



**Sandhurst**Trustees

# **Adelaide Cash Management Trust**

Application Form

Dated 1 January 2019

## Important information

This Application Form accompanies the Product Disclosure Statement (PDS) for the managed fund described in the table below.

It is important that you consider the PDS in its entirety, including any other important information that forms part of the PDS, before making an investment.

Sandhurst Trustees Limited (ABN 16 004 030 737, AFSL 237906) ('Sandhurst', 'us', 'we' or 'our') is the responsible entity and issuer of the Trust described below, known as the 'Adelaide Cash Management Trust', or 'the Trust'. An investor's beneficial interest (investment) in the Trust is otherwise referred to within the PDS and Application Form as a 'CMT account'.

Fund Name	PDS Date
Adelaide Cash Management Trust (ARSN 088 786 681, APIR AMF0010AU)	1 November 2016

Sandhurst is a subsidiary of Bendigo and Adelaide Bank Limited ('the Bank') (ABN 11 068 049 178, AFSL 237879) and is part of the Bendigo and Adelaide Bank Group, which comprises the Bank and its related entities.

This Application Form may also be used to accept the transaction services to be provided by the Bank as detailed in the Transaction Services Guide – Adelaide Cash Management Trust (Guide).

Use this Application Form if you are an investor investing directly in the Trust. If you are investing via a master trust or platform, contact your platform provider for information about how to invest in the Trust.

Please note that:

- the offer made in this Application Form is only available to persons receiving the PDS (electronically or otherwise) within Australia;
- you must be 18 years of age or over to invest in the Trust (however, adults can invest on behalf of minors by completing the Application Form in the adult's name in trust for the minor);
- you may appoint a person, partnership or company as your authorised operator (an authorised operator is able to act on your behalf in all matters relating to the Trust). Further information relating to authorised operators can be read in section 9 of the PDS, Step 4 and the Investor Acknowledgement section of this Application Form; and
- Sandhurst reserves the right to refuse an application for any reason. Applications will not be accepted unless signed by persons authorised to sign. If it is signed by your attorney, a certified copy of the relevant power of attorney must be enclosed with your application. If joint investors are applying, all signatures are required.

## How to complete the Application Form

Depending on the type of investor you are, you may not need to complete every step within this Application Form. The following information provides a guide on which steps need to be completed. This Application Form can be used for the following investor types:

- Individual** – including individuals, joint investors, sole trader applicants (over 18 years of age), informal trusts (including individuals over 18 years of age holding an account in trust for minors under 18 years of age)
- Australian Company**
- Trust** – including regulated trusts (e.g. superannuation funds, self-managed superannuation funds, managed investment schemes), deceased estates
- Partnership**
- Association** – including Associations, Clubs, Co-operatives

Step	Individual	Company	Trust	Partnership	Association
1 Investment Details	✓	✓	✓	✓	✓
2 Individual Applicant Details	✓	x	x	x	x
3 Entity Applicant Details	x	✓	✓	✓	✓
3.1 Australian Company Details	x	✓	●	●	x
3.2 Trust Details	x	x	✓	x	x
3.3 Partnership Details	x	x	x	✓	x
3.4 Association, Club, Co-operative	x	x	x	x	✓
3.5 Beneficial Ownership	x	✓	x	✓	✓
4 Account Operation	✓	✓	✓	✓	✓
5 Declaration and Signature	✓	✓	✓	✓	✓
6 AML/CTF Identification Documents	✓	✓	✓	✓	✓

- ✓ Mandatory
- Complete if a Trustee or a Partner is a Company
- x Not required to be completed

Completed original Application Form, initial investment and necessary identification documents to be forwarded to:

**Sandhurst Trustees Limited**  
**Adelaide Cash Management Trust**  
**GPO Box 1048**  
**Adelaide SA 5001**

If you need assistance completing this Application Form please contact our Customer Call Centre on **1800 224 124**.

# Checklist

## Please have the following ready

- Each applicant's Tax File Number (TFN) and ABN/ACN where applicable. Note: There may be financial consequences for an individual who chooses not to quote their TFN
- Identification Documentation – Refer to Step 6 AML/CTF Identification Documentation on page 15 for individual ID requirements

**Your account may not be opened (or transactions may be restricted) until certified copies of identification documentation have been received and your application completed.**

If you are completing the Application Form with the assistance of a financial adviser, you may find that your adviser has entered into arrangements with us which will allow the adviser to collect and verify your information on our behalf. If this is the case, you may not have to attach all of the supporting/identification documents when completing your Application Form. However, your adviser must complete the Adviser use only section on page 12 of this Application Form to state that they have identified you in accordance with our guidelines. Please contact your adviser or phone us on 1800 224 124 if you require assistance regarding the information to be collected and verified, and acceptable identification requirements.

Individual	
<b>Who signs the Application Form?</b>	<ul style="list-style-type: none"> <li>• Individual or joint applications are to be signed by the individual/s in whose name/s the account is opened</li> <li>• For informal trusts (e.g. accounts opened by an individual 18 years of age and held in trust for a minor), the individual holding the account 'in trust' must sign (i.e. not the minor)</li> <li>• For sole traders, the individual (sole trader) must sign</li> <li>• Any authorised operators must sign at step 4</li> </ul>
<b>Documentation Required?</b>	<ul style="list-style-type: none"> <li>• Completed Application Form (Step 1, 2, 4, 5)</li> <li>• Individual ID Documents for each Applicant</li> <li>• Individual ID Documents for each authorised operator(if applicable)</li> </ul>
Company	
<b>Who signs the Application Form?</b>	<ul style="list-style-type: none"> <li>• Two directors or a director and company secretary on behalf of the company; or</li> <li>• Sole Director</li> <li>• Any authorised operators must sign at step 4</li> </ul>
<b>Documentation Required?</b>	<ul style="list-style-type: none"> <li>• Completed Application Form (Step 1, 3, 3.1, 3.5, 4, 5)</li> <li>• Individual ID Documents for each Beneficial Owner</li> <li>• Individual ID Documents for each authorised operator (if applicable)</li> </ul>
Trust	
<b>Who signs the Application Form?</b>	<ul style="list-style-type: none"> <li>• The Trustee(s)</li> <li>• Any authorised operators must sign at step 4</li> </ul>
<b>Documentation Required?</b>	<ul style="list-style-type: none"> <li>• Completed Application Form (Step 1, 3, 3.2, 4, 5)</li> <li>• Note: where a trustee is a company, Step 3.1 Company Details must also be completed</li> <li>• Individual ID documents for at least one Trustee or Executor listed in Step 3.2</li> <li>• Trust documents or Deceased estate documents</li> <li>• Individual ID Documents for each authorised operator (if applicable)</li> </ul>
Partnership	
<b>Who signs the Application Form?</b>	<ul style="list-style-type: none"> <li>• Each Partner</li> <li>• Any authorised operators must sign at step 4</li> </ul>
<b>Documentation Required?</b>	<ul style="list-style-type: none"> <li>• Completed Application Form (Step 1, 3, 3.3, 3.5, 4, 5)</li> <li>• Note: where a partner is a company, Step 3.1 Company Details must be completed</li> <li>• Individual ID Documents for at least one Partner listed in Step 3.3</li> <li>• Individual ID Documents for each Beneficial Owner</li> <li>• Partnership documents</li> <li>• Individual ID Documents for each authorised operator (if applicable)</li> </ul>
Association, Club, Co-operative	
<b>Who signs the Application Form?</b>	<ul style="list-style-type: none"> <li>• Authorised representative(s) on behalf of the Association / Club / Co-operative</li> <li>• Any authorised operators must sign at step 4</li> </ul>
<b>Documentation Required?</b>	<ul style="list-style-type: none"> <li>• Completed Application Form (Step 1, 3, 3.4, 3.5, 4, 5)</li> <li>• Individual ID Documents for each Beneficial Owner</li> <li>• Individual ID Documents for at least one office holder</li> <li>• Incorporated / Unincorporated association documents or Co-operative documents</li> <li>• Individual ID Documents for each authorised operator (if applicable)</li> </ul>

