

Morningstar Funds – Application Form (Class B)

effective from 31 October 2024

Who can apply:		Go to:
New investors	Australian resident investors receiving a PDS (including electronically) in Australia.	Page 2
	New Zealand residents who are wholesale investors where permitted by Australian and New Zealand law.	
	Applications from outside Australia will only be accepted at Morningstar's discretion where it is not unlawful to do so.	
Existing investors	Existing investors should apply via the Additional Investment Application Form available on www.morningstarinvestments.com.au/classb	

If you have any questions, please contact Morningstar on 1800 951 999 or via email at invest@morningstar.com.au

Important information:

This Application Form and the Additional Information Document ('AID') are to be incorporated by reference into the Product Disclosure Statements (each a PDS and together the PDSs) for the Morningstar Funds (collectively the 'Funds' and individually the 'Fund') issued by Morningstar Investment Management Australia Limited (ABN 54 071 808 501; AFSL 228986) ('Morningstar').

A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS and the AID. Morningstar will send paper copies of the PDS, AID and Application Form, on request and without charge.

You should read the relevant PDS and the AID carefully before completing this Application Form.

You should consider the appropriateness of the Fund(s) having regards to your own objectives, financial situation and needs and seek professional financial advice tailored to your personal circumstances before making an investment decision.

Please save this form in a way that allows you to maintain access to it before completing. Your web browser may not support the print and save functionality in this form.

If you are completing the Application Form electronically, please type into the interactive text boxes. If you are completing the Application Form in hard copy, please use capital letters and black ink to complete this form. Select your Investor Type and complete all referenced sections. For your convenience, we have used coloured coding throughout the form to help you identify the sections which are relevant to you.

What do I need to fill in?

Investor type	Section reference	Sections to be completed	Page
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Individual Trustee		3. Applicant Details	15
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Corporate Trustee		3. Applicant Details	15
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Agent of Investors ¹	1 2 3 4 5	1. Applicant Details; or	4
		2. Applicant Details; or	7
		3. Applicant Details; or	15
		4. Applicant Details; or	24
		5. Applicant Details	29
		Plus	
		General Details	32
		Declaration and Signatures	37

1 If you are:

- a. An investor appointing an agent to act on your behalf in relation to your investment in the Fund(s), you must complete the relevant sections applicable to you based on your Investor Type and also the sections for 'Agent of Investors'; or
- b. An agent of an investor making an initial investment on behalf of that investor and also acting on behalf of that investor in relation to their investment in the Fund(s), please complete the relevant sections applicable to the investor based on their Investor Type and also the sections for 'Agent of Investors'.

What identification documents are required?

If this is your initial investment into a Morningstar Fund, we are required by law to obtain various documents to verify your identity.

Investor type	Section reference	Sections to be completed	Page
Individual/Joint Investor/Sole Trader	1	Identification Documents Required	5
Company/Corporate Trustee	0 2	Identification Documents Required	5 and 13
Trust/Superannuation Fund with Individual Trustee	0 0	Identification Documents Required	5 and 22
Trust/Superannuation Fund with Corporate Trustee	0 2 3	Identification Documents Required	5, 13 and 22
Partnership	0 4	Identification Documents Required	5 and 28
Agent of Investors	1 5	Identification Documents Required	5 and 31

Why are these identification documents required?

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (AML/CTF Act), Morningstar is required to identify and verify the identity of new investors (and in certain circumstances, existing investors). In order to do this, we must collect certain information (and documentation) from each investor. If you do not provide this information to us, we will not process your application and in these circumstances, we will not be liable to you for any resulting loss.

Morningstar may be required to collect further information from you in accordance with its ongoing customer due diligence obligations under the AML/CTF Act and if you or any beneficial owner is considered a politically exposed person, Morningstar will be required to identify you (and/or the beneficial owner) and verify that identification in accordance with the AML/CTF Act as it applies to politically exposed persons.

Morningstar is obliged under the AML/CTF Act to take and maintain copies of any information/documentation collected from you, and in certain circumstances, we may be required to disclose this information to the Australian Transaction Reports and Analysis Centre (AUSTRAC) or other government bodies. Morningstar may be prohibited from informing you of such disclosure. Aside from disclosures permitted or required under the AML/CTF Act, we will keep your information confidential in accordance with relevant legislation.

