP)
------------	------------------	-------

Politically Exposed Person (P	CP)					
Politically Exposed Persons are individu or international organisation, either wit associates, either within or outside Aus	hin or outside Australia. Thi		•	·		
Are any trust associated people or oth	ner reportable people of th	ne company a Politically E>	xposed Person(s)? Please	tick below.		
Trust associated person 1 / Other reportable person 1 Trust associated person 2 / Other reportable person 2						
Trust associated person 3 / Other reportable person 3  Trust associated person 4 / Other reportable person 4						
If you have nominated yourself to be a	Politically Exposed Person	n, you must complete and	attach the following:			
a Politically Exposed Persons for	m (myexpand.com.au).					
Tax Residency						
Please answer both tax residency que	estions as you can be a tax	resident of more than on	e country.			
	Trust associated person 1 / Other reportable person 1	Trust associated person 2 / Other reportable person 2	Trust associated person 3 / Other reportable person 3	Trust associated person 4 / Other reportable person 4		
Are you a tax resident of Australia? Are you a tax resident of any other Country?	Yes No	Yes No	Yes No	Yes No		
If you are only a tax resident of Austrountry please complete the details b		y please proceed to Ste	o 6 or Step 8. If you are a	tax resident of any other		
Foreign Residents only - Foreign	Account Tax Complian	ce Act (FATCA) and Co	ommon Reporting Star	ndard (CRS)		
Under FATCA and CRS laws, we are recrules differ by country. Whether an indepension spends in a country, the locati	lividual is a tax resident of	a particular country is oft	en (but not always) based	d on the amount of time a		
For all countries where you are a tax re assigned by each country for the purp please list one of the three reasons sp	ooses of administering tax	laws such as a Social Sec				
Name C	country	TIN	If no TIN, please list Rea	ason A, B or C		
If there are more individuals or coun	tries , provide details on	a separate sheet and tic	k this box			

Reasons for not providing a TIN:	
Reason A - The country of tax residency does not issue TINs to tax residents, OR	
Reason B - You have not been issued with a TIN - You must provide details for this reason below,	
Reason you have not been issued with a TIN (if applicable)	
OR	
Reason C - The country of tax residency does not require the TIN to be disclosed.	
Please note: It is important that we hold up to date records, so please update your details you have provided by the Change of Details for available on our website.	m
Step 6: Corporate beneficiary (only applicable for Trust accounts)	
Would you like to add a corporate beneficiary?	
Corporate beneficiary 1	
Entity name	
Australian Company Number (ACN)	
Corporate beneficiary 2	
Entity name Australian Company Number (ACN)	
Corporate beneficiary 3	
Entity name Australian Company Number (ACN)	
Corporate beneficiary 4	
Entity name	
Australian Company Number (ACN)	
Corporate beneficiary 5	
Entity name	
Australian Company Number (ACN)	
You must include an ACN for the corporate beneficiary.	
Please ensure that all beneficiaries of the trust have been included. Where the trust has an individual trustee they cannot also be the sole beneficiary. Where the trust has a corporate trustee the same corporation cannot also be the sole beneficiary.	

# Step 7: Beneficiary class and individual (only applicable for Trust accounts)

Please provide information in relation to the beneficiaries of the trust, if not already captured. Additionally, if the trust defines a class of beneficiary, please provide the class below.

Class of Beneficiary		
Individual 1		
Title (Dr/Mr/Mrs/Ms/Miss)	Surname	
Given name(s)		
Individual 2		
Title (Dr/Mr/Mrs/Ms/Miss)	Surname	
Given name(s)		
Individual 3		
Title (Dr/Mr/Mrs/Ms/Miss)	Surname	
Given name(s)		
Individual 4		
Title (Dr/Mr/Mrs/Ms/Miss)	Surname	
Given name(s)		
Individual 5		
Title (Dr/Mr/Mrs/Ms/Miss)	Surname	
Given name(s)		

Please ensure that all beneficiaries of the trust have been included. Where the trust has an individual trustee they cannot also be the sole beneficiary. Where the trust has a corporate trustee the same corporation cannot also be the sole beneficiary.