# Application Form – 1 January 2019

Please use BLOCK capital letters and tick ✓ boxes where applicable.

## Step 1. Investment details

### About your investment

Account Name (Name in which investment is to be held)

### Fund details

Enter the amount you want to invest in the Trust. The minimum initial investment is \$5,000. You must maintain the required minimum balance in your CMT account. Refer to Section 2 in the PDS for details. Note: Cash is not accepted.

Fund	Investment Amount
<b>Adelaide Cash Management Trust</b> (User ID 027572)	\$

### Initial investment details

What is the source of funds for this investment? (Select all applicable options)

- Savings    Income    Sale of Property    Inheritance    Redundancy  
 Retirement    Gift    Legal Settlement    Other, please specify:

### How will initial investment be made?

- Cheque** – Please make your cheque/s payable to **Adelaide Cash Management Trust – ‘name of investor’** and cross ‘Not Negotiable’.  
Cheques must be attached and submitted with this application form.
- Transaction Services** – Please select if you wish to make your initial investment via the Bank’s Transaction Services.

### Transaction Services

By using the Bank’s transaction services, I/we acknowledge having read and understood the most up-to-date copy of the Guide at [www.bendigobank.com.au/managedfundsforms](http://www.bendigobank.com.au/managedfundsforms) and agree to the terms and conditions set out in the Guide.

The Bank’s transaction services include Phone and Online banking, cheque book, deposits at a Bank branch, Card\*\* services (i.e. ATM, EFTPOS), or BPAY®. Once we have received your Application Form, we will send you a welcome letter which will include your personalised details to use these services. By using any of these transaction services you agree to be bound by the terms and conditions in the Guide.

© Registered to BPAY Pty Ltd ABN 69 079 137 518.

\*\*Card means a card issued to you or any additional cardholder by us, which can be used to undertake an electronic funds transfer transaction

### Please select which service(s) you wish to apply for:

(If there are more than 2 applicants who require the following services please attach the request details separately)

Would you like a cheque book?

- 35 Cheques   or    75 Cheques

Would you like a deposit book?

- Yes

Would you like a Card?

Applicant 1 Mother’s maiden name (for security/identification purposes)

Applicant 2 Mother’s maiden name (for security/identification purposes)

### Express line (phone banking)

Would you like a Personal Access Code (PAC) for use with online and phone banking?

- Applicant 1    Applicant 2

### Online banking

Would you like an Online Banking Password (OBP) for use with online banking?

- Applicant 1    Applicant 2

### Regular Payments

If you would like to apply for regular payments please complete the Regular Payments Form from our website [www.bendigobank.com.au/managedfundsforms](http://www.bendigobank.com.au/managedfundsforms) and attach with your Application Form.

## Step 2. Individual Applicant Details

Complete for individuals, joint investors, sole trader applicants (over 18 years of age) or an informal trust (e.g. including in trust for minors under 18 years of age). Applications in the name of a minor will not be accepted.

### Type of applicant

Individual investor    Joint investors    Sole trader    Informal trust (including in trust for a minor under 18 years of age)

#### Applicant 1 (over 18 years of age)

Title (Mr/Mrs/Miss/Ms)

Full customer name (given name, middle name(s), family name)

Date of birth

Preferred contact phone number   Other phone number

<input type="text"/>	<input type="text"/>
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Occupation

Residential address (PO Box is NOT acceptable)

Suburb

State   Postcode   Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email address

Note: If you provide your email address, you agree that we may provide you with certain information, where permitted by law, by email. Contact us if you wish to change your preferences.

Mailing Address

Same as Applicant 1    Same as Applicant 2    Other, please specify address if different from above

Suburb   State   Postcode   Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Sole trader details (if applicable)

Full registered business name

Industry (specific primary business activity)

Principal place of business (PO Box NOT acceptable)

Suburb   State   Postcode   Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Identification documentation** – refer to 'Documentation Required' in Step 6.

► Each applicant must provide 'Individual ID documents'

## Step 2. Individual Applicant Details cont.

### Tax File Number (TFN) or Australian Business Number (ABN)

Please provide your TFN or ABN or claim an exemption in relation to your investment in the Trust by completing this section. Collection of your TFN is authorised, and its use and disclosure are regulated by tax laws and the Privacy Act. You are under no obligation to provide us with your TFN and it is not an offence not to provide your TFN, however if you choose not to, and do not claim an exemption, we are required to deduct tax at the highest marginal rate plus applicable levies from any Trust distributions made.

#### Applicant 1

Are you an Australian Resident for tax purposes?  Yes  No

If no – Please complete section below

Country of residence for tax purposes

TFN or exemption code

ABN (if applicable)

Reason for exemption (if applicable)

Age Pension

Other:

#### Applicant 2 (Joint investors)

Are you an Australian Resident for tax purposes?  Yes  No

If no – Please complete section below

Country of residence for tax purposes

TFN or exemption code

ABN (if applicable)

Reason for exemption (if applicable)

Age Pension

Other:

### Foreign Tax (FATCA & CRS) – Completion of this section is mandatory

#### Applicant 1

Do any individual applicants have any tax obligations outside Australia?

