

Application Form

OnePath Wholesale Trusts

1 December 2024

OnePath Funds Management Limited (OnePath Funds Management)

ABN 21 003 002 800 AFSL 238342

GPO Box 5306, Sydney NSW 2001

Wholesale Client Services

Phone 1800 031 810

Email wholesale.unitrust@onepathsuperinvest.com.au

Website onepathsuperinvest.com.au

How to invest

To make your investment in OnePath Wholesale Trusts (Trust):

- Complete all relevant sections in blue or black pen and sign the Application Form
- Indicate your choice by marking boxes with (x) where applicable
- Forward your completed Application Form and cheque (if applicable) to your financial adviser, or to OnePath Funds Management Limited, GPO Box 5306, Sydney NSW 2001.

Please note

- In order to process your application, it is important that all relevant sections of the Application Form are completed. Incomplete applications will mean we have to contact you or your financial adviser for further information and this will delay your application.
- We reserve the right to accept or refuse any application for investment in the Trust.
- The only means of applying for the Trust is by completion of the Application Form accompanied by the current Trust Product Disclosure Statement (PDS). The PDS may be withdrawn and/or replaced at any time. Applications made on a withdrawn PDS will be declined.

Children under 18 years

We will not accept investments made directly by persons under 18 years. Investments made by adults on their behalf will be accepted; however, it is important to note that the adult(s) is the legal owner of the investment.

Signing the Application Form

All investors must sign the Application Form. We cannot process your application without the appropriate signature(s).

Joint applicants will be registered as joint tenants and the survivor(s) only will be recognised as holding title to the interest of the deceased unitholder(s).

Guide to completing your Application Form

	Whose name is required?	Whose TFN or ABN is required?	Whose signature is required?
Individual investor	Your name – Investor 1	Your TFN or exemption type	Investor 1
Joint investors	Name of each investor – Investor 1 and 2	The TFN or exemption type of each investor	All investors must sign
Partnership	<ul style="list-style-type: none"> • Name of each partner – Investor 1 and 2 • Name of the partnership 	The TFN of the partnership	All partners must sign
Company	Name of the company and contact person	ABN of the company	Two directors or a director and company secretary must sign, unless a sole director and sole company secretary
Trust or superannuation fund (including self-managed super funds)	Individual or joint trustee(s) <ul style="list-style-type: none"> • Trustee(s) details – Investor 1 and 2 • Name of trust or superannuation fund 	TFN of the trust or superannuation fund – if there are more than two trustees, please list additional trustees as an attachment and ensure all trustees sign the Application Form	All trustees
	Corporate trustee(s) <ul style="list-style-type: none"> • Name of corporate trustee • Name of trust or superannuation fund 	TFN of the trust or superannuation fund	Two directors or a director and company secretary must sign, unless a sole director and sole company secretary
Investing on behalf of a child under the age of 18	Adult(s) details under Investor 1 and 2 and child's name under Superannuation fund/Trust/Child/Club/Association	The TFN or exemption type of each adult	Adult(s) must sign their own name
Club, association or unincorporated body	Office bearer's details under Investor 1 and 2 and name of club, association or unincorporated body	TFN of the club, association or unincorporated body	Office bearer(s) must sign

Know your customer – identification requirements

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) requires us to identify you and verify your identity when you purchase units in any of the investment funds offered through OnePath Wholesale Trusts.

Please complete the “Identification Form for Individual” for each investor listed in the application.

The information outlined below relates to individuals (including those investing on behalf of a child), joint investors and sole traders only.

If this investment is not in the name of an individual(s) (e.g. company, trust, partnership, association), you must complete the “Identification Form for Non-individuals” available at onepathsuperinvest.com.au. This form must be attached to your Application Form to enable your investment to be processed.

Individuals/joint investors/sole traders

You can do one of two things to provide evidence of client identity verification to us:

Advisers only – complete our Identification Form which verifies you have collected sufficient identification from your client. Please note, you are not required to send in originals or copies of identification if you use this form. We will also accept the FSC/FPA or conforming dealer group branded identification forms.

or

Advisers and individuals not using the services of an adviser – send in original certified copies* (not original documents) of the following:

- One or more (Primary) Customer identification document, or
- Two secondary identification documents.

Please note: We cannot accept certified copies by fax or email. Please see below for more details regarding certified copies.