# Step 8: Margin lending (does not apply to Self Managed Superannuation Funds)

is any of your investment ai	mount being provided by a margin lender?
No (go to Step 9a)	
Yes	
For details of margin lender	s please call ClientFirst on 1800 517 124.
Loan account number	
Name of Margin Lender	
Margin landor	
Margin lender authorised signatory 1	Date / / /
Full name	
Margin lender authorised signatory 2	Date / /
Full name	
Margin lender's stamp	

### Step 9a: Deposit instruction

You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice.

Please note the deposit instruction, Cash Account preferences and income preferences all form part of your Standing Instructions. Maturing investments (term deposits and fixed term annuities) and listed investments do not form part of your Standing Instructions. The instructions provided in this form override any previous instructions. For more information on Standing Instructions, please refer to the General Reference Guide.

Please advise us of your Deposit Instruction.

#### Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account.
   The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- For a full list of investment options available for selection within Expand Extra Investment go to our website, select from the **Investment Guide** and **Investment Menu** and list your selections in the space provided below.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Maturing investments (term deposits and fixed term annuities) and listed investments cannot form part of your Deposit Instruction.
   Please refer to Steps 9b and 9c to provide these instructions.
- Other investment options or models may be available when investing via a financial adviser. Please refer to the PDS for further information.

100% Cash Account OR	Deposit Instruction	
APIR Code	Investment option	Allocation (%)
	Cash Account (Mandatory)	
	Total (must = 100%)	

# Step 9b: Listed investments

Please provide details of any listed investments you would like to purchase as part of your initial application.

Minimum trade is \$500 per listed investment.

ASX code	Investment option	Units	OR	Investment amount	
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

#### Please note:

- If additional space is required, please attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.

## Step 9c: Term deposit details

Please provide details of any term deposits you would like to purchase as part of your initial application.

			Maturity Instructions								
Term Deposit Provider	Term (months)			Pay to cash Re-invest account principal			Re-invest partial principal		Re-invest principal and interest		
	\$			OF	?	OR		\$			OR
	\$			OF	?	OR		\$			OR
	\$			OF	2	OR		\$			OR
	\$			OF	₹	OR		\$			OR

Note: A minimum of \$5,000 per term deposit applies.

For a list of available term deposits, please visit myexpand.com.au/maturing-investments.

Where an investment instruction for a term deposit or listed investment is made at the same time as a new application these investment instructions will be processed before any other Investment Instruction relating to this new account is processed.

# Step 10: Cash Account preferences

## Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.
Please specify one of the following options:
Cash Account default minimum of 1% OR
Cash Account percentage nominated in your Deposit Instruction
OR
Custom Cash Account minimum of %
Cash Account dollar-based minimum (optional)
You may also nominate a dollar-based minimum on the amount held in your Cash Account (subject to a \$5,000 minimum) that will be used i conjunction with your percentage-based minimum stated above.
If your Cash Account falls below zero, we will then top-up your Cash Account to the lower of your dollar-based minimum or percentage-based minimum.
To set a Cash Account dollar-based minimum, please specify the amount here \$
Cash Account top-up
If the balance in your Cash Account is zero or below, the Service Operator will top up the balance to the lower of:
your selected Cash Account limit; or
• the Cash Account dollar-based minimum.
We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:
Pro-rata (default option) - Redeem funds across all managed investments according to the proportion of the portfolio that they represent.  OR
Redemption instruction - percentage - Redeem funds from specified managed investments according to the percentage allocation nominated below.  OR
Pecking Order - Redeem funds from my managed investment(s) according to a prioritised list specified below.
If you don't indicate a top-up method, the default option of pro-rata will be applied.
Any asset sales associated with your Cash Account top-up will be actioned in accordance with your existing tax optimisation method. To view and update your chosen method, please or log into Expand Online.
Other investment options or models may be available when investing via a financial adviser. Please refer to the IDPS Guide and any relevant product updates for further information.