Yes  No

If yes – Please complete section below

Applicant Name

Country/Jurisdiction of Tax residence

Tax Identification Number (TIN) or Equivalent

If no TIN has been supplied, tick this box as confirmation that the country of tax residence does not issue TINs to its residents.

If there is another reason why a TIN is not available, please state that reason

#### Applicant 2 (Joint investors)

Do any individual applicants have any tax obligations outside Australia?

Yes  No

If yes – Please complete section below

Applicant Name

Country/Jurisdiction of Tax residence

Tax Identification Number (TIN) or Equivalent

*Note: Sandhurst is required to collect information in compliance with Organisation for Economic Co-operation and Development CRS and FATCA which have been incorporated into Australian law through the Tax Administration Act. For definitions of Foreign Tax terminology, please refer to the Foreign Tax Glossary which is together with the Foreign Tax Details Form available from your local Bendigo Bank branch or at [www.bendigo.com.au/managedfundsforms](http://www.bendigo.com.au/managedfundsforms).*

### Step 3. Entity Applicant Details

Complete for Australian companies, trusts, superannuation funds, self-managed superannuation funds, partnerships, associations, clubs or co-operatives or deceased estate applicants

#### Type of entity

Australian Company    Trust / Superannuation Fund / Deceased Estate    Partnerships    Association / Co-operative

#### Entity details

Full name of entity (e.g. company name as registered with ASIC, full name of trust, full name of partnership, etc)

Business or Trading Name (if any)

ACN	ABN	Unique identifying number (if incorporated association or registered co-operative)	Industry Type (i.e. primary business activity)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact person	Preferred contact phone number	Additional phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Registered office address (PO Box NOT acceptable)

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Principal place of business (if applicable) (PO Box NOT acceptable)

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Note: If you provide your email address, you agree that we may provide you with certain information, where permitted by law, by email. Contact us if you wish to change your communication preferences.

Mailing Address

Same as registered office    Same as principal place of business    Other, please specify address if different from above

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Tax File Number (TFN) or Australian Business Number (ABN)

Please provide your TFN and/or ABN for your Business / Company / Trust / Superannuation Fund / Partnership / Association

Please provide your TFN or ABN or claim an exemption in relation to your investment in the Trust by completing this section. Collection of your TFN is authorised, and its use and disclosure are regulated by tax laws and the Privacy Act. You are under no obligation to provide us with your TFN and it is not an offence not to provide your TFN, however if you choose not to, and do not claim an exemption, we are required to deduct tax at the highest marginal rate plus applicable levies from any Trust distributions made.

Name in which TFN/ABN is registered

TFN or exemption code	ABN	Reason for exemption (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Foreign Accounts Tax Compliance Act (FATCA)

Each entity including a Trust, partnership or domestic company must complete this section.

Are any applicants Citizens or Residents of the US for tax purposes?

No    Yes

Is the entity created in the US, established under the laws of the US or a US taxpayer?

No    Yes

Are any 'controlling persons'<sup>^</sup> of an Entity Citizens or Residents of the US for tax purposes?

No    Yes

Is the entity a Financial Institution?

No    Yes

**If yes** – please complete and attach the [Foreign Tax Details Form](#) (OA761) available from your local Bendigo Bank branch or at [www.bendigobank.com.au/managedfundsforms](http://www.bendigobank.com.au/managedfundsforms)

<sup>^</sup> For companies, trusts and partnerships a controlling person is an individual who is a shareholder, trustee, beneficiary, settlor or partner AND who owns 25% or more of the Entity, controls 25% or more of the voting rights including a power of veto, or holds the position of senior managing official of the Entity. For associations and co-operatives a controlling person is also an individual who is entitled to 25% or more of the assets of the Entity upon dissolution.

#### Common Reporting Standard (CRS) – Foreign Tax

Each entity including a Trust, partnership or domestic company must complete this section.

Are any individual applicants residents of any country other than Australia or US for tax purposes?

No    Yes

Is the entity created in any country other than Australia or US?

No    Yes

Is the entity a Passive Non-Financial Entity

No    Yes

**If yes** – please complete and attach the [Foreign Tax Details Form](#) (OA761) available from your local Bendigo Bank branch or at [www.bendigobank.com.au/managedfundsforms](http://www.bendigobank.com.au/managedfundsforms)

Note: Sandhurst is required to collect information in compliance with Organisation for Economic Co-operation and Development CRS and FATCA which have been incorporated into Australian law through the Tax Administration Act. For definitions of Foreign Tax terminology, please refer to the Foreign Tax Glossary which is together with the Foreign Tax Details Form available from your local Bendigo Bank branch or at [www.bendigobank.com.au/managedfundsforms](http://www.bendigobank.com.au/managedfundsforms). If you are uncertain of your status you should seek specialist taxation advice.

## Step 3.1. Australian Company Details

Complete for Australian companies, trusts where trustee/s is a company or partnerships where partner/s is a company

### Company structure

- Proprietary/Private
  Public domestic listed company
  Majority owned subsidiary of a domestic listed company  
 Public unlisted company
  Other, please specify:

Full Company Name (as registered with ASIC)

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For **public listed companies and majority owned subsidiaries** proceed to Step 4, otherwise complete below.

### Director details

For **proprietary or private companies only**, provide details of each director. Contact details for at least one director must be provided.

**Director 1** – Full legal name (given name, middle name(s), family name)

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Preferred contact phone number

Other phone number

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**Director 2** – Full legal name (given name, middle name(s), family name)

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**Director 3** – Full legal name (given name, middle name(s), family name)

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**Director 4** – Full legal name (given name, middle name(s), family name)

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Please attach additional page(s) if required.

### Entity control details

Complete for **proprietary, private and public unlisted companies only**.

Is the company regulated\*?

\* A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL holders); Australian Credit Licensees (ACL holders); and Registrable Superannuation Entity (RSE) Licensees.

Yes **If yes** – Please specify Regulator Name and Licence Details below, then proceed to Step 4.

Regulator Name

Licence Details (e.g. AFSL Number)

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No **If no** – Please complete Entity control details below

- a) Does any individual (i.e. 'natural persons') own through one or more shareholdings (direct or indirect) 25% or more of the issued capital of the company?
  - Yes - please complete details of each applicable Shareholder below then proceed to Step 3.5.
- b) If no individuals are identified in a), does any individual control 25% or more of voting rights, including power to veto?
  - Yes - please complete details of each applicable Individual below then proceed to Step 3.5.
- c) If no individuals are identified in a) or b), please provide details of senior managing official(s) below. The 'Senior Managing Official is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Office, Financial Controller) then proceed to Step 3.5.