By applying for units, you are acknowledging that we may, in our absolute discretion, not issue units to you, cancel any units previously issued to you, delay, block or freeze any transaction or redeem any units issued to you if we believe it necessary in order to comply with our AML/CTF legislative obligations. In these circumstances, we will not be liable for any resulting loss.

Where do I send the Application Form?

Please send your completed Application Form, including the required identification documentation to:

Attention: Morningstar Unit Registry C/- Link Market Services Limited Locked Bag 5038 Parramatta NSW 2124

How do I transfer the funds?

Note: We do not accept cheques.

You can transfer funds electronically — please refer to page 32.

To help speed up the application process, we ask that you call us on 1800 951 999 or email us at invest@morningstar.com.au to let us know that your completed Application Form has been submitted.

Section 1: Applicant Details

Individual(s)/Individual Trustee(s)

Complete this section if you are an Individual(s), Individual Trustee(s) or Sole Trader. How are you investing? **Individual Investor: Joint Investors: Sole Trader:** section 1(a) and 1(d). section 1(a), 1(b) and 1(d). section 1(a), 1(c) and 1(d). 1(a) Individual 1/Sole Trader (if applicable, Individual Trustee 1 needs to complete his/her details here) Given Name(s) Date of Birth (DD/MM/YYYY) Residential Address Suburb State Postcode Country Tax File Number² or Exemption Code Australian Tax Resident (Yes/No) Foreign Taxpayer Identification Number 1 Foreign Jurisdiction 1 (TIN) or Exemption Code (if any) Foreign Taxpayer Identification Number 2 Foreign Jurisdiction 2 (TIN) or Exemption Code (if any) Politically Exposed Person (PEP)³ Are you a PEP? Yes If yes, please provide a description of the PEP's position. 1(b) Individual 2 (if applicable, Individual Trustee 2 needs to complete his/her details here) Title Given Name(s) Surname Date of Birth (DD/MM/YYYY) Residential Address

State

Postcode

Country

Suburb

Section 1: Applicant Details – Individual(s)/Individual Trustee(s)

Tax File Number ² or Exemption Code			Australian Tax Resident (Yes/No)			
Foreign Taxpayer Identification Number 1 (TIN) or Exemption Code (if any)		Fore	eign Jurisdictio	on 1		
Foreign Taxpayer Identification Number 2 (TIN) or Exemption Code (if any)		Fore	eign Jurisdictio	on 2		
Politically Exposed Person (PEP) ³ Are you a PEP? Yes No If yes, please provide a description of the PEP's position.						
1(c) Sole Trader (if applicable)						
Full Business Name (if any)		ABN (if any)				
Principal Place of Business						
Suburb	State	Postcode		Country		
Foreign Taxpayer Identification Number 1 (TIN) or Exemption Code (if any) Foreign Taxpayer Identification Number 2 (TIN) or Exemption Code (if any)			ign Jurisdictic			

1(d) Identification Documentation for Individuals

You must attach the following **certified** copies of documents (dated) to this Application Form. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Please provide documents from Option 1 or Option 2 to verify the individual's full name and either date of birth, or residential address.

Option 1:

Please provide one document from the selection below (please select):

Driver's licence containing a photograph of the person;

Australian passport;

Identification card issued by a state or territory that contains the date of birth and a photograph of the card holder;

Foreign government issued passport or similar travel document containing a photograph and signature of the person; or

Foreign government issued national identity card containing a photograph and signature of the person.

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Option 2:

Please provide **one** document from the selection below (please select):

Australian birth certificate;

Australian citizenship certificate;

Birth certificate issued by a foreign government;

Citizenship certificate issued by a foreign government;

Pension card issued by Centrelink.

AND

Option 2 (continued):

Please **also** provide **one** document from the selection below (please select):

A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address;

A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth (the notice must contain the individual's name and residential address); or

A notice issued by the local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address).

Please proceed to the General Details section on page 32.

- 2 It is not compulsory to provide your Tax File Number (TFN). However, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).
- A Politically Exposed Person (PEP) is an individual who holds a prominent public position or role in a government body or international organisation, either in Australia or overseas. Immediate family members and/or close associates of these individuals are also considered PEPs. Examples of PEPs include heads of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, and important political party officials).

Section 2: Applicant Details

Company/Corporate Trustee(s)

Complete this section if you are investing for or on behalf of a Company, or as a Trust/Superannuation Fund with a Corporate Trustee.

