

Application form

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross like the following \mathbf{X} . Start at the left of each answer space and leave a gap between words.

Please ensure this form is fully complete and all required documentation is provided to either your financial adviser or us, so we can process your application.

1. Investor type

Are you an existing Pe	rpetual investor?								
n	0								
ye	s client number								
If yes, would you like t	If yes, would you like to open a new account or make an additional investment into an existing account?								
new accoun	t*								
additional investmen	existing account n	umber		please go to section 2					
Investor type (please s	select only one investor t	type)							
individual**	joint**	company	superannuation fund	trust					
partnership	association	government body	other entity						

* If you are opening a new account for an entity (not an individual or joint investor), you will also need to complete the 'Customer identification form' for your investor type, available on our website (unless you have previously provided a form for this entity).

** Individual or joint investors include adult(s) investing for a child under 18 years.

2. Investment amount and payment details

How much would you like to invest?									
Source of funds being invested (tick most relevant option)									
retirement savings	employment income	business activities	sale of assets						
inheritance/gift	financial investments	other							

How will this investment be made? NOTE: Cash is not accepted.

BPAY	we will send you a customer reference number (CRN) once we receive your application form
cheque	
(initial investments only)	make cheque payable to PIML-PSIF - [insert name(s) of applicant(s)]
	debit my/our bank account nominated in section 7 as bank account 1.
direct debit	I/We acknowledge and accept the terms and conditions of direct debit which are available at www.perpetual.com.au/select-investment-updates

3. Investor details

Existing investors in the Funds need only complete this section if you wish to change any details provided previously.

A. Individual and joint account holders Investor 1 (individual account holder) title Mr Miss Mrs Ms other first name(s) last name occupation date of birth gender male female Residency status for tax purposes

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. For the United States, tax residency can also be as a result of citizenship or residency.

Please answer <u>BOTH</u> of the following tax residency questions:

1. Are you a tax resident of Australia?

yes	(complete the following deta then proceed to question 2 b		(proceed to question 2 belo	ow)	yes			
tax fi	tax file number (TFN)							
ш		or						
TFN	exemption code				TFN e	exem		
2. Ar	e you a tax resident of anot	ther countr	y?		2. Ar	e you		
yes	(complete the following deta	ils) no			yes			
-	s', please list all relevant co ification number (TIN) for e		• •	tax	If 'yes', plo identificat			
of ad Austr	I refers to the number assigne ministering its tax laws and is alia. If a TIN is not provided, p ons specified below (A, B or C	the equivale	ent of a TFN in ne of the three	ose	A TIN of adi Austra reaso	minis alia. I		
Cour	itry 1				Coun	try 1		
TIN		If no TIN, lis	st reason A, B or C		TIN			
Cour	ntry 2				Coun	try 2		
TIN		If no TIN, lis	st reason A, B or C		TIN			
	re are more than two countrie rate sheet and tick this box.	es, provide a	letails on a		lf thei separ			
Reas	tax residents.	idency does	s not issue TINs	to	Reas	on A		

Reason B: I have not been issued with a TIN.

Reason C: The country of tax residency does not require the TIN to be disclosed.

Investor 2 (joint account holder)

title	title									
Mr	Mrs	Miss	Ms	other						
first na	.me(s)									
last na	me									
occupa	ation									
date of	f birth			gender						
	/	/		male	female					

Residency status for tax purposes

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. For the United States, tax residency can also be as a result of citizenship or residency.

Please answer <u>BOTH</u> of the following tax residency questions:

1. Are you a tax resident of Australia?

)	yes	· ·	lete the fol proceed to o	•				(proceed to question 2 below)	
	tax file	number	(TFN)						
						or			
	TFN ex	kemption	code						
	2. Are	you a ta	x reside	nt of ar	nother o	countr	y?		
	yes	(comp	lete the fol	lowing d	etails)	no			
X	-	', please ication n					•	rovide your tax	¢
e				-	-		-	for the purpose	
	Austral	lia. If a Tl	N is not p	rovided	l, please	e list ol	ne o	of a TFN in of the three	
	reason	s specifie	d below	(A, B or	·C) for r	not pro	vidi	ng a TIN.	

Country I			
TIN		If no TIN, list reason A, B or C	
Country 2			
TIN		If no TIN, list reason A, B or C	
	more than two countries neet and tick this box.	, provide details on a	
Reason A:	The country of tax residents.	dency does not issue TINs	to
Reason B:	I have not been issued	with a TIN.	
Reason C:	The country of tax resid TIN to be disclosed.	dency does not require the	

3. Investor details (continued)

A. Individual and joint account holders

Investor 1 (individual account holder)

Investor 2	(joint	account	holder)
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Residential address (mandatory)			Residential address (mandatory)						
unit number		street number	unit number		street number				
street name			street name						
suburb (if relevant)	OR city		suburb (if relevant)) OR city					
state postcode			state	postcode					
country			country						
phone (business h	ours)		phone (business hours)						
phone (after hours))		phone (after hours)						
mobile			mobile						
email address			email address						

By providing this email address, I/we agree that Perpetual may use this email address to provide me/us with information about my/our investment (such as transaction confirmations, statements, reports and other materials or notifications required by the Corporations Act). From time to time we may still need to send you mail.