**Shareholder 1 / Individual 1 / Official 1** – Full legal name (given name, middle name(s), family name) Position (if applicable)

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**Shareholder 2 / Individual 2 / Official 2** – Full legal name (given name, middle name(s), family name) Position (if applicable)

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**Shareholder 3 / Individual 3 / Official 3** – Full legal name (given name, middle name(s), family name) Position (if applicable)

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**Shareholder 4 / Individual 4 / Official 4** – Full legal name (given name, middle name(s), family name) Position (if applicable)

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Please attach additional page(s) if required.

**Identification documentation** – refer to 'Documentation Required' in Step 6.

- ▶ At least one individual (e.g. Director) must complete Step 4 Account Operation as an authorised operator and provide 'Individual ID documents'
- ▶ Each individual that requires to operate the account must complete Step 4
- ▶ Each Shareholder / Individual / Official listed above must complete Section 3.5 Beneficial Ownership and provide 'Individual ID documents'



## Step 3.2. Trust Details

Complete for trusts including superannuation funds and deceased estates

### Type of Trust

Individual OR Family Trust       Regulated Trust (Superannuation Fund/SMSF)       Government Superannuation Fund

Deceased Estate       Registered Managed Investment Scheme, please provide ARSN:

Other, please specify:

Country in which Trust was established:

### Settlor of Trust

Only required if initial sum to establish the trust was \$10,000 or greater and the type of trust as indicated above is Individual or Family Trust or Other. The 'settlor' is the person/entity who established the trust by contributing the initial assets or amount, often called the 'settled sum'.

**Settlor** - Full legal name (given name, middle name(s), family name) or Registered Business Name

### Trustee details

Tick if one or more of the trustee/s or executor/s is a company.

For each individual trustee or executor please complete below and provide company details in Step 3.1 if applicable.

**Individual Trustee 1** – Full legal name (given name, middle name(s), family name)      Date of Birth

<input type="text"/>	<input type="text"/>
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Residential address (PO Box NOT acceptable)

Suburb      State      Postcode      Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Individual Trustee 2** – Full legal name (given name, middle name(s), family name)      Date of Birth

<input type="text"/>	<input type="text"/>
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Residential address (PO Box NOT acceptable)

Suburb      State      Postcode      Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Individual Trustee 3** – Full legal name (given name, middle name(s), family name)      Date of Birth

<input type="text"/>	<input type="text"/>
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Residential address (PO Box NOT acceptable)

Suburb      State      Postcode      Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Individual Trustee 4** – Full legal name (given name, middle name(s), family name)      Date of Birth

<input type="text"/>	<input type="text"/>
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Residential address (PO Box NOT acceptable)

Suburb      State      Postcode      Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please attach additional page(s) if required.

### Beneficiary details

Only required if the type of trust as indicated above is Individual or Family Trust or Other.

Individual Beneficiaries. Please provide details of each individual beneficiary below.

Full legal name (given name, middle name(s), family name)

**Beneficiary 1**

**Beneficiary 2**

<input type="text"/>	<input type="text"/>
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**Beneficiary 3**

**Beneficiary 4**

<input type="text"/>	<input type="text"/>
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Please attach additional page(s) if required.

Other Beneficiaries. If the beneficiaries are defined by reference to a membership of a class, please describe the defined class.

**Class(es) of beneficiaries**

**Identification documentation** – refer to 'Documentation Required' in Step 6.

- ▶ At least one Individual Trustee or Executor listed must complete Step 4 Account Operation as an authorised operator and provide 'Individual ID documents'
- ▶ Each individual that requires to operate the account must complete Step 4.
- ▶ Applicants must provide 'Trust documents' or 'Deceased estate documents'

### Step 3.3. Partnership Details

Complete for partnerships

#### Partnership details

Country in which Partnership was established

Is the Partnership a member of a professional association (e.g. law society)?

Yes **If yes** – please specify the professional association below and complete Partner details below for each partner who owns 25% or more of the partnership

No **If no** – please complete the below details for each partner

#### Partner details

Tick if one or more of the partners is a company.

For each individual partner please complete below and provide company details in Step 3.1. if applicable.

**Partner 1** – Full legal name (given name, middle name(s), family name)

Date of birth

<input type="text"/>	<input type="text"/>
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Residential address (PO Box NOT acceptable)

% share of partnership

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Partner 2** – Full legal name (given name, middle name(s), family name)

Date of birth

<input type="text"/>	<input type="text"/>
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Residential address (PO Box NOT acceptable)

% share of partnership

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Partner 3** – Full legal name (given name, middle name(s), family name)

Date of birth

<input type="text"/>	<input type="text"/>
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Residential address (PO Box NOT acceptable)

% share of partnership

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Partner 4** – Full legal name (given name, middle name(s), family name)

Date of birth

<input type="text"/>	<input type="text"/>
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Residential address (PO Box NOT acceptable)

% share of partnership

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please attach additional page(s) if required.

#### Entity Control Details

If no partner listed owns 25% or more of the partnership then provide the details of the Senior Managing Official(s).

The 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller)

**Official 1** – Full legal name (given name, middle name(s), family name)

Position

<input type="text"/>	<input type="text"/>
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**Official 2** – Full legal name (given name, middle name(s), family name)

Position

<input type="text"/>	<input type="text"/>
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Please attach additional page(s) if required.

**Identification documentation** – refer to 'Documentation Required' in Step 6.

- ▶ At least one Partner listed and each Partner who owns 25% or more of the partnership must provide 'Individual ID documents'
- ▶ The Senior Managing Official(s) (if applicable) must complete Step 3.5 Beneficial Ownership and provide 'Individual ID documents'
- ▶ Applicant must provide 'Partnership documents'

## Step 3.4. Association, Club, Co-operative

Complete for associations including clubs and co-operatives

### Type of structure

Incorporated Association  Unincorporated Association  Co-operative

### Office holder details

**Chairman or equivalent** – Full legal name (given name, middle name(s), family name)

**Secretary or equivalent** – Full legal name (given name, middle name(s), family name)

**Treasurer or equivalent** – Full legal name (given name, middle name(s), family name)

Please attach additional page(s) if required.