Primary photographic identification document	
One of:	
<ul style="list-style-type: none">• Current Australian driver’s licence or learners permit• Australian passport (current or expired less than two years ago)• Proof of Age document issued by an Australian State or Territory• Foreign government issued passport*	<ul style="list-style-type: none">• Foreign government issued national identity card*• Australian firearms/Shooting licence• Australian explosives licence
or	
Secondary identification document	
<ul style="list-style-type: none">• Birth certificate, birth card, birth extract issued by an Australian State or Territory, or Foreign Government*• Australian or Foreign citizenship certificate*• An Australian issued concession card, as defined from time to time in the <i>Social Security Act 1991</i>, or an equivalent term which expresses the same concept in relation to concession holders (this does not include a Medicare card)[#] or a Benefits notice issued by Centrelink (less than 12 months old).• Letter issued by the Australian Electoral Commission (less than 3 months old) with name and residential address.• Australian Taxation Office issued document dated within the last 12 months that records an amount payable or owed to the person and which contains the person’s name and residential address.	<ul style="list-style-type: none">• Note issued by an approved Australian aged care facility (less than 12 months old) with name and residential address.• Australian Medicare card• Foreign driver’s licence*• Australian ImmiCard including either an Evidence of Immigration Status (EIS) ImmiCard, Permanent Residence Evidence (PRE) ImmiCard and Residence Determination ImmiCard (RDI).• If the person is under the age of 18, a notice dated within the last three months from a school principal containing the person’s name and residential address and the period of attendance at that school.

* Documents not in English must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters.

[#] The *Social Security Act 1991* currently defines ‘concession cards’ as being:

- A pensioner concession card; or
- A health care card; or
- A seniors health card.

Certified Copies

Certified copies of documents for verification purposes is acceptable provided that they have been certified by persons authorised to certify documents. In all cases, the certification must not have taken place more than 3 months prior to when the identification and verification procedure is being undertaken.

The following is a list of persons authorised to certify a copy:

Certifier	Position Held in Australia	Position Held Overseas
A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)	✓	
Judge of a court	✓	
Magistrate	✓	
Chief executive officer of a Commonwealth court	✓	
Registrar or deputy registrar of a court	✓	
Justice of the Peace	✓	
Notary Public	✓	✓
Police Officer	✓	
Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public	✓	
Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public	✓	
Australian consular officer or an Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1955</i>)	✓	✓
Officer with 2 or more continuous years' service with one or more Australian financial institutions (for the purposes of the <i>Statutory Declaration Regulations 2018</i>) or a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents	✓	✓
Finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declaration Regulations 2018</i>)	✓	
Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees	✓	
Financial adviser or financial planner	✓	
Member of Chartered Accountants Australia and New Zealand, CPA Australia, the Association of Taxation and Management Accountants or the Institute of Public Accountants	✓	
Pharmacist	✓	
Employee of the Australian Trade Commission (AUSTRADE) who is:		✓
a. In a country or place outside Australia; and		
b. Authorised under paragraph 3(d) of the <i>Consular Fees Act 1955</i> ; and		
c. Exercising his or her function in that place		

Note: The person who is authorised to certify documents must make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, contact details, qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.

Application Form

OnePath Wholesale Trusts

1 December 2024

OnePath Funds Management Limited (OnePath Funds Management)

ABN 21 003 002 800 AFSL 238342

GPO Box 5306, Sydney NSW 2001

Wholesale Client Services

Phone 1800 031 810

Email wholesale.unittrust@onepathsuperinvest.com.au

Website onepathsuperinvest.com.au

This set of forms accompanies the Product Disclosure Statement (PDS) for the OnePath Wholesale Trusts for which you are applying.

You should consider all the information in the PDS before making a decision about the OnePath Wholesale Trusts. You can access a copy of the PDS and any other matter that is applied, adopted or incorporated by the PDS from our website at onepathsuperinvest.com.au.

Alternatively, you can request a copy of this information free of charge by contacting Wholesale Client Services.

You should obtain financial advice tailored to your personal circumstances.

Please complete this form in CAPITAL LETTERS using black or blue pen.

All sections marked * must be completed.

1. Do you have an existing investment in a Trust?

☐ Yes ☐ No

If Yes, please quote Trust investor number

If an investor number is not nominated, a new account will be opened.