2(a) Company Details				,			
Full Company Name							
Country of Formation, Incorporation or Registration (if nor	n-Australian)						
ACN or ARBN	TFN ⁴ , ABN or Exemption Cod	e (if any)		Australian Tax Resident (Yes/No)			
Foreign Taxpayer Identification Number 1 (TIN) or Exemption Code (if any)			Foreign Jurisdict	ion 1			
Foreign Taxpayer Identification Number 2 (TIN) or Exemption Code (if any)			Foreign Jurisdiction 2				
Name of Regulator (if licensed by an Australian Common	wealth, State, or Territory sta	tutory reg	julator)				
Licence Details							
Registered Office Address in Australia or Address in Coun	try of Formation						
Suburb	State	Postcoo	de	Country			
Principal Place of Business in Australia or Country of Formation (if a local agent is used, please also provide the name of the local agent)							
Suburb	State	Postcoo	de	Country			

$Section\ 2: Applicant\ Details-Company/Corporate\ Trustee(s)$

If an Australian Proprietary		lect your registration statu	us with ASIC:			
If a foreign comp	oany, please select	your registration status wi	th the relevant foreign r	egistration body		
Private Com	ipany	Public Company	Others (please sp	ecify)		
Name of the rele	evant foreign regist	ration body				
Foreign compan	y identification nun	nber				
	· Information rietary Companies	and Foreign Private Com	panies , please provide t	he full name of each	director of the Compan	лу:
Director 1 Title	Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	ress					
Suburb			State	Postcode	Country	
Politically Exp Are you a PEP?	osed Person (PE	P)5				
Yes If yes, please pro	No ovide a description	of the PEP's position.				
Director 2						
Title	Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	ress					
Suburb			State	Postcode	Country	
Are you a PEP? Yes	osed Person (PE No ovide a description	P) ⁵ of the PEP's position.				

Section 2: Applicant Details - Company/Corporate Trustee(s)

Director 3 Title	Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	ress					
Suburb		State		Postcode	Country	
Are you a PEP? Yes	No ovide a description of the PEP's position.					
Director 4 Title	Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	ress					
Suburb		State		Postcode	Country	
Are you a PEP? Yes	osed Person (PEP) ⁵ No ovide a description of the PEP's position.					
If there are additional directors, please provide their full names on a separate page and attach to this Application Form.						

2(c) Beneficial Owner/Shareholder

You are not required to complete this section if you are an Australian Public Listed Company, majority owned by an Australian Public Listed Company or a Regulated Company.

Please provide details for each individual who:

- ▶ Directly or indirectly owns 25% or more of the Company; and/or
- ▶ Ultimately controls the Company, including any person who controls the decision making, financial or operating policies of the Company.

$Section\ 2: Applicant\ Details-Company/Corporate\ Trustee(s)$

Beneficial C	Owner/Shareholder 1					
Title	Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	dress					
Suburb		State		Postcode	Country	
Politically Ex Are you a PEP?	posed Person (PEP) ⁵					
Yes	No rovide a description of the PEP's position.					
Beneficial C Title	Owner/Shareholder 2 Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	dress					
Suburb		State		Postcode	Country	
Politically Ex Are you a PEP?	posed Person (PEP) ⁵					
Yes If yes, please p	No rovide a description of the PEP's position.					
Beneficial (Owner/Shareholder 3					
Title	Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	dress					
Suburb		State		Postcode	Country	
Politically Ex Are you a PEP?	posed Person (PEP) ⁵					
Yes If yes, please p	No rovide a description of the PEP's position.					

Section 2: Applicant Details – Company/Corporate Trustee(s)

Beneficial Owner/Shareholder 4

Title Given Name(s) Surname Date of Birth (DD/MM/YYYY)

Residential Address

Suburb State Postcode Country

Politically Exposed Person (PEP)⁵

Are you a PEP?

Yes No

If yes, please provide a description of the PEP's position.

If there are additional beneficial owners/shareholders, please provide their full names, dates of birth and residential addresses on a separate page and attach to this Application Form.

2(d)(i) FATCA and CRS

Select FATCA and CRS status from the following categories and provide the information requested.

Financial Institution for FATCA purposes (A custodial or depository institution, an investment entity or a specified insurance company.)

Company's Global Intermediary Identification Number (GIIN), if applicable

If Company does not have a GIIN, please provide its FATCA status.