### Entity Control Details

Provide the details of each individual who directly or indirectly controls the organisation, including those entitled to 25% or more of assets upon dissolution, voting rights of 25% or more or power to veto. If no such person can be identified then provide details of the Senior Managing Official(s) who make decisions affecting a substantial part of the business (e.g. Chairman, Secretary or Treasurer).

**Individual 1 / Senior Managing Official 1** – Full legal name (given name, middle name(s), family name) % Assets/Voting rights

<input type="text"/>	<input type="text"/>
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**Individual 2 / Senior Managing Official 2** – Full legal name (given name, middle name(s), family name) % Assets/Voting rights

<input type="text"/>	<input type="text"/>
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**Individual 3 / Senior Managing Official 3** – Full legal name (given name, middle name(s), family name) % Assets/Voting rights

<input type="text"/>	<input type="text"/>
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Please attach additional page(s) if required.

**Identification documentation** – refer to 'Documentation Required' in Step 6.

- ▶ At least one office holder listed must complete Step 3.5 Beneficial Ownership and provide 'Individual ID documents'
- ▶ Each Individual / Senior Managing Official (if applicable) must complete Step 3.5 Beneficial Ownership and provide 'Individual ID documents'
- ▶ Applicant must provide 'Incorporated/Unincorporated association documents'

## Step 3.5. Beneficial Ownership

Complete for Associations, Companies and Partnerships

### Beneficial Owner 1

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State Postcode Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Date of birth

### Beneficial Owner 3

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State Postcode Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

Please attach additional page(s) if required.

### Beneficial Owner 2

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State Postcode Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

### Beneficial Owner 4

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State Postcode Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

**Identification documentation** – refer to 'Documentation Required' in Step 6.

- ▶ Each beneficial owner must provide 'Individual ID documents'

## Step 4. Account Operation

### Account operating authority

Please indicate how you wish to operate your CMT account  One to sign  All to sign

If you do not select an option Sandhurst will assume that the 'one to sign' option will apply.

If you select 'one to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your CMT account independently of the others. Joint applications must be signed by all parties but withdrawals shall be permitted as authorised and indicated above.

If you select 'All to sign', you will not be able to operate your CMT account independently. You can change the CMT account operating authority at any time by written request signed by all CMT account holders.

### Appointment of an authorised operator – optional

You can appoint an authorised operator to your CMT account as outlined below, in section 9 of the PDS and in the Investor Acknowledgement section on page 16 of this Application Form. Each use of your CMT account by an authorised operator is subject to these terms and conditions as if you had used the CMT account. You may opt for your authorised operator to have either 'limited' or 'full' access to your CMT account. In short, a limited access authorised operator will only be able to access information on your CMT account, whereas a full access authorised operator can perform transactions on your CMT account per the table below:

Function	Limited access	Full access*
Access personal and financial information relating to your CMT account	✓	✓
View commission details <sup>1</sup>	✓	✓
View your CMT account details and transactions online <sup>2</sup>	✓	✓
Request additional copies of periodic statements <sup>3</sup>	✓	✓
Advise Sandhurst of your tax file number	✓	✓
Instruct Sandhurst to change your personal details	✗	✓
Withdraw some or all of your units	✗	✓
Close your CMT account (i.e. redeem all of your units in the Trust)	✗	✓

<sup>1</sup> This function is only available to your financial adviser

<sup>2</sup> Online Banking services are not available to your financial adviser or stockbroker. Your financial adviser can view your account details and transactions via the adviser portal.

<sup>3</sup> Charges apply to requests for interim and duplicate statements, closing details and transaction summaries. Refer to the fees and charges section of the Transaction Services Guide for further information.

\*Each full access authorised operator must provide 'Individual ID documents'

Authorised operators may also cancel their own authorised operator status at any time by contacting us, however they cannot appoint or remove other authorised operators on your CMT account.

### Appointment of your financial adviser

CMT accounts opened through an adviser automatically gives the adviser **limited access** on your CMT account and they may receive information through an adviser online service or via the phone but are unable to perform any transactions. They are unable to opt out of being a limited access authorised operator if they wish to be noted on your CMT account. You may increase the level of authority of your financial adviser to give them **full access** by ticking the box below. Online Banking services are not available to your financial adviser, however transaction requests can be made in writing.

By appointing your adviser, you are also giving authority to the adviser firm. The firm will provide us with a list of persons who are authorised to transact on its behalf. The firm must tell us in writing of any changes to their authorised signatories. Any instructions given by your adviser and their nominated authorised signatories, in accordance with their level of authority, will be acted on by Sandhurst and/or Bendigo and Adelaide Bank in good faith as if it were given by you.

You may change the level of authority of your adviser at any time by notifying us in writing

**Only tick this box** if you wish to appoint your financial adviser firm including their nominated authorised signatories, to have **full access** as outlined in the table above to operate this CMT account. Please note the financial adviser must complete the details in the 'Adviser use only' section below.

**Adviser use only** – If you do not have an agreement please contact us on 1800 224 124.

Dealer group name <input type="text"/>	Dealer group AFSL <input type="text"/>	Adviser contact email <input type="text"/>
Adviser full name <input type="text"/>	Adviser contact phone number <input type="text"/>	

By signing this section, I acknowledge and confirm that I have provided the applicant(s) with the CMT PDS and have identified the applicant(s) in accordance with the AML/CTF Act 'Know Your Customer' Identification Documentation requirements. Please note, unless the Dealer group has entered into an agreement with Sandhurst in respect of AML/CTF obligations, certified copies of identification documents need to be sent to us along with the completed Application Form.

Adviser Signature <input type="text"/>	Date <input type="text"/>	Dealer group/Adviser stamp <input type="text"/>
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**Appointment of an authorised operator other than your financial adviser**

You may wish to appoint an alternate person, partnership or company as an authorised operator. To do so, the nominated person or party must complete the section below. By signing below, each signatory confirms that they have been duly authorised to execute this instrument. Full access authorised operators are required to complete the identification requirements in step 6.

**Name of authorised operator (individual access)**

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State                      Postcode                      Country  
                                           

Date of birth

Preferred contact phone number                      Other phone number  
                     

Occupation                      Type of access (please ✓)  
                       Limited or  Full\*

**Signature of authorised operator**

**Date**

**Name of authorised operator (individual access)**

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State                      Postcode                      Country  
                                           

Date of birth

Preferred contact phone number                      Other phone number  
                     

Occupation                      Type of access (please ✓)  
                       Limited or  Full\*

**Signature of authorised operator**

**Date**

**Identification documentation** – refer to 'Documentation Required' in Step 6  
 ► \*Each full access authorised operator must provide 'Individual ID documents'

**Name of authorised operator (partnership or company access)**

You may wish to appoint a partnership or company as a **limited access** operator.

