

- ✓ Before you sign this application, you must read the Product Disclosure Statement (PDS) dated 19 September 2016 and any supplementary PDS.
- ✓ Please write in CAPITAL letters.

1) INVESTOR DETAILS

Full trust name

ABN/ARBN/ACN

Business type or activity of the trust

2) TYPE OF TRUST

2a) UNREGULATED

Family trust Discretionary trust Charitable trust Other - Please specify

2b) REGULATED

Self Managed Superannuation Fund

Provide the SMSF's ABN:

Government Superannuation Fund

Provide the SMSF's ABN:

Other type of regulated trust

A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or a APRA regulated superannuation fund.

Provide the name of the regulator

Provide the trust's ABN or registration/licensing details

3) TRUST DETAILS

Complete section 3a) if the trust has individuals acting as trustees. For corporate trustees go to sections 3b)

3a) INDIVIDUAL TRUSTEES

Trustee 1 (All correspondence will be sent to this person)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other	<input type="text"/>
Surname	<input type="text"/>				
Given names	<input type="text"/>				
Date of birth	<input type="text" value="DD / MM / YY"/>	Gender	<input type="checkbox"/> Female	<input type="checkbox"/>	

Residential address (must not be a PO Box)

Unit no.	<input type="text"/>	Street No.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>		<input type="text" value="Male"/>

Mailing address (if different to above address)

Unit no.	<input type="text"/>	Street No.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>		

Contact details

Daytime telephone	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		

Trustee 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other	<input type="text"/>
Surname	<input type="text"/>				
Given names	<input type="text"/>				
Date of birth	<input type="text" value="DD / MM / YY"/>	Gender	<input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/> Male

Residential address (must not be a PO Box)

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>		

Mailing address (if different to above address)

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>		

Contact Details

Daytime Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		

Trustee 3

Title Mr Mrs Miss Other
Surname
Given names
Date of birth Gender Female Male

Residential address (must not be a PO Box)

Unit no. Street no.
Street name Suburb
State Postcode Country

Mailing address (if different to above address)

Unit no. Street no.
Street name Suburb
State Postcode Country

Contact Details

Daytime Telephone Mobile
Email address

Trustee 4

Title Mr Mrs Miss Other
Surname
Given names
Date of birth Gender Female Male

Residential address (must not be a PO Box)

Unit no. Street no.
Street name Suburb
State Postcode Country

Mailing address (if different to above address)

Unit no. Street no.
Street name Suburb
State Postcode Country

Contact Details

Daytime Telephone Mobile
Email address

3b) CORPORATE TRUSTEES

Full name of corporate trustee

ABN/ARBN/ACN

Business name

Business type

Full registered address (must not be a PO Box)

Unit no.

Street no.

Street name

Suburb

State

Postcode

Country

Principal place of business (must not be a PO Box) (if different from full registered address)

Unit no.

Street no.

Street name

Suburb

State

Postcode

Country

Postal Address (if different from full registered address)

Unit no.

Street no.

Street name

Suburb

State

Postcode

Country

Contact Details

Daytime Telephone

Mobile

Email address

Company Director Details

Director 1 name

Date of birth

DD / MM / YY

Director 2 name

Date of birth

DD / MM / YY

Director 3 name

Date of birth

DD / MM / YY

Director 4 name

Date of birth

DD / MM / YY

4) TRUST BENEFICIARY DETAILS

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes No

If 'no' go to section 4b. If 'yes', please provide details of the beneficiary membership class or classes in section 5a) below.

4a) CLASSES OF MEMBERSHIP

Class of membership	<input type="text"/>
Class of membership	<input type="text"/>
Class of membership	<input type="text"/>
Class of membership	<input type="text"/>

4b) BENEFICIARY DETAILS

Provide the full names for each beneficiary of the trust.

First Given Name(s)	Surname
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5) SETTLOR INFORMATION

Is the initial settled sum amount to establish the trust greater than \$10,000? Yes No

Please provide details about the settlor below.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other	<input type="text"/>
Surname	<input type="text"/>				
Given names	<input type="text"/>				
Date of birth	<input type="text" value="DD / MM / YY"/>	Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	

Residential address (must not be a PO Box)

Unit no.	<input type="text"/>	Street no.	<input type="text"/>		
Street name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

6) BENEFICIAL OWNERS

Please provide details for all beneficial owners or controllers of the unregulated trust including any beneficial owners of company trustees.

