



# MAPLE-BROWN ABBOTT

INVESTMENT MANAGERS SINCE 1984

## Initial Application Form – Retail Investment Option

This form applies to the following products:

- **Maple-Brown Abbott Australian Share Fund – Retail**      ➤ **PDS issued 01 February 2017**
- **Maple-Brown Abbott Australian Geared Equity Fund – Retail**      ➤ **PDS issued 01 February 2017**

**Questions?** Please phone Ironbark Client Services on 1800 034 402, Mon-Fri 9am to 5.30pm (Sydney time).

**COMPLETE THIS FORM IN CLEAR CAPITAL LETTERS.**

**ALL INVESTORS MUST ALSO COMPLETE A CUSTOMER IDENTIFICATION FORM.**

### SECTION 1: INVESTOR TYPE

Please indicate the investor type and complete relevant sections.

<input type="checkbox"/> <b>Individuals (including joint investors)</b>	➤ Complete <b>section 1.1, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Individuals
<input type="checkbox"/> <b>Sole Trader</b>	➤ Complete <b>section 1.1, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Individuals
<input type="checkbox"/> <b>Child (under 18)</b>	➤ Complete <b>section 1.1, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Individuals
<input type="checkbox"/> <b>Company</b>	➤ Complete <b>section 1.2, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Australian and Foreign Companies
<input type="checkbox"/> <b>Trust, Superannuation Fund (individual trustees)</b>	➤ Complete <b>section 1.1, section 1.3, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Trusts and Trustees
<input type="checkbox"/> <b>Trust, Superannuation Fund (corporate trustee)</b>	➤ Complete <b>section 1.2, section 1.3, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Trusts and Trustees
<input type="checkbox"/> <b>Partnership (individual partners)</b>	➤ Complete <b>section 1.1, section 1.4, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Partners and Partnerships
<input type="checkbox"/> <b>Partnership (corporate partner)</b>	➤ Complete <b>section 1.2, section 1.4, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Partners and Partnerships
<input type="checkbox"/> <b>Association (incorporated)</b>	➤ Complete <b>section 1.5, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Associations
<input type="checkbox"/> <b>Association (unincorporated)</b>	➤ Complete <b>section 1.1, section 1.5, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Associations
<input type="checkbox"/> <b>Government Body</b>	➤ Complete <b>section 1.6, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Government Bodies
<input type="checkbox"/> <b>Registered Co-operative</b>	➤ Complete <b>section 1.7, sections 2-12</b> ➤ <b>plus</b> Customer Identification for Associations

# Initial Application Form – Retail Investment Option

## SECTION 1.1: INDIVIDUALS, SOLE TRADER

### INDIVIDUAL 1

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)

Surname

### INDIVIDUAL 2

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)

Surname

### CHILD'S NAME (UNDER 18)

Full given name(s)

Surname

### BUSINESS NAME (SOLE TRADER)

## SECTION 1.1.1: SIGNING AUTHORITY

### JOINT (NON CORPORATE) INVESTORS ONLY

Please indicate account signing authority for future transactions.

Any one individual  All individuals

**!** IF YOU HAVE MORE THAN TWO JOINT INVESTORS OR TRUSTEES, PLEASE PHOTOCOPY THIS FORM AND USE IT TO SUPPLY ADDITIONAL INVESTOR'S DETAILS (SECTION 1.1), AND SIGNATURES (SECTION 12).

## SECTION 1.2: COMPANY

Full name of Company

## SECTION 1.3: TRUST, SUPERANNUATION FUND

Full name of Trust/Superannuation Fund

If the Trust has individual trustee(s), please also complete the previous **section 1.1** with the individual's details.

If the Trust has a corporate trustee, please also complete the previous **section 1.2** with the company's details.

## SECTION 1.4: PARTNERSHIP

Full name of Partnership

If the Partnership has individual partners, please also complete the previous **section 1.1** with one of the partner's details.

If the Partnership has corporate partners, please also complete the previous **section 1.2** with one of the corporate partner's details.

## SECTION 1.5: ASSOCIATION

Full name of Association

If the Association is unincorporated and an individual who is a member of the Association is the applicant on behalf of the Association, the individual applicant must also complete the previous **section 1.1** with his/her details.

If the Association is incorporated, the Association need only complete the section above.

## SECTION 1.6: GOVERNMENT BODY

Full name of Government Body

## SECTION 1.7: REGISTERED CO-OPERATIVE

Full name of Registered Co-operative

# Initial Application Form – Retail Investment Option

## SECTION 2: PREFERRED CONTACT DETAILS

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)

Surname

Street address



State

Postcode

Country

Postal address (if different from above)



State

Postcode

Country

Home phone number

( )

Mobile

Work phone number

( )

Fax number

Email address

## SECTION 3: REPORTING DETAILS

### SECTION 3A: ANNUAL FINANCIAL REPORT

The Annual Financial Reports will be made available online, alternatively you can elect to receive a copy by post.