2. Type of investors*

☐ Individual ☐ Joint ☐ Partnership
☐ Company ☐ Trust ☐ Superannuation Fund

3. Investor details*

Individual Investor 1/Individual Trustee 1

Complete this section if you are investing as an individual investor, a joint individual investor, a partner in a partnership or as an individual trustee for a trust or superannuation fund. All correspondence will be sent to the address nominated below.

Title*	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other <input type="text"/>
Surname*	<input type="text"/>					
Given name(s)* (including middle name)	<input type="text"/>					
Date of birth* (dd/mm/yyyy)	<input type="text"/>				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Residential address* (this cannot be a PO Box)	<input type="text"/>					
Suburb/Town*	<input type="text"/>		State*	<input type="text"/>		Postcode* <input type="text"/>
Country*	<input type="text"/>		Occupation* If you have fully retired from the workforce please write 'Retired':	<input type="text"/>		
Primary citizenship*	<input type="text"/>		Secondary citizenship (Complete if you have dual citizenship)	<input type="text"/>		
Postal address (if different from above)	<input type="text"/>					
Suburb/Town	<input type="text"/>		State	<input type="text"/>		Postcode <input type="text"/>
Country	<input type="text"/>					
Phone*	Home	<input type="text"/>		Business	<input type="text"/>	
	Mobile	<input type="text"/>		Fax	<input type="text"/>	
Email*	<input type="text"/>					

Tax file number (TFN), Australian Business Number (ABN) or exemption type of the individual

Please refer to 'Tax file number' in the Additional Information Guide for further information in relation to providing your TFN.

TFN* -- or exemption: ☐ Type 1 ☐ Type 2 ☐ Type 3

ABN ---

3. Investor details* – continued

Individual Investor 2/Individual Trustee 2

Title*	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname*	<input type="text"/>						
Given name(s)* (including middle name)	<input type="text"/>						
Date of birth* (dd/mm/yyyy)	<input type="text"/>					Male	<input type="checkbox"/> Female <input type="checkbox"/>
Residential address* (this cannot be a PO Box)	<input type="text"/>						
Suburb/Town*	<input type="text"/>			State*	<input type="text"/>	Postcode*	<input type="text"/>
Country*	<input type="text"/>			Occupation*	<input type="text"/>		
Primary citizenship*	<input type="text"/>			If you have fully retired from the workforce please write 'Retired'.			
Postal address* (if different from above)	<input type="text"/>			Secondary citizenship (Complete if you have dual citizenship)	<input type="text"/>		
Suburb/Town*	<input type="text"/>			State*	<input type="text"/>	Postcode*	<input type="text"/>
Country*	<input type="text"/>						
Phone*	Home	<input type="text"/>			Business	<input type="text"/>	
	Mobile	<input type="text"/>			Fax	<input type="text"/>	
Email*	<input type="text"/>						

Tax file number (TFN) or exemption type of the individual

Please refer to 'Tax file number' in the Additional Information Guide for further information in relation to providing your TFN.

TFN*	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	or exemption:	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 3
ABN	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>				

Company/Partnership/Incorporated Association/Corporate Trustee (please complete address details below)

Full Name	<input type="text"/>
ABN/ACN	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Contact person	<input type="text"/>

Superannuation fund/Trust/Child/Association (please complete address details below)

Full Name	<input type="text"/>
Contact person	<input type="text"/>

Address details

Full address of the company's registered office in country of incorporation

Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Place of Establishment or Registration*	<input type="text"/>					
Nature of Business* (e.g. Family Trust, Self-managed super fund)	<input type="text"/>					
Postal address (if different from above)	<input type="text"/>					
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Phone	Business	<input type="text"/>			Fax	<input type="text"/>
	Mobile	<input type="text"/>			Country of Incorporation	<input type="text"/>
Full address of principal place of business:	<input type="text"/>					
	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Email	<input type="text"/>					
If any foreign address or foreign customer sub-type, Reason for Seeking Banking Service or Purpose for Banking	<input type="text"/>					

Please refer to 'Tax file number' in the Additional Information Guide for further information in relation to providing your TFN.

TFN	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	or exemption:	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 3
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Providing your TFN or ABN is not compulsory. However, if you do not supply your TFN or ABN, and you do not have a TFN exemption, we are obliged to withhold tax from your distributions at the highest marginal tax rate plus Medicare Levy. By quoting your TFN or ABN, you authorise us to apply it to all of your investments.