This includes:

- control by acting trustee
- control through capacity to direct trustees or appoint or remove trustees
- control by means of trusts, agreements, arrangements, understandings and practices
- ownership by holding 25% or more of the issued shares in the company either directly or indirectly eg through trusts)

Indicate which trustees or director named in section 3 are beneficial owners

<input type="checkbox"/> trustee 1	<input type="checkbox"/> director 1
<input type="checkbox"/> trustee 2	<input type="checkbox"/> director 2
<input type="checkbox"/> trustee 3	<input type="checkbox"/> director 3
<input type="checkbox"/> trustee 4	<input type="checkbox"/> director 4

Please provide the details of any other beneficial owners.

Other beneficial owner 1

Surname or company name	<input type="text"/>
Full given name	<input type="text"/>

Residential address if an individual trustee or company registered office address (PO Box is not acceptable)

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>				

Other beneficial owner 2

Surname or company name	<input type="text"/>
Full given name	<input type="text"/>

Residential address if an individual trustee or company registered office address (PO Box is not acceptable)

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>				

Note: All beneficial owners need to complete the individual identification requirements in section 13d)

7) LIFE INSURED DETAILS

You MUST nominate a natural person(s) as life insured and include identification documents for the life insured as per section 13. The death of the last surviving Life Insured (in case of multiple Lives Insured) will trigger the pay out of the Life Events Bonds proceeds. You may nominate up to two Lives insured.

Life Insured 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other	<input type="text"/>
Surname	<input type="text"/>				
Given names	<input type="text"/>				
Date of birth	<input type="text" value="DD / MM / YY"/>	Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	

Residential address (must not be a PO Box)

Unit no.	<input type="text"/>	Street No.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>		

Life Insured 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other	<input type="text"/>
Surname	<input type="text"/>				
Given names	<input type="text"/>				
Date of birth	<input type="text" value="DD / MM / YY"/>	Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	

Residential address (must not be a PO Box)

Unit no.	<input type="text"/>	Street No.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>		

8) INVESTMENT OPTIONS

Investment term

You can nominate an investment term between one and 99 years. If you do not make a selection the default term is 99 years. You can still access your investment any time after the first three months.

Investment Term Years. You may change your investment term at any time

Investment Options

- Specify amount to be invested as a lump sum and your Regular Savings Plan amount (if applicable).
- Minimum initial Lump Sum investment is \$100, subject to \$100 per Investment Option.
- Minimum Initial Regular Savings Plan is \$25, subject to \$25 per Investment Option.

No.	Investment Options	UFM	Benefit Fund No. (KeyInvest use only)	Lump sum invested	Regular savings plan (per month)
PART A1 - INDEXED DIVERSIFIED					
1	Conservative Indexed	Vanguard	11		
2	Balanced Indexed	Vanguard	12		
3	Growth Indexed	Vanguard	13		
4	High Growth Indexed	Vanguard	14		
PART A2 - INDEXED SECTOR					
5	Fixed Interest Indexed	Vanguard	15		
6	Australian Property Securities Indexed	Vanguard	16		
7	Australian Shares Indexed	Vanguard	02		
8	International Shares Indexed	Vanguard	17		
PART B - DIVERSIFIED					
9	Conservative	Russell	10		
10	Balanced	Russell	04		
11	Growth	Russell	05		
12	High Growth	Russell	06		
13	Active Diversified Geared	MLC	18		
PART C - SECTOR SPECIFIC					
14	Australian Cash	Russell	09		
15	Term Deposit	KeyInvest	01		
16	Active Cash	Smarter Money	19		
17	Fixed Interest	Schroder	20		
18	Australian Property Securities	MLC	21		
19	Infrastructure	Magellan	22		
20	Australian Shares	Fidelity	23		
21	Australian Shares Multi	Russell	07		
22	Australian Shares Value	Investors Mutual	24		
23	Australian Shares Industrial	Investors Mutual	25		
24	Australian/International Shares Long-Short	Watermark	26		
25	Australian Shares Geared	Perpetual	27		
26	International Shares Multi	Russell	08		
27	International Shares	Magellan	28		
Total Invested: (before deducting stamp duty)				\$	\$

Stamp duty information

This is a government charge that may be payable depending on your State/Territory of residence.

AML CTF law requires that we collect information regarding your source of funds and wealth. Please tick the relevant box in each table. Please note that the application cannot be processed without this information.