Exempted Financial Institution Deemed Compliant Financial Institution

Exempt Beneficial Owner Non-Participating Financial Institution

Non-Reporting Financial Institution Sponsored Financial Institution (Provide their GIIN)

Financial Institution for CRS Purposes (A custodial or depository institution, an investment entity (other than a professionally managed investment entity) or a specified insurance company.)

Specify Type

Reporting Financial Institution

Non-Reporting Financial Institution: Type e.g. Trustee Documented Trust

Investment Entity resident in Non-Participating Jurisdiction for CRS Purposes managed by another Financial Institution (Provide details of controlling persons at section 2(d)(ii))

Active Non-Financial Entity ("NFE")

Specify Type

Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

Corporation that is regularly traded or a related entity of a regularly traded corporation Government Entity

International Organisation or Central Bank

Others: Please Specify

Passive Non-Financial Entity (Provide details of controlling persons at section 2(d)(ii))

2(d)(ii) Controlling Persons

If the Company is a Passive NFE or Professionally Managed Investment Entity in a Non-Participating Jurisdiction for CRS purposes or a Passive Non-Financial Foreign Entity ("NFFE") for FATCA purposes, provide details of its controlling persons who are resident in another country for tax purposes i.e. the natural persons who exercise control over the entity. For companies, if a person holds 25% or more of the issued capital or voting rights, they should be included. Where no natural persons exercise control through ownership, other people might exercise control through other means e.g. directors and senior managing officials.

Are there any controlling persons you have provided this information for already? If so, please provide their names and cross-refer to the relevant section of this form below:

of this form below: Name of Controlling Person			Sectio	Section				
Please provide inform Controlling Persor Title	nation for any other contro 1 Given Name(s)	Illing persons below:	Sun	name				
Date of Birth (DD/MM/								
Residential Address								
Suburb		State	Postcode	Country				
Tax File Number⁴ or Exe	mption Code		Australian Tax Re	sident (Yes/No)				
Foreign Taxpayer Identii (TIN) or Exemption Code Foreign Taxpayer Identii (TIN) or Exemption Code	e (if any) fication Number 2			urisdiction 1 urisdiction 2				
Controlling Persor Title			Suri	name				
Date of Birth (DD/MM/								
Residential Address								
Suburb		State	Postcode	Country				
Tax File Number⁴ or Exe	mption Code		Australian Tax Re	sident (Yes/No)				
Foreign Taxpayer Identi (TIN) or Exemption Code			Foreign J	urisdiction 1				
Foreign Taxpayer Identification Number 2 (TIN) or Exemption Code (if any)			Foreign J	Foreign Jurisdiction 2				

If there are additional controlling persons, please provide their full names, dates/places of birth, residential addresses, tax residence, TIN and jurisdiction on a separate page and attach to this Application Form.

2(e) Identification Documentation for Companies

You must attach the following **certified** copies of documents (dated) to this Application Form. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Please provide **one** document from the selection below (please select):

Certificate of registration or incorporation issued by ASIC; or

Certificate of registration or incorporation issued by the relevant foreign registration body.

Please select if applicable:

If a listed company, provide a search of the relevant financial market.

2(f) Identification Documentation for Beneficial Owners

You must attach the following **certified** copies of documents (dated) to this Application Form. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Please provide documents from Option 1 or Option 2 to verify the individual's full name and either date of birth, or residential address.

Option 1:

Please provide **one** document from the selection below (please select):

Driver's licence containing a photograph of the person;

Australian passport;

Identification card issued by a state or territory that contains the date of birth and a photograph of the card holder;

Foreign government issued passport or similar travel document containing a photograph and signature of the person; or

Foreign government issued national identity card containing a photograph and signature of the person.

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Option 2:

Please provide **one** document from the selection below (please select):

Australian birth certificate;

Australian citizenship certificate;

Birth certificate issued by a foreign government (for PEP only);

Citizenship certificate issued by a foreign government (for PEP only);

Pension card issued by Centrelink.

AND

Option 2 (continued):

Please also provide one document from the selection below (please select):

A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address;

A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth (the notice must contain the individual's name and residential address); or

A notice issued by the local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address).

⁴ It is not compulsory to provide your Tax File Number (TFN). However, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

⁵ A Politically Exposed Person (PEP) is an individual who holds a prominent public position or role in a government body or international organisation, either in Australia or overseas. Immediate family members and/or close associates of these individuals are also considered PEP. Examples of PEPs include heads of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, and important political party officials).