Postal address (if	different to residential ad	dress)	same contact details as investor 1						
po box	unit number	street number	po box	unit number	street number				
street name			street name						
suburb (if relevant)	OR city		suburb (if relevant) OR city						
state	postcode		state	postcode					
country			country						

3. Investor details (continued)

B. All other account holders

company name/c	company name/corporate trustee									
name of superan	nuation fund, trust, partne	rship, association, go	vernment boo	dy or co-op	perative					
					11					
tax file number			and/or ABN							
principal business	s activity									
c/-										
po box	unit number	street number								
street name										
suburb (if relevan	t) OR city									
state	postcode									
country										
phone (business	nours)	mobile			fax					
					بالبا		Ц			
email address										

By providing this email address, I/we agree that Perpetual may use this email address to provide me/us with information about my/our investment (such as transaction confirmations, statements, reports and other materials or notifications required by the Corporations Act). From time to time we may still need to send you mail.

4. Authorised representative

Would you like to appoint an authorised representative? Before appointing an authorised representative, refer to the PDS for more details.

no	please go	o to section 5									
yes	please complete the details below. I have read the terms and conditions associated with appointing an authorised representative.										
Online /	Online Account Access for my authorised representative										
	view and tra	nsact (default)	or	view only		or	no access				
Authori	ised represe	ntative details:									
firs	st name(s)										
	last name										
po box		unit number	street nur	nber							
street na	ame										
suburb	(if relevant) O	R city									
state		postcode	country								
	gnature of authorised										
	esentative						date	/	/		

5. Features

Indicate which optional features you would like applied to	Frequency (if applicable)			
Savings plan	yes		monthly (default)	
BPAY for making investments electronically	yes (default) no		n/a	
Regular withdrawal plan	yes		monthly (default)	
Auto-rebalancing	yes		quarterly half-yearly (default) yearly	
Phone withdrawal facility	yes		n/a	
Investor Online Account Access	view and transact (default) view only no access		n/a	
Adviser Online Account Access Note: your adviser can access information about your account online	view and transact (default) view only		n/a	
Investment information to be sent in the mail Note: most of your investment information is also available through Online Account Access	yes		n/a	
Annual financial reports to be sent in the mail Note: annual financial reports are also available on our website	yes no (default)		n/a	
Marketing material I/We would like to be informed about Perpetual's products, services and offers	yes		n/a	

• For each optional feature you have selected, please ensure you have read and understood the relevant section in the PDS for that optional feature.

• If you have nominated an optional feature above, please ensure you fill out the relevant columns in section 6 completely.

6. Investment allocation

The minimum investment amount is \$5,000 per Fund.

Fund	short code	initial investment	savings plan or regular withdrawal plan	investment strategy (BPAY and auto-rebalancing)	distributions (indicate a preference with an X If no selection is made, reinvest be assumed	
		\$ or %	\$	%	reinvest	bank account 1
Diversified	PCBF					
Balanced	PCIG					
Growth	PCGF					
Fixed Income	PCAFI					
Real Estate	PCPF					
Australian Share	PCASF					
International Share	PCOSF					
Total		\$	\$	100%		

7. Bank account details

You can only nominate a bank account that is held in your name(s). By providing your bank account details in this section, you authorise Perpetual to use these details for all future transaction

requests that you nominate.

Bank account 1

branch name

date

Complete your account details in this section if you would like us to debit or credit your bank account for applications, withdrawals and payment of distributions, as applicable.

Bank account 2

Only complete your account details in this section if you would like us to debit a different bank account for your savings plan. name of financial institution name of financial institution branch name branch number (BSB) account number branch number (BSB) account number name of account holder name of account holder signature of account holder A signature of account holder A signature of account holder B signature of account holder B date

8. Financial adviser use only

phone (business hours)	mobile
email	
[1] Perpetual adviser ID	
OR [2] dealer group AND	
dealer branch*	
	*City or suburb of the dealer group office you operate through
	If Senior Adviser details are completed above, please also provide name of your accountant
financial adviser signature	date / / ADVISER STAMP
IL GN	(Group) (

9. Declaration and signature

I/We declare and agree that:

- I/We have read the PDS, including any incorporated information that forms part of the PDS, and all Supplementary Product Disclosure Statements (SPDSs) (if applicable) to which this application applies and have received and accepted the offer to invest in Australia
- all of the information provided in my/our application is true and correct
- I am/we are bound by any terms and conditions in this PDS and all SPDSs (if applicable) and the provisions of the constitutions of the Funds that I am/we are invested in
- I/we have the legal power to invest and/or are at least 18 years of age
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/We consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/We consent to Perpetual disclosing this information to my/our financial adviser (named in this form) in relation to the investments described in this form. Where the financial adviser named in this form no longer acts on my/our behalf, I/we will notify Perpetual of the change
- if I/we have received this PDS from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by or attached to this application form
- if this is a joint application, each of us agrees, unless otherwise indicated on this application, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawals by any available method
- in relation to trust investors, only the trustee has rights and obligations under the Funds
- withdrawals by companies must be signed by an authorised representative or in accordance with the company's constitution or under power of attorney
- I/we confirm that I/we have provided my/our financial adviser with acceptable identification documentation as described in section 10 (individual and joint investors) or the relevant customer identification form (companies, trusts and other customer types) OR I/we are not investing through a financial adviser, and therefore have included certified copies of acceptable identification documentation as described in section 10 (individual and joint investors) or the relevant customer identification form (companies, trusts and other customer types).