4. Tax Residency Details*

Tax regulations require OnePath Funds Management to collect a Self-Certification that includes your tax residence(s). OnePath Funds Management may be required to provide your information to relevant tax authorities (including where you do not provide a valid Self-Certification). Automatic Exchange of Information may include the Foreign Account Tax Compliance Act (FATCA), and the Common Reporting Standard (CRS). OnePath Funds Management may need to contact you for further information in relation to your response.

4 (a) To be completed by individuals, joint investors and sole traders

Investor 1: (Please note: United States Citizens are considered to be Tax Residents of the USA and must list the USA as a Country of Tax Residence below)

☐ I am **only** a Tax Resident in Australia

OR

☐ I have included below all countries in which I am a Tax Resident (other than Australia)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (If TIN not provided)	Explanation (If Reason Code is Z)

Reason Codes:
A – TIN Not Issued (the country does not issue TINs)
B – TIN Not Required (the country does not require collection of a TIN)
C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Investor 2: (Please note: United States Citizens are considered to be Tax Residents of the USA and must list the USA as a Country of Tax Residence below)

☐ I am **only** Tax Resident in Australia

OR

☐ I have included below all countries in which I am Tax Resident (other than Australia)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (If TIN not provided)	Explanation (If Reason Code is Z)

Reason Codes:
A – TIN Not Issued (the country does not issue TINs)
B – TIN Not Required (the country does not require collection of a TIN)
C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

4 (b) To be completed by Company/Partnership/Incorporated Association/Trust/Association

Please complete the following information in relation to the Entity Account Holder, except in the following instance:
The Company is Publicly Listed or the Trust is a Superannuation Fund.

Does this Entity earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Trust's assets produce or are held for producing investment income.

☐ Yes ☐ No

If yes, please complete Tax Residency section in the Identification form – Non-Individuals.

Tax Residency Details

☐ The Entity is **only** Tax Resident in Australia

OR

☐ The Entity has no residency for tax purposes and its country of effective management or jurisdiction in which its principal/registered office is located is:

OR

☐ The Entity is a Tax Resident of a country other than Australia. (Please complete the Tax Residency section in the Identification form – Non-Individuals)

5. Investment amount*

Please make cheque payable to 'OnePath Funds Management Limited'.

Minimum investment amount	\$50,000
Minimum additional investment	\$10,000

Name of Trust	Tick	APIR Code	\$ Amount*
OnePath Wholesale Diversified Fixed Interest Trust	<input type="checkbox"/>	ANZ0212AU	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
OnePath Wholesale Emerging Companies Trust	<input type="checkbox"/>	MMF0112AU	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
OnePath Wholesale Global Smaller Companies Share Trust – Class B	<input type="checkbox"/>	LEF0173AU	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Total			\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

* Transaction cost factors of up to 0.60% may apply when calculating 'buy' (issue) and 'sell' (redemption) unit prices. Please refer to the PDS for more information.

** Investments in this fund may be made by investors (indirect investors) who wish to invest in, or via an Investor Directed Portfolio Service (IDPS), IDPS-like scheme, nominee or custody service or other portfolio service. This fund is not available to direct investors. Please refer to the PDS for more information.

6. Distributions

I/We elect to receive distributions by:

☐ Payment to nominated bank account (please complete section 7a)

☐ Reinvest as additional units

If no election is made, distributions will be in the form of reinvested additional units.

7a. Nominated Bank Account – for Distributions

Name of financial institution	<input type="text"/>	
Branch	<input type="text"/>	
Account holders name	<input type="text"/>	
BSB	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7b. Nominated Bank Account – for Withdrawals

Name of financial institution	<input type="text"/>	
Branch	<input type="text"/>	
Account holders name	<input type="text"/>	
BSB	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Payments cannot be made to third-party bank accounts (you can only nominate an account which is held in your name, either solely or jointly).