I wish to receive a copy in the post.

### SECTION 3B: PRIVACY CONSENT PREFERENCE

Please indicate if you **do not** wish to receive information about products and services (which may be supplied by us) which we consider may be of value or interest to you.

## SECTION 4: TAX DETAILS

### ! WHOSE TFN OR ABN IS REQUIRED?

Individual	<input checked="" type="radio"/> Individual 1
Joint investors	<input checked="" type="radio"/> Each individual investor
Adult(s) investing on behalf of a child	<input checked="" type="radio"/> Each individual investing on behalf
Sole Trader	<input checked="" type="radio"/> The Business
Company	<input checked="" type="radio"/> The Company
Trust/Superannuation Fund (individual or corporate trustee(s))	<input checked="" type="radio"/> The Trust or Superannuation Fund
Business partnership	<input checked="" type="radio"/> The partnership
Clubs/associations and unincorporated bodies	<input checked="" type="radio"/> The club, association or unincorporated body

### TFN OR ABN

TFN (Individual 1, Company, Business or Trust)

TFN (Individual 2)

**OR**

ABN

**OR**

Reason for exemption

Non-resident – country

Registered Charity

Other – please specify

**COLLECTION OF TAX FILE NUMBER (TFN) INFORMATION IS AUTHORISED AND ITS USE AND DISCLOSURE ARE STRICTLY REGULATED BY TAX LAWS AND THE PRIVACY ACT.**

**INVESTORS MUST ONLY PROVIDE AN AUSTRALIAN BUSINESS NUMBER (ABN) INSTEAD OF A TFN WHEN THE INVESTMENT IS MADE IN THE FURTHERANCE OF AN ENTERPRISE (E.G. BUSINESS OR TRADE).**



**YOU'RE NOT OBLIGED TO PROVIDE EITHER YOUR TFN OR ABN, BUT IF YOU DON'T PROVIDE EITHER, OR CLAIM AN EXEMPTION, WE'RE REQUIRED TO DEDUCT TAX FROM YOUR DISTRIBUTION AT THE HIGHEST MARGINAL RATE (PLUS MEDICARE LEVY) TO MEET AUSTRALIAN TAXATION OFFICE REQUIREMENTS.**

# Initial Application Form – Retail Investment Option

## SECTION 5: INVESTMENT DETAILS

### SECTION 5A: PAYMENT METHOD

#### How will your investment be made?

Cheque is enclosed

\$

Make cheques payable to **NNL – Maple-Brown Abbott Application Account** and mark 'not negotiable'.

Electronic Funds Transfer (EFT)

\$

Our bank account details are:  
 Account Name: **NNL – Maple-Brown Abbott Application Account**  
 BSB: **083-043**  
 Account Number: **126 783 944**

You'll only be able to make your EFT payment after we've notified you that your application has been processed and your account is set up.

Direct Debit

\$

Deduct directly from my nominated financial institution account.  
**PLEASE COMPLETE SECTION 6.**

Transferring ownership

Provide a signed and completed Standard Transfer Form and the Investor Number for the investment that units are being transferred out of (if known).

Investor Number

### SECTION 5B: INVESTMENT AMOUNT

Enter the amount to be invested in each Fund.

The minimum investment for each fund is \$1,500 (\$1,000 if a Regular Savings Plan is set up).

Fund	APIR Code	For office use only	INITIAL AMOUNT	Transfer ownership	5C: REGULAR SAVINGS PLAN AMOUNT	5D: REGULAR WITHDRAWAL PLAN AMOUNT
Maple-Brown Abbott Australian Share Fund – Retail	ADV0013AU	MPIMPO	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Maple-Brown Abbott Australian Geared Equity Fund – Retail	ADV0077AU	MPAGEO	\$ <input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>			\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>

**!** **5C: REGULAR SAVINGS PLAN** (make additional investments into your investment account on a monthly basis via direct debit)  
 ➤ You must also complete **sections 6 and 7.**

**!** **5D: REGULAR WITHDRAWAL PLAN** (nominate a fixed amount to be paid from your investment directly into your nominated bank account at the end of the relevant fund's distribution period)  
 ➤ You must also complete **section 8.**

### SECTION 5E: DISTRIBUTION OPTIONS

#### How would you like to receive distributions?

If you do not select a distribution option below (and have not set up a Regular Withdrawal Plan) your default option will be to reinvest.