Source of funds i.e. the origin of this contribution to establish your LEB

<input checked="" type="checkbox"/>	Employment Income
<input checked="" type="checkbox"/>	Existing savings or investments
<input checked="" type="checkbox"/>	Proceeds from an inheritance
<input checked="" type="checkbox"/>	Other (please specify below, eg sale of assets, gift)

Source of wealth i.e. how you generate your wealth

<input checked="" type="checkbox"/>	Savings from employment income
<input checked="" type="checkbox"/>	Profit from investing
<input checked="" type="checkbox"/>	Proceeds from an inheritance
<input checked="" type="checkbox"/>	Other (please specify below)

9) PAYMENT OPTIONS

- Cheque - Make cheques payable to KeyInvest Ltd.
- Direct debit - Complete the attached Direct Debit Request (DDR) Form
- BPAY- Once we receive your application we will contact either:
- LEB Investor (and/or) - (With the biller code and your Customer Reference Number (CRN) to allow the initial payment to be made.)
 - Your financial adviser

10) AUTOMATIC INCREASES TO REGULAR SAVINGS PLAN

You can elect to automatically increase your Regular Savings Plan (if selected), 'only applicable by Direct Debit'.

Do you wish to automatically increase your Regular Savings Plan?

Yes No

Annual percentage increase % (up to a maximum of 25%)

11) PURPOSE OF INVESTING

What are your reasons for investing. Please choose one or more;

- | | | |
|---|--|----------------------|
| <input type="checkbox"/> Child's education | <input type="checkbox"/> Estate planning/wealth transfer | |
| <input type="checkbox"/> General savings | <input type="checkbox"/> Life event (please specify) | <input type="text"/> |
| <input type="checkbox"/> Alternative to super | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

12) SERVICE FEE PAYMENT INSTRUCTIONS (OPTIONAL)

You may instruct KeyInvest to pay your financial adviser or service provider an initial service fee, ongoing service fee or both. Please note service fees will be payable to your adviser or service provider by a withdrawal from your Investment each month.

Payment options

A. Initial service fee

I/We agree that the following amount is withdrawn from my/our investment as a once off initial service fee payable to my/our financial adviser or service provider.

Fixed dollar amount \$

% of initial investment %

B. Ongoing service fee

I/We agree that the following amount is withdrawn from my/our investment as an ongoing service fee, payable to my/our financial adviser or service provider.

Fixed dollar amount \$ per month or

% of average daily balance %

If you invest into more than one Investment Option the service fee will be deducted proportionately across each option.

13) TRUST IDENTIFICATION

- To complete the Trust Identification requirements please complete this section or download a Trust form from www.keyinvest.com.au/financial-services/customer-forms

13a) UNREGULATED TRUST

KeyInvest must verify the following information;

- Full name of the trust;
- Information about the trust's beneficiaries.

To verify this information our must provide to KeyInvest the following documents listed at A or B:

Please mark 'x' to indicate the type of documentation that you are providing.

- A** - Original or certified copies or certified extracts of the trust deed showing the name of the trust, name(s) and addresses of the trustee(s), the Beneficiaries names/class(s) and the execution page.

OR (if the above cannot be provided)

- B** - Letter from a solicitor or accountant verifying the name of the trust, name(s) of its beneficiaries/unit holders and/or its class(s) of beneficiaries.

13b) REGULATED TRUST

Select ONE of the following type of regulated trust:

- Self-Managed superannuation fund**

Provide the SMSF's ABN:

- Registered managed investment scheme**

Provide Australian Registered Scheme Number (ARSN)

- Unregistered managed investment scheme**

(a managed investment scheme that is not registered by ASIC, that only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies).

Provide the unregistered managed investment scheme's ABN:

- Government superannuation fund**

Provide name of the legislation establishing the fund:

- Other regulated trust**

A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA - regulated superannuation fund.

Provide the name of the regulator (eg ASIC, APRA, ATO):

Provide the trust's ABN or registration/licensing details:

13c) CORPORATE COMPANY TRUSTEE IDENTIFICATION PROCEDURE

- To complete the company Identification requirements please complete this section or download a Company ID Form from www.keyinvest.com.au/financial-services/customer-forms

Is the corporate trustee a public listed company, a majority owned subsidiary of a public company or licensed and subject to federal, state or territory government regulatory oversight?

Yes - proceed to section 14 **No** - please complete below

KeyInvest must verify:

- the full name of the company as registered by ASIC;
- the registered office address;
- the company registration as a Proprietary Company (i.e Pty Ltd): and
- Australian Company Number (ACN)

To verify this information our must provide to KeyInvest the following documents listed at A or B:
Please mark 'x' to indicate the type of documentation that you are providing.

A - Original or certified copy of a certificate registration issued by ASIC

OR

B - Current company search of the ASIC database

13d) INDIVIDUAL ID PROCEDURE

KeyInvest also needs to identify at least one of the trustees listed in section 3 and all beneficial owners listed in this application.