8. Declaration and signature*

By completing this Application Form, I/we:

- Acknowledge that I/we have received and read the entire PDS and all material applied, adopted and incorporated into the PDS and agree to be bound by the conditions of the offer set out in the PDS and the terms of the Fund Constitution, as amended from time to time
- Acknowledge that any Tax File Number or Australian Business Number supplied at any time may be applied to this investment and previous or future investments in my/our name(s), or in the name of the business/enterprise in which I/we represent
- Acknowledge that the repayment of capital, the payment of income and the performance of the Fund is not in any way guaranteed by OnePath Funds Management or any other company in the Insignia Financial Group. The value of investments can go up and down. Past performance is not indicative of future performance
- Acknowledge that any investment in the Fund does not represent a deposit with or liability of OnePath Funds Management or any other company in the Insignia Financial Group and that investment in the Fund is subject to investment risk, including possible delays in repayment and loss of income and capital invested
- Acknowledge that I am not aware and have no reason to suspect that my investment is derived from, related to or used to fund, money laundering, terrorism financing or other similar activities and my instructions in relation to my investment will not result in OnePath Funds Management or any of its related group of companies breaching any related laws or regulations in Australia or any other country
- Acknowledge that OnePath Funds Management may be required to pass on my/our personal information or information about my/our investment to relevant regulatory authorities in compliance with applicable laws and regulations, such as the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) and we can delay or decline to process a transaction and report it to the relevant regulatory authority if we are required to do so under the law
- Acknowledge that my/our personal information (including sensitive information, where authorised and required) will be handled as described in the Privacy section of the Additional Information Guide and in accordance with the OnePath Funds Management's Privacy Policy which is available at onpathsUPERINVEST.COM.AU/ABOUT-US/PRIVACY-POLICY. If information is provided about another person in this application, I declare that I/we have the permission of that person to do so. I/We understand that OnePath Funds Management Limited requires me/us to inform the person concerned that I/we have done so and direct them to the Privacy Policy so they may understand the manner in which their personal information may be used and disclosed by OnePath Funds Management.
- Acknowledge that OnePath Funds Management and its related group companies will use my personal information to send me information about their products or services from time to time. I also acknowledge that OnePath Funds Management will disclose my personal information to organisations in an alliance with OnePath Funds Management to enable those alliance partners to send me information about their products and services. I understand that I may phone 1800 031 810 to advise that I do not want my personal information to be used or disclosed by OnePath Funds Management for marketing purposes
- Authorise my/our financial adviser to receive and access my/our personal information (including, where authorised and required, health and other sensitive information) for the purpose of managing my/our investments and to use the Investment Link service and/or Account access service. Where there is any change to this authority or relating to my/our financial adviser, I/we will notify OnePath Funds Management of the change
- Acknowledge that I/we have received and read the 'Customer Instructions Agreement' and agree to be bound by the conditions set out in it. I/We also agree to release OnePath Funds Management and indemnify OnePath Funds Management against all losses and liabilities arising from any payment OnePath Funds Management makes or action OnePath Funds Management takes based on any purported instructions (even if not genuine) that OnePath Funds Management receives electronically. I/We agree that neither I/we nor anyone claiming through me/us has any claim against OnePath Funds Management in relation to any such payments or actions
- Certify that the Place of establishment/registration of the Company/Partnership/Trust specified in this form is accurate and can be relied upon by OnePath Funds Management; and the Nature of Business specified in this form generates at least 50% of your gross revenue OR at least 50% of the assets of the Company/Partnership/Trust are held in connection with carrying on the business identified as the nature of business activities
- OnePath Funds Management may send me statements, confirmations, member notices or other communications regarding my/our investment together with subsequent versions of the PDS and all material applied, adopted and incorporated into the PDS via post or electronic means to the address or email appearing in this Application or otherwise notified by me/us
- Acknowledge that OnePath Funds Management recommends that I/we obtain independent professional legal, financial and taxation advice in relation to my/our obligations under the Trust, and I/we acknowledge that if I/we have not obtained such advice, I/we am/are comfortable that I/we understand our obligations and the risks of investment in the Trust
- Acknowledge that OnePath Funds Management has not provided any personal advice, nor is it responsible for any ongoing advice, relating to the taxation implications of any aspect of the Trust, nor has OnePath Funds Management considered whether the Trust is suited or necessary for my/our particular circumstances
- Have obtained the necessary consent and authorisation to allow disclosure and use if the Tax Residency Details provided in this form
- Will notify OnePath Funds Management within 30 days of any change to that Tax Residency Details or Tax Residency Status of the account holder(s) or any controlling persons. (This could include but not limited to changes to your TIN, primary nature of business or tax classification)
- Whose signature/s appear below, state that the statements made in this Application Form are true and correct.