Fund	Reinvest	Pay to bank (complete section 8)
Maple-Brown Abbott Australian Share Fund – Retail	<input type="checkbox"/>	<input type="checkbox"/>
Maple-Brown Abbott Australian Geared Equity Fund – Retail	<input type="checkbox"/>	<input type="checkbox"/>

Please note: Maple-Brown Abbott must be notified of a change in distribution option at least 7 days before the next scheduled distribution for it to be effective for that period.

# Initial Application Form – Retail Investment Option

## SECTION 6: DIRECT DEBIT REQUEST

### SECTION 6A: DIRECT DEBIT ACCOUNT DETAILS

You **must** complete this section if you:

- are making this investment via direct debit **and/or**
- wish to set up a direct debit arrangement for future investments **and/or**
- are setting up a Regular Savings Plan.

**!** FINANCIAL INSTITUTION ACCOUNTS FOR DIRECT DEBIT PAYMENTS CAN BE IN THE NAME(S) OF THE INVESTOR(S) OR A THIRD PARTY.

**!** WE ONLY ACCEPT AUSTRALIAN FINANCIAL INSTITUTION ACCOUNT DETAILS.

Name of Australian financial institution

Branch name

BSB number

Account number

Account name

### SECTION 6B: DIRECT DEBIT AUTHORITY

Direct Debit Authority: I/We authorise Maple-Brown Abbott Limited ABN 73 001 208 564 (User ID: 431895) to, until further notice, arrange for funds to be debited from the account at the financial institution identified above through the Bulk Electronic Clearing System. I/We acknowledge this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement available at [maple-brownabbott.com.au](http://maple-brownabbott.com.au).

**!** ALL FINANCIAL INSTITUTION ACCOUNT SIGNATORIES MUST SIGN.

#### SIGNATURE A

Date (dd/mm/yyyy)

Signatory's full name (please print)

Company signatories must indicate their company title

Director  Sole Director/Sole Secretary/Sole Trader

Clubs/associations/unincorporated bodies:  
please indicate office title

### SECTION 6B: DIRECT DEBIT AUTHORITY (CONTINUED)

#### SIGNATURE B

Date (dd/mm/yyyy)

Signatory's full name (please print)

Company signatories must indicate their company title

Director  Company Secretary

Clubs/associations/unincorporated bodies:  
please indicate office title

Company: two directors or a director and company secretary must sign unless the company has only a sole director and sole secretary. All signatories must state their capacity within the company by crossing the applicable box(es) above.

**!** PLEASE ENSURE INVESTOR'S DECLARATION AND SIGNATURE IS ALSO COMPLETED (SECTION 12).

### SECTION 7: REGULAR SAVINGS PLAN

Which day of the month would you like the amount to be debited from your nominated account?

5th  19th

If the day is not a Business Day, we will draw on the account under your direct debit arrangement on the next Business Day.

Note: If you don't indicate otherwise, your plan will commence on the 19th of the month.

### SECTION 8: FINANCIAL INSTITUTION ACCOUNT DETAILS

Provide financial institution account details to be used for any future **withdrawals** and/or **distributions**.

**!** FINANCIAL INSTITUTION ACCOUNT FOR PAYMENT OF WITHDRAWALS/DISTRIBUTIONS MUST BE IN THE NAME OF THE INVESTOR AND NOT A THIRD PARTY.

**!** WE ONLY ACCEPT AUSTRALIAN FINANCIAL INSTITUTION ACCOUNT DETAILS.

Name of Australian financial institution

Branch name

BSB number

Account number

Account name

# Initial Application Form – Retail Investment Option

## SECTION 9: FAX INSTRUCTION AUTHORISATION

We offer a fax instruction service that allows you to send us future instructions via fax after your initial application has been accepted.

Please refer to the fax instruction service conditions in the offer document for the relevant Fund.

Would you like us to accept fax instructions from you for withdrawal requests and changes to investor details?

Yes  No

**! WE DO NOT ACCEPT INITIAL APPLICATIONS BY FAX.**

## SECTION 10: AUTHORISED REPRESENTATIVE – OPTIONAL

Complete this section if you wish to appoint a person with the legal capacity to act as your authorised representative and to operate your investment on your behalf.

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)

Surname

Work phone number

( )

Fax number

( )

Email address

Signature of Authorised Representative

Date (dd/mm/yyyy)

/   /

## SECTION 11: MONTHLY ADVISER SERVICE FEE

Complete this section if you would like a monthly adviser service fee deducted from your investment.