Section 3: Applicant Details

Trust/Superannuation Fund

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund/SMSF. 3(a) Trust Details Full Trust/Superannuation Fund/SMSF Name Full Business Name of Trustee (if any) Trust Settlor Full Name⁶ (if applicable) Country in which Trust was Established TFN7, ABN or Exemption Code Australian Tax Resident (Yes/No) Foreign Taxpayer Identification Number 1 Foreign Jurisdiction 1 (TIN) or Exemption Code (if any) Foreign Taxpayer Identification Number 2 Foreign Jurisdiction 2 (TIN) or Exemption Code (if any) 3(b) Type of Trust Please select **one** option below and provide the requested information: ASIC Registered Managed Investment Scheme Provide ARSN Unregistered Managed Investment Scheme which only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 (Cth) applies Regulated Trust (e.g. Self-Managed Superannuation Fund) Name of Regulator (e.g. ASIC, APRA, ATO) ABN Registration/Licensing Details Government Superannuation Fund established by legislation Name of the Legislation Establishing the Fund Other Trust Type Trust Description (e.g. family, unit, charitable, testamentary)

3(c) Individual Trustee(s)

Please complete section 1.

3(d) Company/Corporate Trustee

Please complete section 2.

3(e) Beneficiary Details

Please complete below section for all beneficiaries.

Note: You do not need to complete this section if all of the following apply:

- ▶ You provide a "custodial or depository service" as defined in item 46 of Table 1 in section 6 of the AML/CTF Act;
- You hold an Australian financial service licence authorising you to provide custodial or depository services under the *Corporations Act 2001* (Cth) or you are exempt from the requirement to hold such a licence;
- You are enrolled as a reporting entity with the Australian Transaction Reports and Analysis Centre; and
- ➤ You have met your obligations with respect to carrying out applicable customer identification procedures and ongoing customer due diligence requirements in accordance with Chapter 15 of the *Anti-Money Laundering and Counter-Terrorism Rules Instrument 2007 (No. 1)* (Cth) with respect to your underlying customers.

Note: You also do not need to complete this section under rule 4.12.2 of the AML/CTF Rules if the type of trust is one of the following:

- a managed investment scheme registered by ASIC;
- managed investment scheme that is not registered by ASIC and that:
 - only has wholesale clients; and
 - b does not make small scale offerings to which section 1012E of the Corporations Act 2001(Cth) applies;
- registered and subject to the regulatory oversight of a Commonwealth statutory regulator in relation to its activities as a trust; or
- a government superannuation fund established by legislation.

$Section \ 3: Applicant \ Details-Trust/Superannuation \ Fund$

Beneficiary Title	1 Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	ress					
Suburb		State		Postcode	Country	
Are you a PEP? Yes	No ovide a description of the PEP's position.					
Beneficiary :	<mark>2</mark> Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	ress					
Suburb		State		Postcode	Country	
Are you a PEP? Yes	No ovide a description of the PEP's position.					
Beneficiary Title	3 Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	ress					
Suburb		State		Postcode	Country	
Are you a PEP? Yes	No ovide a description of the PEP's position.					

Section 3: Applicant Details - Trust/Superannuation Fund

Beneficiary 4	4				
Title	Given Name(s)	Surname			Date of Birth (DD/MM/YYYY)
Davida dial Add					
Residential Add	ress				
Suburb		State	Postcode	Country	
Politically Exp Are you a PEP?	osed Person (PEP) ⁸				
Yes	No				
If yes, please pro	ovide a description of the PEP's position.				

If there are additional beneficiaries, please provide their full names, dates of birth and residential addresses on a separate page and attach to this Application Form.

3(f)(i) FATCA and CRS

Regulated Trusts

If you are investing for, or on behalf of, a regulated trust, please select **FATCA and CRS** status from the list below:

i. An Australian regulated superannuation fund (SMSF, APRA regulated super fund, registered managed investment fund, government super fund or pooled super trust)?

Yes—There are no further FATCA/CRS obligations. Please proceed to section 3(g).

ii. A U.S. trust for U.S. tax purposes?

Yes — Please provide the company's U.S. Taxpayer Identification Number (TIN) or exemption code, if the trust is an exempt payee.

Section 3: Applicant Details - Trust/Superannuation Fund

iii. A financial institution or a trust/fund with a trustee/responsible entity that is a financial institution for FATCA purposes?