Customer identification procedures

KeyInvest must verify your:

- Full name
- Date of birth
- Residential address

In order for KeyInvest to verify this information:

- At least one trustee and all beneficial owners **MUST** supply ONE original or certified copy of a primary identification document from the Document List immediately below:

Document List

trustee (1) All beneficial owner (section 6)

Primary photographic identification documents:

- Current Australian driver's licence
- Australian passport (not expired more than 2 years)
- Current international passport
- Current proof of age card (government issued)

trustee (1) All beneficial owner (section 6)

Primary non-photographic identification documents:

- Birth certificate
- Citizenship certificate
- Current Centrelink pension card

Does your primary identification document contain BOTH a photo AND your current residential address?

- Yes - No additional information is required
- No - You must also supply ONE original or certified copy of a secondary identification document that contains your current residential address from the Document List immediately below:

Document List

trustee (1) All beneficial owner (section 6)

Secondary identification documents:

- Utility bill or Council rates notice (less than 3 months old)
- Taxation notice or Centrelink statement (less than 12 months old)

Authorised persons who can certify customer identification documents

Your photocopied identification documents must be signed as certified true copies by one of the following:

- An 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 (e.g. financial adviser)
- A nominated employee of KeyInvest
- A registrar or deputy registrar of a court
- An Australian consular officer or an Australian diplomatic officer
- A lawyer
- A judge of a court
- A magistrate
- A Chief Executive Officer of a Commonwealth court
- A notary public
- A Justice of the Peace
- An authorised Australian Post Office permanent employee
- An accountant (member of the ICA or CPA)
- An officer with 2 or more continuous years of service with one or more finance institutions

14 TAX RESIDENCY DECLARATION

Non-regulated trusts must complete section 14a) below.

If you are a regulated super fund i.e (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) you are not required to complete section 14 and may proceed to section 15.

14a) BENEFICIAL OWNERS, BENEFICIARIES, TRUSTEE OR SETTLOR TAX RESIDENCY INFORMATION

Are any of the:

- beneficial owners listed in Section 6 tax residents of a country other than Australia
- trust beneficiaries (Section 4b), trustees (Section 3) or settlors (sections 5), tax residents of a country other than Australia.

Yes (please complete the section below) No

If you answered **'yes'** KeyInvest will send a CRS Controlling Persons Self-Certification form. If you answered **'no'** no further action is required.

Full given name

Surname

Email

Full given name	Surname	Email

15) AGREEMENT AND DECLARATION

- If your name appears on this Application Form, or you are the parent or guardian of a minor, or an authorised representative of the company, trust or other type of investor, you must sign and date this Application Form.
- KeyInvest cannot process this application without these signatures. By Signing this Application Form I/we:
 1. Acknowledge that I/we have received and have been given the opportunity to read the entire LEB PDS dated 19 September 2016 and any supplements to the PDS.
 2. Instruct KeyInvest to complete my/our investment instructions in accordance with the instructions on this form.
 3. Acknowledge that:
 - a. Investments can be subject to investment risk, possible delays in repayment and loss of income and principal invested.
 - b. KeyInvest, or any of its subsidiaries, do not guarantee the performance of the Investment Options or the UMF, or any particular rate of return, and
 - c. I/we have considered the appropriateness of the KeyInvest LEB to my/our investment objectives and needs and have not received specific investment advice from KeyInvest.
 4. Declare that I am/we are not commonly known by any names different to those disclosed in this Application Form, unless I/we have disclosed that information in writing to KeyInvest.
 5. Authorise the collection, use and disclosure of my/our personal information for the purpose of the management and administration of those KeyInvest products and services in which I/we have invested or for which I/we wish to apply, in accordance with the KeyInvest Privacy Policy.
 6. Agree that the information provided on this Application Form may be shared with the financial adviser and/or Financial Dealer group nominated on this form and/or subsequently notified to KeyInvest.
 7. Accept that KeyInvest may send me/us information about its products and/or services from time to time. I/we understand that I/we may notify KeyInvest of my/our decision not to receive further information by contacting KeyInvest directly.
 8. Declare that any document or information to be used for the purposes of this Application (whether or not provided on or with this application):
 - a. Is complete and correct, and
 - b. If it is about another person or party, is provided with the express authority of that person or party where required by law.
 9. Acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents in connection with this application.
 10. Acknowledge in the event of inconsistency between the LEB Benefit Fund Rules (the Rules) and the information contained in the PDS, the Rules will prevail. If an agent is signing this Application on my/our behalf, the last two declarations above are also given by and bind the agent in the personal capacity.

Each signatory below confirms that they have been duly authorised to execute this application on behalf of the investor(s). The signatures of signatory 1 and 2 will be required for any withdrawals to this investment.

Signatory 1

Date

DD / MM / YY

Signatory 2

Date

DD / MM / YY

Full name

Full name