Redemption

#### Redemption instructions - percentage and pecking order

APIR Code	Investment option	Instruction (%)	Pecking Order	
			1	
			2	
			3	
			4	
			5	
			6	
			7	
			8	
			9	
			10	
	Total (must = 100%)			

#### Please note:

- If you selected the pecking order option, please specify which managed investments are to be used and the pecking order in which the funds are to be redeemed, one at a time.
- Where you have selected to have a percentage redemption instruction, the percentages allocated for your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly, please add the APIR code along with the name of the investment option.
- Restricted investments, listed investments, certain investment options with extended redemption periods, annuity funds and term deposits (maturing investments) cannot form part of your redemption instruction or pecking order.

### Step 11: Automatic Re-weight Facility

Use this to automate a re-weight of all the eligible investments in your portfolio, according to a percentage-based instruction at a set frequency.

frequency.

I direct the Service Operator to manage my portfolio as follows:

Re-weight frequency (choose one):

Quarterly Half-yearly Yearly

Commencement date (will commence on the 20th of the chosen month):

Please note that if the portfolio contains investments which cannot be selected as part of a re-weight (for example maturing investments or investments which cannot be sold), the re-weight preference submitted will be applied to the remaining investments within the portfolio. In some instances, investment options that cannot be redeemed on a daily basis will not be able to be included in your Automatic Re-weight Facility.

Please ensure that the re-weight preference includes at least the default minimum allocation to the Cash Account. The default Cash Account minimum is 1%.

Any asset sales associated with your Automatic Re-weight instructions will be actioned in accordance with your existing tax optimisation method. To view and update your chosen method, please speak to your financial adviser or log in to Expand Online.

Re-w	eigh	nt p	refe	erer	ice:									
OR	Deposit Instruction – Re-weight my portfolio in accordance with my Deposit Instruction in Step 9a.  OR													
	Re	-WE	eigh	t In:	stru	ıctic	n –	Re-v	veig	nt my portfolio in accordance with my Re-weight Instruction specified in the	table h	below	<b>√</b> .	
								_		ruction option, please specify which investments are to be used and the resolio below.	spectiv	/e allc	ocations.	
APIR	cod	le o	r As	SX c	ode	е				Name of investment option		5	% allocat	ion:
										Cash Account				
									]					
									]					
									]			F		
												L		
									,	_				
										Nust add up to 100% including t	<b>Total</b> the Cas	∟ h Acc	ount alloc	ation
Ste	ep	12	2:	n	CO	m	e p	ore	fe	rences				
l dired	ct th	ne S	erv	ice	Оре	erat	or to	o mar	nage	e income distributions that I receive from managed investments as follows:				
OR	Re-i	inve	est	(de1	aul	t op	tior	n) – Re	e-in	vest the income distributions back into the same managed investment that made	de the i	ncom	ıe distribu	ition
	Dot	o i n	in C	200	<b>h</b> Λ.		.n+	Loo		Il inggene distributions to aggunulate is my Cook Account				
OR	Reti	am	mc	as	n Ac	COL	unt	- Lea	ive a	Il income distributions to accumulate in my Cash Account.				
	Inco	ome	e In:	stru	ıcti	on -	- pe	rcen	tag	e – Re-invest the income into managed investments selected below.				
										ction – percentage, please specify which managed investments are to be us	ed and	d the r	respectiv	re
	allocations. Please ensure that the Income Instruction does not contain listed or maturing investments.  APIR Code Investment option Allocation (%)													
										Cash Account (Mandatory)				
									]	,				
							<u> </u>		]					
									]					
									]					
OR										Total (must = 100%)				
	Auto	om	atio	: Ind	com	ne D	istr	ibuti	on F	acility				