Name of Investor 1

Signature
(sign clearly within box)

Date (dd/mm/yyyy)

☐ Individual ☐ Joint individual ☐ Partner ☐ Trustee ☐ Sole director ☐ Director ☐ Power of attorney

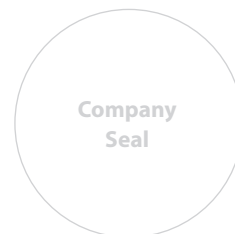
Name of Investor 2

Signature
(sign clearly within box)

Date (dd/mm/yyyy)

☐ Joint individual ☐ Partner ☐ Trustee
☐ Director ☐ Company secretary ☐ Power of attorney

Note: If this Application Form is signed by an attorney, the attorney acknowledges that there has been no notice of revocation of the Power of attorney at the time of signing. For partnerships, please ensure all partners sign.



Financial adviser use only

9. Financial adviser details

Master sales account no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sales account no. (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Seller code 2 (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Seller code 3 (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company name	<input type="text"/>		
Name of financial adviser	<input type="text"/>		
Phone	Business <input type="text"/>	Mobile	<input type="text"/>
	Fax <input type="text"/>	Email	<input type="text"/>

Financial adviser stamp

10. Financial adviser account certification and declaration

To be completed by the Financial Adviser (based on documents sighted during the account opening process) for 'individual' clients. This is required to be completed for the purposes of applying a reasonableness test to the client self certification provided in section 4 of this application form.

Investor 1

Was the applicant's nationality sighted on the document(s) presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details <input type="text"/>
Was the applicant's place of birth sighted on the document(s) presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Was the applicant's country of birth sighted on the document(s) presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Was a foreign document(s) presented? If yes, what is the issuing country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Was a US address sighted on the document(s) presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Investor 2

Was the applicant's nationality sighted on the document(s) presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details <input type="text"/>
Was the applicant's place of birth sighted on the document(s) presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Was the applicant's country of birth sighted on the document(s) presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Was a foreign document(s) presented? If yes, what is the issuing country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Was a US address sighted on the document(s) presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

By signing this declaration the Financial Adviser agrees that the tax residency details and tax residency status contained in the self-certification(s) provided by the Account Holder(s) and for or on behalf of their Controlling Persons (where applicable) is valid and reasonable based on a review of the account opening and AML documents collected by the Financial Adviser.

Advisers signature	<div><div>X</div><div></div></div>	Date (dd/mm/yyyy)	<input type="text"/>
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Identification Form – Individuals and sole traders

1 December 2024

OnePath Funds Management Limited (OnePath Funds Management)

ABN 21 003 002 800 AFSL 238342

GPO Box 5306, Sydney NSW 2001

Wholesale Client Services

Phone 1800 031 810

Email wholesale.unittrust@onepathsuperinvest.com.au

Website onepathsuperinvest.com.au

Instructions

- Complete all applicable sections of this form in CAPITAL LETTERS using a black or blue pen.
- Complete one form for each individual and forward it to OnePath Funds Management Limited, GPO Box 5306, Sydney NSW 2001.
- Contact Customer Services on 1800 031 810, weekdays between 9am and 5pm (AEST/AEDT) if you have any queries.

1. Personal details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>					
Given name(s) (including middle name)	<input type="text"/>					
Date of birth (dd/mm/yyyy)	<input type="text"/>					
Phone	Business <input type="text"/>			Mobile <input type="text"/>		
Residential address (this cannot be a PO Box)	<input type="text"/>					
Suburb/Town	<input type="text"/>			State	<input type="text"/>	Postcode <input type="text"/>
Country	<input type="text"/>					

Complete this part if the individual is a sole trader

Full business name (if any)	<input type="text"/>					
ABN/ACN (if applicable)	<input type="text"/>					
Principal place of business (if any – this cannot be a PO Box)	<input type="text"/>					
Suburb/Town	<input type="text"/>			State	<input type="text"/>	Postcode <input type="text"/>
Country	<input type="text"/>					

2. Verification procedure

Verify the **individual's** full name and **either** their date of birth **or** residential address.

- Complete Part I (or if the individual does not own a document from Part I, then complete Part II).
- Contact your licensee if the individual is unable to provide the required documents.