Flat percentage service fee of  % (excluding GST) per month

**OR**

Flat dollar service fee of  \$ (excluding GST) per month

## SECTION 12: INVESTOR'S DECLARATION AND SIGNATURE

By signing this Application form:

- > I/We acknowledge that I/we have read in full the Product Disclosure Statement (PDS) including the Additional Information Booklet for the Fund(s) I/we have selected and agree to be bound by the terms of the PDS and the terms of the relevant Constitution(s), each as amended from time to time.
- > I/We acknowledge that Maple-Brown Abbott Limited does not guarantee the capital value or the investment performance of any Fund.
- > I/We acknowledge that investments in the Fund(s) are subject to investment risks, including possible delays in repayment and loss of income and principal invested.
- > I/We acknowledge that I/we have read the section in the PDS titled 'Protecting your privacy' and agree that Maple-Brown Abbott may collect, use, disclose, and handle my/our personal information in the manner set out in that section.
- > I/We declare that all the details given on this Application form are true and correct, and the relevant customer identification has been included. I am/we are aware that failure to provide all necessary information and identification may delay the processing of my/our application.
- > I/We promise to provide all identification and verification materials that may be required at any time for the purposes of complying with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and Rules.
- > I/We promise to provide any representations that Maple-Brown Abbott may require at any time for the purposes of complying with its ongoing obligations under the United States of America legislation Foreign Account Tax Compliance Act 2010 or corresponding Australian legislation.
- > I/We acknowledge that the appointment of an authorised representative is governed by the terms set out in the PDS (If section 10 (Authorised Representative) is completed).
- > I/We confirm that, if I am/we are applying for units on behalf of another person, I/we have notified Maple-Brown Abbott that I/we are acting as a trustee or agent (as applicable) of the beneficial owner(s) and of the identity of the beneficial owner(s).
- > I/We confirm that, if I am/we are natural person(s), I am/we are at least 18 years of age.

**! ALL INVESTORS MUST SIGN AND DATE**

### INDIVIDUAL 1, DIRECTOR OR SOLE TRADER

Signature

Date (dd/mm/yyyy)

/   /

Signatory's full name (please print)

Company signatories must indicate their company title

Director  Sole Director/Sole Secretary/Sole Trader

Clubs/associations/unincorporated bodies:  
please indicate office title

# Initial Application Form – Retail Investment Option

## SECTION 12: INVESTOR'S DECLARATION AND SIGNATURE (CONTINUED)

### INDIVIDUAL 2, OR DIRECTOR/COMPANY SECRETARY

Signature

Date (dd/mm/yyyy)

 /  / 

Signatory's full name (please print)

Company signatories must indicate their company title

Director  Company Secretary

Clubs/associations/unincorporated bodies:  
please indicate office title

### WHO CAN SIGN THIS FORM?

#### Individual or Sole Trader

Individual 1 must sign.

If signing under a Power of Attorney (POA), you verify that at the time of signing, you have not received notice of revocation of that power.

Please provide a certified copy of the original POA, including the appointed POA's signature. If the POA's signature is not included, please attach two original certified copies of identification.

#### Joint Investors

Each individual must sign for an initial application.

#### Trust or Superannuation Fund

- > Individual trustee(s) – each individual must sign.
- > Corporate trustee – see company requirements.

#### Company

Acceptable company signatories are:

- > Two directors.
- > A director and a company secretary.
- > A sole director and a sole secretary/sole trader.

#### Adult(s) investing on behalf of a child

Each individual investing on behalf must sign.

#### Deceased estate

All executors to sign.

- > If more than two executors, please photocopy signature page and attach with signatures of all executors.

#### Business partnership

All partners to sign.

- > If more than two partners, please photocopy signature page and attach with signatures for all partners.

#### Club, association or other

Office bearer(s) must sign and state their appropriate office title (eg president, secretary).

**YOU MUST COMPLETE THE  
CUSTOMER IDENTIFICATION FORM  
RELEVANT TO YOUR INVESTOR TYPE  
AS PART OF YOUR APPLICATION.**

## SUBMIT YOUR APPLICATION BY:

 **Mail**  
Registry Services – MBA  
GPO Box 1406  
Melbourne VIC 3001

## ADVISER USE ONLY

Maple-Brown Abbott Adviser Number

**A**

Maple-Brown Abbott Dealer Number

**D**

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)

Surname

Daytime phone number

( )

Fax number

( )

Investment Link ILCN (Client No.)

ILGN Group No.

## ALL ADVISORS MUST SIGN AND DATE

Signature

Date (dd/mm/yyyy)



/   /

Adviser's stamp (please use black ink only)

## NEW ADVISER INFORMATION

New advisers please attach copies of the following documents.

### Authorised representative

-  Letter/Fax from the licensee confirming the AFSL number and that the adviser is an authorised representative.
-  Copy of the written notice from the licensee authorising the adviser to provide financial services on their behalf.

### Licensee

-  Copy of AFSL issued by ASIC.