•	e distributions to my/our nominated account provided in Step 15. me distributions to my/our nominated account:					
Quarterly						
Half-yearly						
quarter or half-year. V yearly payment. We m institution on time.	e Distribution Facility will occur on the 25th day of the month following the end of the relevant calendar Where the amount is less than \$100 it will remain in the Cash Account for the next quarterly or half-aay process your payment earlier than the specified date to ensure it reaches your nominated financial our income preference, the default option of re-invest will be applied.					
Step 13: Depos	it details					
	t is \$10,000 OR \$2,500 with a Regular Savings Plan.					
Details of the initial deposit	t included in this application.					
Cheque						
BPAY						
Direct debit	Complete and attach Direct debit request form					
External In specie transfer	Complete and attach Transfer of assets into Expand Investment form					
Internal transfer						
Total initial deposit \$ Internal transfer source account name						
Account number  By providing your account i	number and by signing the applicant declaration, you authorise the transfer of the balance (in full or in part) from					
your existing account into	your Expand Extra Investment account.					
Amount to be transferred:  Entire balance						
OR						
Partial transfer of	\$					
The minimum amount to lea	ave in your existing account is \$10,000 plus any liabilities.					
Partial Transfers						
Please list below the invest	ment option(s) and amount you wish to transfer. Partial transfers of SMA Model Portfolios are not available.					
APIR code	Name of investment option % or \$ amount					

Beneficial ownership declaration for internal transfers					
Is there a change of beneficial ownership occurring as a result of this internal transfer?					
No change of beneficial ownership. By selecting this option I acknowledge that this internal transfer will not result in a change in beneficial ownership.  OR					
Change of beneficial ownership. By selecting this option I acknowledge that this internal transfer will result in a change in beneficial ownership.					
Changes in beneficial ownership will realise CGT gains or losses on the transferred assets and there may be tax implications.					
We suggest seeking advice from a registered tax agent to determine how this may impact your tax obligations.					
Note: It's important to be aware that the portfolio will not be re-weighted as a result of the in specie transfer.  A re-weight can be processed on the new account online via the Investments tab, or by completing an Investment Instruction form.					
Regular Savings Plan					
I would like to setup a regular savings plan and have attached a Direct debit request form.					
Step 14: Regular Withdrawal Plan (optional)					
Regular withdrawals will be paid out of your Cash Account according to the frequency and date selected. Regular withdrawals may not be paid if there is insufficient funds in your account to meet the regular withdrawal amount. We may process your regular withdrawal earlier than the specified date to ensure it reaches your nominated financial institution on time.					
Do you wish to set up a Regular Withdrawal Plan?					
No (go to Step 15)					
Yes (please complete the details below and Step 15)					
Regular Withdrawal Plan details					
Commence regular withdrawals from					
Monthly Quarterly Half yearly Annually					
Regular withdrawal amount required \$ (minimum \$100)					
Step 15: Financial institution nomination					
Please provide financial institution details for your nominated account which will be used for Regular Withdrawal Plans (including Automatic Income Distribution Facility) and for any ad hoc withdrawals.					
Financial institution					
Account name					
BSB Account number					
Please note:  • Ensure your account details are correct as we will not be liable for mistaken payments based on incorrect details.					

## Step 16: Applicant declaration and signature(s)

#### Proof of identity

It is important that you provide the appropriate documents and details of your identity as set out above in the application form and explained further in the 'Completing Proof of Identity' document on myexpand.com.au. This information may be required for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. The Service Operator will require you to provide a certified copy of your identification.

As part of this application you are also required to confirm your foreign tax residency status (does not apply to self managed superannuation funds). If you previously have opened a product from the Group and your adviser has not conducted the customer identification procedure under the AML/CTF legislation in conjunction with this application, you confirm that you are not a U.S. citizen or resident and/or any other foreign resident for tax purposes, or are not purchasing this product on behalf of another foreign resident and/or U.S. citizen or resident for tax purposes (does not apply to self managed superannuation funds).