Full legal name (entity name)                      Officer name  
                     

Address (PO Box is NOT acceptable)                      Suburb                      State                      Postcode                      Country  
                                                                                       

Preferred contact phone number                      Other phone number                      Email  
                                           

**Signature** (Individual or person authorised to sign on behalf of the partnership or company)                      Please provide your title / position  
                       Director                       Company Secretary                       Trustee                       Attorney  
 Sole Director                       Other, please specify:

**Date**  
 (Office use only: limited access option only - Code 11)

## Step 5. Declaration and Signature – ALL applicants MUST complete

For Associations at least two office holders from Step 3.4 must sign this section

### General

I/We wish to invest in the Trust and declare that I/we

- have read and understood the PDS and any other important information that forms part of the PDS,
- have read, understood and confirm the Investor Acknowledgments on page 16 of this Application Form,
- confirm that all details provided in this Application Form by me/us are true and correct,
- confirm that I/we have read, understand and agree to the authorised operator terms as set out in Step 4 and in the Investor Acknowledgement on page 16 of this Application Form.
- accept full responsibility for transactions conducted on my/our CMT account by me/us and any authorised operator including a financial adviser firm (and its nominated authorised signatories) appointed by me/us.

***If full access is given to an authorised operator, they can do anything you can do in relation to your account, including transferring money to any bank account or closing the account.***

### Annual financial report

I/We acknowledge that an electronic copy of the Trust's Annual Report is available from Sandhurst's website at [www.bendigobank.com.au/managedfundsforms](http://www.bendigobank.com.au/managedfundsforms).

I/We acknowledge that I/we may also elect to receive a hardcopy or electronic copy of the Trust's Annual Report free of charge by contacting Sandhurst Trustees on 1800 224 124. If I/we do not make an election I/we will need to access the Annual Report online.

### Privacy

I/We consent to providing Sandhurst and the Bendigo and Adelaide Bank Group with personal information and for Sandhurst and the Bendigo and Adelaide Bank Group to collect, use, disclose and store personal information in accordance with its privacy disclosure statement contained on page 18 in this Application Form.

### Applicant 1 / Organisation signatory 1

**Full Customer name** (given name, middle name(s), family name)

**Signature** (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position

- Director     Company Secretary     Trustee     Attorney  
 Sole Director     Other, please specify:

**Date**

### Applicant 2 / Organisation signatory 2

**Full Customer name** (given name, middle name(s), family name)

**Signature** (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position

- Director     Company Secretary     Trustee     Attorney  
 Sole Director     Other, please specify:

**Date**

### Organisation signatory 3

**Full Customer name** (given name, middle name(s), family name)

**Signature** (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position

- Director     Company Secretary     Trustee     Attorney  
 Sole Director     Other, please specify:

**Date**

### Organisation signatory 4

**Full Customer name** (given name, middle name(s), family name)

**Signature** (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position

- Director     Company Secretary     Trustee     Attorney  
 Sole Director     Other, please specify:

**Date**

**Identification documentation** – refer to 'Documentation Required' in Step 6

- Each signatory must provide 'Individual ID documents'. If signed under a Power of Attorney, you must provide a certified copy of the Power of Attorney and the 'donor' must also provide their 'Individual ID documents'

Please note: You may be entitled to a cooling-off period. Please refer to the PDS for more information.  
**Sandhurst Trustees Limited, Adelaide Cash Management Trust, GPO Box 1048, Adelaide SA 5001**  
**Customer Service 1800 224 124**

## Step 6. AML/CTF Identification Documentation

As part of your investment application, we need to obtain identification information as required by law, including 'know your customer' requirements under anti-money laundering and counter terrorism financing legislation. For example, for an individual this will include documents that verify information such as name, residential address and date of birth.

Either original documents or certified copies can be accepted. A certified copy means a document that has been certified as a true copy of an original document by any one of the eligible certifiers listed below. The person certifying the documents must include a statement that "this is a true and complete copy of an original document which I have sighted", then print and sign their name, date, qualification number (if applicable), state category of certifier (refer to list below), years of service (if applicable) and a contact telephone number.

- a) A lawyer – a person who is enrolled on the roll of the Supreme Court of a State or Territory or High Court of Australia, as a legal practitioner (however described);
- b) A judge of a court of the Commonwealth of Australia;
- c) A magistrate of the Commonwealth of Australia;
- d) A Chief Executive Officer of a Commonwealth Court of Australia;
- e) A registrar or deputy registrar of a court of the Commonwealth of Australia;
- f) A Justice of the Peace in an Australian State or Territory;
- g) A Notary Public (for the purposes of the Statutory Declaration Regulations 1993);
- h) A police officer (Australian State or Territory or Commonwealth of Australia);
- i) A postal agent – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- j) A post office employee – a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;
- k) An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955);
- l) An officer with two or more years continuous service with one or more financial institutions regulated in Australia (for the purposes of the Statutory Declaration Regulations 1993);
- m) A finance company officer with two or more years of continuous service with one or more financial companies regulated in Australia (for the purposes of the Statutory Declaration Regulations 1993);
- n) An officer with, or authorised representative of, a holder of an Australian Financial Services License having two or more years of continuous service with one or more licensees;
- o) A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Public Accountants with two or more years continuous membership;
- p) Commissioner for Affidavits or Declaration of Oaths; or
- q) A Pharmacist (within the meaning of the Statutory Declarations Regulations 1993)

**Each document provided with this Application Form must be certified by an acceptable certifier. We will not accept photocopies or electronic transmissions of a certification. Please contact us if the documentation will not be certified in Australia.**