Part I – Primary identification document

Select one valid option from this section only

- | | |
|---|--|
| <input type="checkbox"/> Current Australian State/Territory photographic driver's licence or learner's permit | <input type="checkbox"/> Foreign government issued national identity card* |
| <input type="checkbox"/> Australian passport (current or expired less than two years ago) | <input type="checkbox"/> Australian firearms/Shooting licence |
| <input type="checkbox"/> Proof of Age document issued by an Australian State or Territory | <input type="checkbox"/> Australian explosives licence |
| <input type="checkbox"/> Foreign government issued passport* | |

2. Verification procedure (continued)

Part II – Secondary identification documents

TWO different types of secondary identification documents are required

- ☐ Birth certificate, birth card, birth extract issued by an Australian State or Territory or Foreign Government*
- ☐ Australian or Foreign Citizenship Certificate*
- ☐ An Australian Government issued concession card, as defined from time to time in the *Social Security Act 1991*, or an equivalent term which expresses the same concept in relation to concession holders (this does not include a Medicare card)* or a Benefits notice issued by Centrelink (less than 12 months old).
- ☐ Australian Taxation Office issued document dated within the last 12 months that records an amount payable or owed to the person and which contains the person's name and residential address.
- ☐ Notice issued by an approved Australian aged care facility (less than 12 months old) with name and residential address.
- ☐ If the person is under the age of 18, a notice dated within the last three months from a school principal containing the person's name and residential address and the period of attendance at that school.
- ☐ Australian ImmiCard including either an Evidence of Immigration Status (EIS) ImmiCard, Permanent Residence Evidence (PRE) ImmiCard and Residence Determination ImmiCard (RDI).
- ☐ Letter issued by the Australian Electoral Commission (less than 3 months old) with name and residential address.
- ☐ Australian Medicare card.
- ☐ Foreign driver's licence*.

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters.

The *Social Security Act 1991* currently defines 'concession cards' as being:

- A pensioner concession card; or
- A health care card; or
- A seniors health card.

3. Record of verification procedure

Important:

- **Attach** a legible certified copy of the ID documentation used to verify the individual (and any required translation).
- **Alternatively, if agreed** between your licensee and the product issuer, complete the ID document details below, and **do not** attach copies of the ID documents.

ID document details

	Document 1	Document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
Expiry date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

4. Financial adviser details – identification and verification conducted by:

Date verified (dd/mm/yyyy)	<input type="text"/>
Financial adviser's name	<input type="text"/>
Phone	<input type="text"/> Qualification <input type="text"/>
AFS Licensee name	<input type="text"/>
AFSL No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

By completing and signing this record of verification procedure the financial adviser declares that they have verified the identity of the customer as required by this form. The Financial adviser also confirms that they are a current AFSL holder or an authorised representative of a current AFSL holder.

Signature	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
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Customer Instruction Agreement

Customer instructions received by email, mail and telephone channels

1 December 2024

OnePath Funds Management Limited (OnePath Funds Management)

ABN 21 003 002 800 AFSL 238342

GPO Box 5306, Sydney NSW 2001

Wholesale Client Services

Phone 1800 031 810

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Website onepathsuperinvest.com.au

To OnePath Funds Management Limited ABN 21 003 002 800

From Investor(s) named on the Application Form (Customer)

The Customer requests OnePath to accept and act on each Customer Instruction given by email, post, delivery, telephone or any other method agreed by OnePath.

The Customer agrees as follows:

1. **(Definitions)** The following definitions apply to this deed.

Business Day means a day (other than a Saturday or Sunday) on which banks are open for general business in the place to where the Customer Instruction is sent.

Customer Instruction means each instruction (including each payment instruction sent by the Customer or its authorised representative to OnePath in favour of a party other than the Customer) that the Customer or its authorised representative sends or gives to OnePath (or that OnePath reasonably believes the Customer or its authorised representative has sent or given to OnePath) in connection with any facility, undertaking, arrangement or agreement with OnePath.