#### Privacy

Information (including your personal information) provided to the Service Operator is used for the purpose of opening an investment account and for other related purposes. For the purpose of providing you with the products or services you have requested, the Service Operator may disclose your personal information to its related bodies corporate, your financial adviser, professional advisers, businesses that have referred you to the Service Operator, banks and other financial institutions, or to provide you with information about other products or services that may be of interest to you. The Service Operator is required to collect your personal information under the Corporations Act 2001 and the AML/CTF legislation. If you do not provide all of the requested information, the Service Operator may not be able to action your request. To verify your identity for Know Your Customer (KYC) purposes, the Service Operator may also solicit personal information about you from reliable identity verification service providers. Your personal information will be handled in accordance with the Service Operator's privacy policy. The privacy policy contains information about any likely overseas disclosure of your personal information, how you may access or correct your personal information held by the Service Operator and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the Service Operator's privacy policy by contacting ClientFirst on 1800 517 214 or by visiting myexpand.com.au/privacy.

#### **Electronic communications**

By signing and submitting this application form, you agree to receive communications from the Service Operator by accessing them electronically via Expand Online as set out in the General Reference Guide. When a communication is available for you to access online, the Service Operator will send a notification to your preferred email address. You will need to let the Service Operator know your preferred email address when registering to join Expand Online and then tell the Service Operator your new email address if it changes. You can also elect to receive paper copies of communications via Expand Online.

# Transferring from another product within Expand

If transferring from another product within Expand then you do so on the terms and conditions outlined in the Offer Document.

#### Financial adviser (if applicable)

If you have appointed and notified the Service Operator of your adviser (or an adviser appointed at a later date) who is authorised to act on your behalf, by signing and submitting this form, you:

- Request the Service Operator deal with my financial adviser in relation to my account.
- Authorise your adviser and their staff to act as your agent to
  operate your account, to give any instructions on your behalf
  in relation to your account to the Service Operator by any
  methods as set out in the Offer Document and to request
  and authorise payment of a withdrawal to your nominated
  bank account.
- Instruct the Service Operator to follow your adviser's instructions until the Service Operator receives notice that you have cancelled your adviser's authority.
- Release and indemnify the Service Operator and any
  member of the Group from and against all demands, actions,
  proceedings, claims, losses, liabilities and costs arising
  directly or indirectly out of or in connection with the Service
  Operator acting or omitting to act on instructions given by
  your financial adviser and their staff under this authority,
  except to the extent caused or contributed to by the Service
  Operator's fraud, negligence or wilful default..

#### Margin Lending

You release, discharge and agree to indemnify us from (and against) any and all actions, proceedings, accounts, claims, costs, demands, charges and expenses as well as losses and liabilities arising from any margin lending arrangement you have no matter how they arise in relation to any of your investments in Expand Extra Investment or arising from us acting on the instructions of your margin lender. Your release and indemnity does not apply where the loss or liability has been caused or contributed to by our fraud negligence or wilful default. Margin lending does not apply to self managed superannuation funds.

#### **Deposit Instruction**

The Service Operator is directed to process the Deposit Instruction specified on this form.

The Instructions provided in this form override any previous Instructions.

# Investment options with extended redemption periods

If you elect to make an investment in an investment option that is designated as an investment option with extended redemption periods (in the investment menu as updated on the Expand website) (an 'illiquid investment'), you need to be aware that:

- if you request to transfer the whole or part of your withdrawal amount from your account, the Service Operator is not required to transfer the whole of your withdrawal amount (or a partial amount requested to be transferred) which is invested in an illiquid investment until it has received all that is necessary to process your request;
- unless specified otherwise, an illiquid investment is illiquid because the issuer of the investment has imposed withdrawal restrictions on the investment; and
- the maximum period in which a transfer must be effected is the period set out in the product disclosure statement for the illiquid investment which may be up to 365 days (or longer) for some illiquid investments.

### Product disclosure statements for managed investment options and Separately Managed Account (SMA)

The Service Provider has made available to you, through the Expand website, electronic versions of the product disclosure statements (PDS) for the underlying managed investments and SMA which are offered as investment options through this product. By signing and submitting this application form, you confirm that you have obtained the PDSs for your selected underlying investment options and that you will receive PDSs for any investment options you select in the future by obtaining them from the Expand website.