## Documentation required

<b>Individual ID documents</b>
<b>One primary photographic identification document:</b>
<ul style="list-style-type: none"> <li>■ Australian driver's licence (current)</li> <li>■ Australian or foreign passport (current, or Australian Passport expired within preceding 2 years)</li> <li>■ State or Territory issued proof of age card</li> <li>■ Foreign national identity card</li> </ul>
<b>OR</b>
<b>One primary non-photographic identification document:</b>
<ul style="list-style-type: none"> <li>■ Australian birth certificate or foreign birth certificate</li> <li>■ Birth extract issued by an Australian State or Territory</li> <li>■ Australian citizenship certificate or foreign citizenship certificate</li> <li>■ Pension or Government Health Care card issued by Centrelink or Department of Veterans' Affairs</li> </ul>
<b>AND</b>
<b>One secondary identification document:</b>
<ul style="list-style-type: none"> <li>■ Notice less than 12 months old issued by a Commonwealth, State or Territory Department which records provision of financial benefit (e.g. Centrelink statement). Must contain the individual's name and residential address</li> <li>■ Notice less than 12 months old issued by the Australian Tax Office of debt or assessment that contains the name of the individual and residential address</li> <li>■ Notice less than 3 months old issued by a Local Government Body or Utilities Provider that notes the provision of services to that address and/or that person (eg Council Rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill). Must contain the name of the individual and residential address</li> </ul>
<b>Company documents</b>
A company search will be completed by Sandhurst.
<b>Trust documents</b>
<ul style="list-style-type: none"> <li>■ Original trust deed and any variations or amendments, a certified copy or certified extract of a trust deed</li> </ul>
<b>Deceased estates documents</b>
<b>One of the following documents:</b>
<ul style="list-style-type: none"> <li>■ A certified copy of Probate</li> <li>■ A certified copy of both the death certificate and the will</li> </ul>
<b>Partnership documents</b>
<b>One of the following documents:</b>
<ul style="list-style-type: none"> <li>■ Original, certified copy or certified extract of the partnership agreement</li> <li>■ Original or certified extract of the minutes of a meeting (dated) that confirms the name of the partnership</li> <li>■ Original letter from the accountant or legal practitioner confirming the name and the existence of the partnership dated within the last 12 months.</li> </ul>
<b>Incorporated association* documents</b>
<b>One of the following documents:</b>
<ul style="list-style-type: none"> <li>■ Original, certified copy or certified extract of the rules or constitution of the association</li> <li>■ Original or certified extract of the minutes of a meeting (dated) that confirms the name of the incorporated association</li> </ul> An ASIC search will be completed by Sandhurst
<b>Unincorporated association* documents</b>
<ul style="list-style-type: none"> <li>■ Original or certified extract of the minutes of a meeting (dated) that confirms the name of the unincorporated association</li> </ul>
<b>Co-operative* documents</b>
An ASIC search will be completed by Sandhurst

\* Any unique registration numbers issued to the association or cooperative must be identifiable in one of the above documents.

## Investor Acknowledgement

Prior to signing and submitting an Application Form please read the PDS in its entirety. By submitting an application for units in the Trust, you confirm that you understand, acknowledge and agree to the terms set out below.

### General

By making an application, you acknowledge, warrant and agree that:

- you wish to invest in the Trust as described in the PDS and agree to be bound by the provisions of this Application Form and the trust's Constitution (as amended);
- you have received, within Australia, an electronic or paper copy of the PDS for the Trust and have read and understood such PDS;
- future transactions in the Trust will be made on the terms of the then current PDS and Transaction Services Guide and that the declarations and acknowledgements made in this Application Form will also apply to all such future transactions;
- Sandhurst reserves the right to reject any application or to allocate a lesser number of units than applied for;
- you have legal power to invest in the Trust, or where applicable, have authority to bind a company or organisation to the investment;
- if signing under a Power of Attorney, you have the legal power to invest in the Trust and authority to bind the individual, company or organisation to the investment and you have not received notice of revocation of that power;
- you understand the risks associated with an investment in the Trust as they are outlined in the PDS;
- neither Sandhurst nor any other person guarantees the return of capital or performance of the Trust;
- an investment in the Trust does not represent an investment in, or a deposit with, Sandhurst, the Bank or any company in the Bendigo and Adelaide Bank Group;
- if more than one applicant is nominated in the Application Form, you agree to hold the units as joint tenants and acknowledge that all applicants are required to sign the Application Form and that any applicant is able to operate the CMT account (unless otherwise specified in Step 4) and bind the others for future transactions, including additional investments and withdrawals.
- you authorise Sandhurst's use of the TFN or ABN you have provided for the purpose of facilitating and administering the investment for which you are applying.
- by providing Sandhurst with your email address, you consent to Sandhurst corresponding with you via email, where permitted by law, unless you notify Sandhurst otherwise;
- if you use the related banking facilities provided by the Bank, you have read and understood the Transaction Services Guide prior to using any related banking facility;
- subject to the Corporations Act 2001 (Cth) and the Trust's Constitution, Sandhurst may redeem your investment at its discretion;
- if your CMT account is opened with a zero balance and you do not operate your CMT account within 30 days of opening, we may close the CMT account without giving you prior notice;
- should your CMT account fall below the minimum operating balance of \$1,000, Sandhurst reserves the right to redeem all of your units in the Trust at any time without the need for a withdrawal request from you.

### Electronic instructions

In respect of electronic instructions (including online form, email or fax) you acknowledge, warrant and agree that Sandhurst:

- will determine at its absolute discretion whether it will reject or accept electronic instructions;
- is not responsible for any loss or delay that results from an electronic transmission not being received by Sandhurst;
- will only process my/our electronic instructions if they are received in full and contain all the required information as determined by Sandhurst to validate the instructions;

- may require you to provide a duly executed hard copy of the instructions and/or further information necessary for Sandhurst to validate the instructions;
- will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instructions;
- will not compensate you for any losses relating to electronic instructions, unless required to do so by law; and
- does not take responsibility for any fraudulent or incorrectly completed electronic instructions.

To the maximum extent permitted by law, including in the event of fraud, you hereby irrevocably release Sandhurst from, and indemnify Sandhurst against, all losses and liabilities whatsoever arising from Sandhurst:

- acting in accordance with any instructions received electronically bearing your customer number or other information provided to validate the instruction; or
- declining to act on instructions for any reason including because it was unable to validate those instructions to the satisfaction of Sandhurst.

### Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF)

To comply with Sandhurst's AML/CTF regulatory requirements Sandhurst will need to obtain identification information to establish your identity (and the identity of other persons associated with your CMT account). Sandhurst may also, and you acknowledge and agree that it may:

- require you to provide to Sandhurst or otherwise obtain, any additional information documentation or other information;
- suspend, block or delay transactions on your CMT account or refuse to make a payment or provide services to you (and Sandhurst will incur no liability to you if it does so); and/or
- report any proposed transaction or activity to anybody authorised to accept such reports relating to AML/CTF or any other law.

By making an application, you acknowledge and warrant to Sandhurst that:

- you have not knowingly done anything to put Sandhurst or the Bendigo and Adelaide Bank Group in breach of AML/CTF laws;
- you will notify Sandhurst if you become aware of anything that would put Sandhurst or the Bendigo and Adelaide Bank Group in breach of AML/CTF laws;
- if requested you will provide additional information and assistance and comply with all reasonable requests to facilitate Sandhurst or the Bendigo and Adelaide Bank Group's compliance with AML/CTF laws; and
- if you fail to provide Sandhurst or the Bendigo and Adelaide Bank Group with additional information and documentation requested of you, your application may be refused, any units you hold may be compulsorily redeemed, and/or a withdrawal request by you may be delayed or refused by Sandhurst.