Email means information transmitted electronically over the internet or other electronic networks which is both delivered to an OnePath email address and recovered or downloaded from that email address using a post office protocol, internet message access protocol or similar system.
2. **(Security measures)** The Customer must comply with any security procedures or measures for use with any Customer Instruction agreed between OnePath and the Customer.
3. **(Deemed effective notice)** If OnePath accepts a Customer Instruction that purports to have been transmitted or authorised by the Customer and appears to OnePath to be in compliance with any security procedures or measures as agreed between OnePath and the Customer:
 - a. OnePath may rely on that Customer Instruction without making any further enquiries or verifying the authenticity, accuracy or completeness of that Customer Instruction; and
 - b. The Customer Instruction will be deemed effective as to the form and method of the Customer's notice, request or instruction to OnePath.
4. **(Deemed effective time for Customer Instructions)**
 - a. A Customer Instruction will be effective only if it is expressly marked for the attention of the department or officer as OnePath may notify the Customer from time to time.
 - b. Subject to clause 4(c), a Customer Instruction given to OnePath will be effective:
 - i. If given personally or left at an address, on the date that it is given or left;
 - ii. If sent by post, on the date that it is actually received by OnePath; and
 - iii. If sent by Email, at the time when it is both delivered to the OnePath email address and recovered or downloaded from that email address by the recipient using a post office protocol, internet message access protocol or similar system.
 - c. If a Customer Instruction is given in accordance with clause 4, but is actually received by OnePath after 12.00pm (AEST/AEDT) or on a day that is not a Business Day, OnePath will be taken to have received it on the following Business Day.
5. **(Risk)** The Customer acknowledges and agrees that:
 - a. Providing a notice, request or instruction by electronic transmission (including, without limitation, by Email or facsimile sent by Email) is not a secure means of sending such a notice, request or instruction;
 - b. It is aware of the security risk involved in sending electronic transmissions to OnePath, including the risk that an electronic transmission may:
 - i. Be incomplete or inaccurate;
 - ii. Be fraudulently or mistakenly given or altered or not otherwise authorised by the Customer; or
 - iii. Not be received in whole but may be received in part by OnePath, however, the Customer confirms and agrees that OnePath can nevertheless accept and rely on such electronic transmissions even where they are for value; and

- c. Because of the convenience and other efficiency benefits of OnePath accepting and acting on electronic transmissions, the Customer accepts the risk to the Customer of OnePath accepting electronic transmissions that are incomplete, inaccurate, fraudulently or mistakenly given or not otherwise authorised by the Customer, or not received in whole but in part by OnePath.
6. **(Received in full)** OnePath is under no obligation to act on a Customer Instruction, and no Customer Instruction is operative, until it appears to OnePath that it has been received in full by OnePath.
7. **(Indemnity)** The Customer:
- a. Must on demand indemnify OnePath, its affiliates, agents, employees, officers and servants and keep them indemnified against:
 - i. All claims, demands, actions, liabilities, damages, losses (including loss of profit), costs and expenses (legal or otherwise);
 - ii. All stamp duty, registration taxes and any other direct or indirect taxes; arising in connection with OnePath accepting, acting or relying on any Customer Instruction;
 - b. Agrees that, if the indemnity is given by more than one Customer, the Customers' obligations are joint and several; and
 - c. Agrees that the indemnity is unconditional, irrevocable and will survive termination of all dealings between the Customer and OnePath and will not be impaired by any act, omission, matter or thing that might discharge or impair the indemnity but for this clause.
8. **(Account debit)** Without limiting OnePath's right to claim under the indemnity, the Customer authorises OnePath to debit any of the Customer's accounts held with OnePath with any sum of money that is payable by the Customer in connection with a transaction carried out by OnePath in reliance on a Customer Instruction and payable to OnePath under the indemnity.
9. **(Printed form)** The Customer must ensure that every Customer Instruction is sent on OnePath's printed form (if any) applicable to the particular transaction and current at the time. If a Customer Instruction is sent otherwise than on OnePath's printed form and is accepted by OnePath, that Customer Instruction is subject to the terms and conditions on OnePath's printed form (if any). The Customer is deemed to have read and understood the terms and conditions of the printed form (if any) which is available from OnePath.
10. **(Stop notice)** The Customer agrees that OnePath may give a revocable notice to the Customer that it will not accept further Customer Instructions at any time and that such a notice is effective on receipt by the Customer until OnePath revokes that notice.
11. **(Additional rights)** The Customer agrees that the rights and obligations under this deed are in addition to, and do not replace, any other agreement with OnePath regarding the provision of instructions. If there is any conflict between the provisions of this deed and any other agreement or deed that the customer has entered into with (or in favour of) OnePath, then whichever agreement or deed affords OnePath greater rights and protection will prevail to the extent of the inconsistency.