Yes — Please provide the Global Intermediary Identification Number (GIIN). If the trust/fund or trustee/responsible entity does not have a GIIN, please detail the institution's FATCA status.

Exempted Financial Institution Deemed Compliant Financial Institution

Exempt Beneficial Owner Non-Participating Financial Institution

Non-Reporting Financial Institution Sponsored Financial Institution (Provide their GIIN)

iv. Financial Institution for CRS Purposes (A custodial or depository institution, an investment entity (other than a professionally managed investment entity) or a specified insurance company.)

Specify Type

Reporting Financial Institution

Non-Reporting Financial Institution: Type e.g. Trustee Documented Trust

- v. Investment Entity Resident in Non-Participating Jurisdiction for CRS Purposes managed by another Financial Institution (Provide details of controlling persons at section 3(f)(ii))
- vi. Active Non-Financial Entity ("NFE")

Specify Type

Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income.

Corporation that is regularly traded or a related entity of a regularly traded corporation Government Entity

International Organisation or Central Bank

Others: Please Specify

vii. Passive Non-Financial Entity (Provide details of controlling persons at section 3(f)(ii))

If you are investing for, or on behalf of, an unregulated trust, please select **FATCA and CRS** status from the list below:

i.	A family trust/unit trust or other	er trust which has trust beneficiaries,	trustee or settlors that are US citizen	zens or residents of the U.S. for	U.S. tax purposes?

	Yes — Please provide the following details of each beneficiary, trustee, settlor or beneficial owner who is a US citizen or resident of the U.S. for U.S. tax purposes. Please leave blank if none of them are U.S. citizens or residents of the U.S. for U.S. tax purposes.
	Full Name 1
	Residential Address (street address must be provided, PO Box is not acceptable)
	U.S. TIN
	Full Name 2
	Residential Address (street address must be provided, PO Box is not acceptable)
	U.S. TIN
ii.	A financial institution, trust or fund with a trustee or responsible entity that is a financial institution for FATCA purposes? Yes—Please provide the GIIN:
	If neither the fund nor the trustee has a GIIN, please detail the institution's FATCA status:
	Exempted Financial Institution Deemed Compliant Financial Institution
	Exempt Beneficial Owner Non-Participating Financial Institution
	Non-Reporting Financial Institution Sponsored Financial Institution (Provide their GIIN)
iii.	A U.S. trust for U.S. tax purposes?
	Yes — Please provide the TIN or exemption code, if the trust is an exempt payee.
iv.	Financial Institution for CRS Purposes (A custodial or depository institution, an investment entity (other than a professionally managed investment entity) or specified insurance company. Specify Type
	Reporting Financial Institution
	Non-Reporting Financial Institution: Type e.g. Trustee Documented Trust

Section 3: Applicant Details – Trust/Superannuation Fund

V.	Investment Entity Resident in Non-Particip section 3(f)(ii))	ating Jurisdiction for CRS F	Purposes managed by ano	ther Financial Institution (Provi	ide details of controlling persons at
vi.	Active Non-Financial Entity ("NFE")				
	Specify Type				
	Less than 50% of the Active NFE's gros calendar year are assets held for the pu		g calendar year is passive in	ncome and less than 50% of its a	assets during the preceding
	Corporation that is regularly traded or a	a related entity of a regularly	traded corporation Govern	ment Entity	
	International Organisation or Central B	ank			
	Others: Please Specify				
vii.	Passive Non-Financial Entity (Provide details	s of controlling persons at se	ction 3(f)(ii))		
3(f	f)(ii) Controlling Persons				
Fin	he Trust is a Passive NFE or Professionally ancial Foreign Entity ("NFFE") for FATCA p rposes i.e. the natural persons who exercis	urposes, please provide d	,		
	nere no natural persons exercise control th anaging officials.	rough ownership, other p	eople might exercise co	ntrol through other means e.	g. directors and senior
	e there any controlling persons you have potion of this form below:	rovided this information fo	or already? If so, please	provide their names and cros	s-refer to the relevant
Nar	me of Controlling Person		Section		
	ease provide information for any other cont ontrolling Person e Given Name(s)	crolling persons below:	Su	rname	
Dat	te of Birth (DD/MM/YYYY)				
Res	sidential Address				
Sub	ourb	State	Postcode	Country	
Tax	File Number ⁷ or Exemption Code		Australian Tax F	lesident (Yes/No)	
	eign Taxpayer Identification Number 1 N) or Exemption Code (if any)		Foreign	Jurisdiction 1	
	eign Taxpayer Identification Number 2 N) or Exemption Code (if any)		Foreign	Jurisdiction 2	