You warrant that Sandhurst and the Bendigo and Adelaide Bank Group will not be liable for any losses arising as a result of any of those circumstances and you are not aware and have no reason to suspect that:

- the money used to fund the investment is derived from or related to money laundering, terrorism financing or similar illegal activities; or
- proceeds of investment made in connection with this product will fund illegal activities.

### Transaction services information

By using any of the Bank's transaction services referred to in step 1 you:

- agree to pay the Bank for those service(s); and
- authorise Sandhurst to redeem units from your CMT account to the extent necessary to pay the applicable fee(s) for the Bank service(s).



## Authorised operator

You may request us, in writing, to authorise one or more other persons to access and operate your CMT account. This can be done via this Application Form or at any time using the Authorised Operator Form available on our website. Where you have appointed an authorised operator, you acknowledge that:

- You have read and understood section 9 of the PDS 'Authorised operators' and the terms and conditions in this form, which outline the powers of CMT account operators, including closing your CMT account;
- You understand and acknowledge that you are bound by the actions of the authorised operator in relation to the operation of your investment in the Trust;
- Where there is more than one authorised operator any one of them may give instructions in relation to your CMT account, unless you specify otherwise.
- You authorise each operator in this form to operate your CMT account subject to the level of access specified for each operator;
- A full access operator can at any time request additional transaction services such as (but not limited to) a Card and cheque book;
- Sandhurst has your authority to provide your CMT account, personal and financial information to authorised operators;
- Where Sandhurst is authorised to provide a financial adviser with access to any personal or financial information about your application or Trust account and the financial adviser is a company or partnership, authorise Sandhurst to provide such information to any officer, employee, partner, agent (accepted by Sandhurst) or service provider of the company or partnership;
- Where an authorised operator is a company, the powers of operation vested in the company shall be deemed to also be vested in any director, any employee and any agent (accepted by Sandhurst) of the company, and where the authorised operator is a partnership, the powers of operation shall be deemed to also be vested in any partner, any employee and any agent (accepted by Sandhurst) of the partnership.
- You will notify your authorised operator of these terms and conditions, and any other terms contained in this PDS, and any amendments to them (Sandhurst may not be obliged to notify authorised operators of any amendments);
- You are liable for any use of your CMT account by an authorised operator, including for any fees and charges incurred;  
Your authorised operator, whether a limited or full access is not able to appoint or remove other authorised operators on your CMT account;
- Any full access operator that you appoint will have the authority to fully operate your CMT account (including the authority to perform all functions that can be exercised by a limited access operator as well as the authority to withdraw some or all of your units, change your personal details, order a Card or close your CMT account);

- To the full extent permitted by law you will release, discharge, and indemnify Sandhurst and the Bendigo and Adelaide Bank Group from and against any and all losses, liabilities, actions, proceedings, accounts, claims and demands arising from the appointment or exercise of powers by the authorised operator;
- A payment or purported payment (the Payment) made to your authorised operator, in accordance with the requests or instructions of the authorised operator shall be to the complete satisfaction of Sandhurst's obligation to you, to the extent of the Payment, notwithstanding any fact or circumstance including that the Payment was requested, made, or received without your knowledge or authority.
- Sandhurst may follow the authorised operator's instructions until Sandhurst receives written notification from you (to its satisfaction and at its discretion), that the authorised operator's authority is revoked. If you are a joint account holder, both your signatures are required on the notification.
- If the authorised operator is an adviser and their relevant professional licence is suspended, revoked or cancelled, that adviser's authorised operator status may be revoked at Sandhurst's and/or the Bank's discretion without notice. Upon revocation of the authorised operator status, the CMT account will be either transferred to an authorised operator of the same financial adviser firm or transferred to you to be operated as a direct customer.
- Authorised operators will automatically have their status suspended once we are notified of a potential insolvency event. Once we receive confirmation that their firm/licence has experienced an insolvency event we will revoke their authorised operator status.
- To revoke Card access, refer to clause 4.11.10 of the Guide;
- You may cancel an authority to operate at any time by notice in writing. Authorised operators may also cancel their own authorised operator status at any time.

## Hold Authority

You acknowledge and agree that:

- Sandhurst may, acting reasonably and in its discretion, place, maintain and remove a hold on your CMT account, for example, in the event of fraud, or on your instruction or the instruction of any authorised operator who has full access operator status, including your financial adviser or stockbroker.
- A hold will make the funds unavailable to you. This may prevent transactions from being processed and fees may be incurred (e.g. cheque dishonours, direct debit dishonours). Neither Sandhurst or the Bank, your financial adviser or stockbroker, takes any responsibility for fees incurred by you as a result. Refer to the Guide for details of dishonour fees.

## Privacy disclosure statement

### 1. Collection of your personal information

Sandhurst Trustees Limited ('Sandhurst', 'us', 'we' or 'our') collects your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to us or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 Cth. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

### 2. Collection of personal information about third parties

We may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information and that in most cases they can access and seek correction of the information we hold about them.

### 3. Use and disclosure of your personal information

We may use your personal information to perform our business functions (for example internal audit, operational risk, product development and planning). We may also use your personal information to confirm your details. We will treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include joint account holders, nominated representative, intermediaries and government authorities. Your information may also be disclosed to our related entities, our joint venture partners and Community Bank<sup>®</sup> companies where its confidentiality is maintained at all times.

### 4. Disclosure of personal information to overseas organisations

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

### 5. Access to and correction of your personal information

In most cases you can gain access to and seek correction of your personal information. If you wish to do so, or if you have any queries about your information, please contact us on 1800 224 124.

### 6. Direct marketing

We may use your personal information to inform you about financial products and services that are related to those you have with us or other products and services we think you may be interested in. These may be products and services provided by us, our related entities or other entities we are associated with. If you do not wish to receive any marketing material from us please call us on 1800 634 969.

### 7. Privacy Policy

You should also read our Privacy Policy.

Our Privacy Policy contains information about:

- a. how you can access and seek correction of your personal information;
- b. how you can complain about a breach of the privacy laws by us and how we will deal with a complaint; and
- c. if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available on our website [www.bendigobank.com.au](http://www.bendigobank.com.au) or by telephoning on 1800 224 124.



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