The PDS for a managed investment or SMA may be updated or replaced by the fund manager, responsible entity or issuer of the investment option from time to time. By signing and submitting this application form, you acknowledge that when further investments are made into a managed investment or SMA you have selected (including through investment switches or additional contributions), you may not have received the current PDS for the managed investment or SMA at that time and disclosure about certain material changes and significant events that the issuer of the managed investment or SMA product would be required to give you (under section 1017B(1) of the Corporations Act 2001) if you had made an equivalent direct acquisition of the investment option.

#### Investment options and financial advice

It is important that you understand the risks for your selected investment options (see the information about the available categories and the typical investors that they could suit in the Investment Guide). We recommend that you seek advice from a financial adviser before selecting an investment option.

Certain investment options are only available for clients of a particular financial adviser or AFS Licensee. These investments will no longer be available to you if you cease to be a client of that financial adviser or AFS Licensee. See the Investment Menu which indicates which investment options are available to 'advised only clients' and provides details in the footnotes about investment options available only to clients of particular financial advisers or AFS Licencees.

# Maturing investments (term deposits or fixed-term annuities)

The Service Operator has made available to you, through the Expand website, electronic versions of the applicable PDS, terms and conditions or product guide for each maturing investment offered as an investment option through this product. You can also obtain copies of these documents on request by contacting your financial adviser or by calling our ClientFirst service on 1800 517 214. Where it may take longer than 30 days to redeem a maturing investment, the Service Operator is not required to transfer the whole of my withdrawal amount (or a partial amount requested to be transferred) until after receiving all that is necessary to process my request. By signing and submitting this application form, you agree to access the disclosure documents in these ways and confirm that you have received the applicable disclosure documents for any maturing investment you have selected.

#### Managed Discretionary Accounts (MDA)

By signing and submitting this form, you authorise the Service Operator to charge any agreed Portfolio Management Fee against your account. Any agreed Portfolio Management Fees will be charged to your account and paid in full to the MDA provider while you remain invested in an MDA model.

#### Source of wealth and investment funds

Under AML/CTF legislation, we are required to identify your source of wealth and investment funds and may request further information or evidence from you.

#### **Document verification**

The Service Operator may seek to validate any government issued ID I have provided for identity purposes. This may include providing my personal details such as name, date of birth and address and any identification document to an external secure document verification service provider to validate.

By signing and submitting the application you provide consent for the Service Operator to verify my identity through their preferred external secure document verification service provider Green ID in the event the certified identification I have provided cannot be used to verify my identity. This includes disclosing my name, date of birth, residential address and email address to a credit reporting agency and by confirming the authenticity of my government issued ID with the relevant government departments.

If you have not provided the required identification document, the identification document cannot be verified, or the Service Operator is not satisfied the identity requirement has been met, they may not be able to process my application.

#### **Power of Attorney**

If your Application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the 'Completing Proof of Identity' document on myexpand.com.au, for both the Applicant and the Attorney, with your Application. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received. For self managed superannuation funds and Joint accounts, please note that the Application cannot be signed under a Power of Attorney without confirmation the Power of Attorney is also a Trustee. Generally, a Power of Attorney is insufficient to sign on behalf of a director or trustee.

#### Offer document

Before submitting this application, you should read the Offer Document for Expand Extra Investment, and contact us if you have any questions. The Offer Document is available on the Expand website, through your financial adviser or by calling ClientFirst on 1800 517 214.

By signing and submitting this application, you apply for an account in Expand Extra Investment.

If your application is accepted and you are recorded as a client in our records, our contractual relationship with you will be governed by the terms and conditions in the Offer Document.

#### Information you provide

We will rely on the information you give us to set up your account. By signing and submitting this application form, you represent that the information you have provided is true and correct. If you do not provide us with all of the requested information or if information provided is incorrect, we may not be able to comply with your request.

If any of the information you have provided changes, you should inform the Service Operator as soon as possible.