9. Declaration and signature (continued)

I/We acknowledge that:

- the information contained in the PDS is not investment advice or a recommendation that any Fund is suitable having regard to my/our investment objectives, financial situation or particular needs
- Perpetual may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with the Anti-Money Laundering and Counter-Terrorism Act 2006 or associated regulation and any tax-related requirements for tax residents of other countries
- investments in the Funds are not investments, deposits or other liabilities of Perpetual Limited or its subsidiaries and are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested
- neither Perpetual Investment Management Limited nor Perpetual Limited or its subsidiaries guarantee the repayment of capital or the performance of the Funds or any particular rate of return from the Funds
- the PDS has referred me/us to additional information or terms and conditions ('information') of this product which may assist me/us in making my/our investment decision and I/we have referred to this information to the extent I/we considered it was necessary to make my/our investment decision
- Perpetual Group may contact me/us at any time whilst I/we remain an investor in the Funds.

Please make cheque payable to 'PIML-PSIF-[insert name(s) of applicant(s)].

signature of investor 1 or company officer	signature of investor 2 or company officer					
print name	print name					
capacity (company investments only)	capacity (company investments only)					
sole director director secretary	director secretary					
date	date					
/ /	/ /					

 Important notes: If signing under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be sent to Perpetual, if not previously provided. 	Final checklist Have you: Completed all sections of your application form? Signed your application form?
 Perpetual has the absolute discretion to accept or reject any application. Investors should retain a copy of the PDS. A business day is a working day for Perpetual in Sydney. 	 Provided your financial adviser the customer identification documents requested in this application form or the relevant Customer Identification form OR, if you do not have a financial adviser, enclosed certified copies of your customer identification documents and relevant Customer Identification forms (only required for companies, trusts and non-individual investor types)? Please send your completed application form to: Reply Paid 4171 Perpetual Select Investment Funds GPO Box 4171, Sydney NSW 2001 or email investments@perpetual.com.au

10. Identification verification for individuals and joint investors

This section is only applicable if you are investing as an individual or joint investor (as selected in section 1 of this form). If you are investing as a company, trust or any other investor type, please complete the relevant 'Customer Identification form' available on our website or by contacting us.

The identity documentation requested below is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism financing Act 2006. **We cannot process your application without this information.**

Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

If you are a joint investor, please provide the relevant documents for BOTH investors.

- If you are applying directly with Perpetual You will need to provide a certified copy of the document(s) with your application.
- If you are lodging this application through a financial adviser You may provide a certified copy with your application OR have your adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

PART I – Primary ID documents

Provide ONE of the following:

current Australian State/Territory driver's licence containing your photograph

Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)

current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph

current foreign passport or similar travel document containing your photograph and signature

OR

PART II – should only be completed if you do not own a document from Part I

PROVIDE ONE OF THE FOLLOWING:

Australian birth certificate

Australian citizenship certificate

concession card such as a pension, health care or seniors health card issued by the Department of Human Services (excludes Medicare cards)

AND PROVIDE ONE VALID DOCUMENT FROM THE FOLLOWING:

a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address

a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.

a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

PART III - should only be completed if you do not own document(s) from Part I OR Part II

BOTH documents from this section must be provided

foreign driver's licence that contains a photograph of you and your date of birth

national ID card issued by a foreign government containing your photograph and your signature

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

How to certify your documents

A certified copy means a document that has been certified as a true and correct copy of a document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018.

· A teacher employed on a full-time basis at an Australian

· An accountant who is a full member of the Chartered

An officer or authorised representative of an Australian

years continuous service with one or more licensees

by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing

this authority when certifying the document

Financial Services Licence holder with a minimum of 2

• A person in a country other than Australia who is authorised

Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of

school or tertiary education institution

Taxation and Management Accountants

A financial adviser or financial planner

• A registered migration agent

• An Australian Consulate or Diplomatic Officer

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect

IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents OR
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1			Document 2				
verified from		original		certified copy		original		certified copy
document name/type								
document issuer								
issue date								
expiry date								
document number								
econolited English translation		N1/A		aistad		N1/A		sighted
accredited English translation		N/A		sighted		N/A		sighted

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- the information provided in relation to residency status for tax purposes is reasonable considering the identity documentation provided.

AFS licensee		
name	AFSL number	
representative/		
employee name	phone number	
	date verification	
signature	completed	