#### Your instructions to us

You agree to release us from, and indemnify us against, any and all losses and liabilities arising from any payment or action we make based on any written instruction (even if not genuine) we receive bearing your account number and a signature we reasonably believe is yours or that of your representative. You also agree neither you, nor anyone claiming through you, has any claim against us or Expand Extra Investment in relation to these payments or actions. Your release and indemnity does not apply where the loss or liability has been caused or contributed to by our fraud, negligence or wilful default.

If your account is held jointly, under a trust arrangement and there are multiple trustees (or held by a corporation with multiple directors) or in the name of a company or association with multiple directors or signatories, you authorise us to accept instructions from any trustee or director to perform any action on your account (excluding the application form, the establishment of a Direct Debit Request, nominating a new financial institution or in any form where we specify that additional signatures are required) and agree to release us from, and indemnify us against, any and all losses and liabilities arising from any payment or action we make based on receipt of an instruction from the other trustee/s or directors. Your release and indemnity does not apply where the loss or liability has been caused or contributed to by our fraud, negligence or wilful default.

We do not accept any liability whatsoever for an instruction not being implemented in these circumstances.

#### Investment suitability (mandatory)

To assess which investment options are right for you, please refer to the relevant disclosure documents for each investment option selected for investment objectives and timeframes, and risk measures. Please respond to the following questions for all investment products you've selected (excluding listed investments):

and timeframes, and risk measures. Please respond to the following questions for all investment products you've selected (excluding listed investments):
I have received personal financial advice in relation to the investments selected in this form.
OR
I am aware of the minimum suggested investment timeframes of the investments I have selected, and these investments have a risk measure I am prepared to accept.
Please note: if your investment objective(s), timeframe and/or risk profile are inconsistent with those of the investment(s) you have selected, then we suggest you seek financial advice that takes into account your personal circumstances.
There may be a delay processing your application if responses aren't provided, while we contact you for more information.
AML/CTF legislation confirmation
I confirm that I have provided the relevant applicant proof of identification in line with the obligations under the AML/CTF legislation and I have attached original certified copies of each applicant's identification document(s) with this Application.
Where relevant I have attached:
An Overseas Investor form for anyone listed in this application who is not residing in Australia.
A Politically Exposed Persons form for anyone listed in this application who is politically exposed.

Applicant Signature(s)	
Signatory 1	Date / / /
Role (such as Investor/Director/Trustee, Company Secretary as applicable)	Date
Company Secretary as applicable)	
Full name	
Signatory 2	Date / / /
Role (such as Investor/Director/Trustee, Company Secretary as applicable)	
Full name	
0:	
Signatory 3  Role (such as Investor/Director/Trustee, Company Secretary as applicable)	Date ′
Company Secretary as applicable)	
Full name	
Signatory 4	Date / / / /
Role (such as Investor/Director/Trustee, Company Secretary as applicable)	
Full name	
Signatory 5	Date / / /
Role (such as Investor/Director/Trustee, Company Secretary as applicable)	Date
Company Secretary as applicable)	
Full name	
Signatory 6	Date / / / /
Role (such as Investor/Director/Trustee, Company Secretary as applicable)	
Full name	
Common seal (of company) if required	
If you are an individual or joint in	ovestor and are under 18 years of age we require a parent or guardian to sign this form here:
Parent/guardian signature	Date / / /
Parent/guardian full name	
Investor name(s)	

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#### Please forward all correspondence and enquiries to:

Post: Expand

Email:

Reply Paid 264, Melbourne VIC 8060 clientfirst@myexpand.com.au

**Telephone**: 1800 517 124

# Contact us

#### Postal address

Expand GPO Box 264 Melbourne VIC 3001

### Telephone

1800 517 124

#### **Email**

clientfirst@myexpand.com.au

#### Website and Virtual Assistant

myexpand.com.au

#### Service Operator

Navigator Australia Limited ABN 45 006 302 987 AFSL 236466

#### Registered address

Level 1, 800 Bourke Street Docklands VIC 3008