Section 3: Applicant Details – Trust/Superannuation Fund

Controlling Person Title	Given Name(s)		Surr	name	
Date of Birth (DD/MM/Y	YYY)				
Residential Address					
Suburb		State	Postcode	Country	
Tax File Number ⁷ or Exer	mption Code		Australian Tax Re	sident (Yes/No)	
Foreign Taxpayer Identifi (TIN) or Exemption Code			Foreign Ju	urisdiction 1	
Foreign Taxpayer Identifi (TIN) or Exemption Code			Foreign Ju	urisdiction 2	

If there are additional controlling persons, please provide their full names, dates/places of birth, residential addresses, tax residence, TIN and jurisdiction on a separate page and attach to this Application Form.

3(g) Identification Documentation for Trusts

You must attach the following **certified** copies of documents (dated) to this Application Form. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. The identification documents you must provide depend on the type of trust and type of trustee. Please complete 'All Trusts/Superannuation Funds' (Option 1) **and** then select the type of trust from the two categories outlined below (Option 2(a) **or** 2(b)):

Option 1: All Trust/Superannuation Funds (Mandatory)

Please provide one of the following based on the type of trustee for the Fund (please select):

Individual Trustee(s)—One Individual Trustee must complete section 1 and provide his/her identification documentation as set out in section 1(d) on page 5 titled 'Identification Documentation Required'; or

Corporate Trustee — Complete section 2 and provide the identification documentation for the company as set out in section 2(e) on page 13 titled 'Identification Documentation Required'.

In addition:

If you are a **regulated trust**, please provide the required documents outlined in Option 2(a). If you are an **unregulated trust**, please provide the required documents outlined in Option 2(b).

Additional documents are not required if Option 2(c) applies.

Option 2(a): Regulated Trusts (if applicable)

(e.g. Registered Managed Investment Trust/Government Superannuation Fund/SMSF)

If you are a regulated trust, please provide **one** document from the section below (please select):

Screen print from the relevant regulator's website showing the full name of the trust, and that the trust is a registered scheme, regulated trust or government superannuation fund:

ASIC (asic.gov.au); or

ATO (ato.gov.au) e.g. self-managed superannuation fund; or

Super Fund Lookup (www.abn.business.gov.au).

Option 2(b): Unregulated Trusts (if applicable)

(e.g. Foreign Superannuation Trust/Other Trust Type)

If you are an unregulated trust, please provide one document from the section below (please select):

A certified copy or certified extract of the Trust Deed; or

Letter from a solicitor or qualified accountant verifying the name of the Trust and settlor. Verification of settlor's name using the trust deed or a solicitor's certificate is not required if at the time the trust was established, the settlor's contribution to the trust was less than \$10,000, or if the settlor is deceased. If the settlor falls within this category, an ATO certificate verifying the name of the trust would be sufficient.

Option 2(c): Regulated/Unregulated Trusts

If the below boxes are all selected, then you are not required to provide Settlor or Beneficial Owner documentation:

You provide a "custodial or depository service" as defined in item 46 of Table 1 in section 6 of the AML/CTF Act;

You hold an Australian financial service licence authorising you to provide custodial or depository services under the *Corporations Act 2001* (Cth) or you are exempt from the requirement to hold such a licence;

You are enrolled as a reporting entity with the Australian Transaction Reports and Analysis Centre; and

You have met your obligations with respect to carrying out applicable customer identification procedures and ongoing customer due diligence requirements in accordance with Chapter 15 of the *Anti-Money Laundering and Counter-Terrorism Rules Instrument 2007 (No.1)* (Cth) with respect to your underlying customers.

Please proceed to the General Details section on page 32.

- 6 You must provide the full name of the settlor of the trust unless:
 - ▶ The material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000;
 - ► The settlor is deceased; or
 - ▶ You have selected at section 3(b) either 'Registered Managed Investment Scheme', 'Regulated Trust' or 'Government Superannuation Fund'.
 - You satisfy each of the following:
 - ▶ You provide a "custodial or depository service" as defined in item 46 of Table 1 in section 6 of the AML/CTF Act;
 - You hold an Australian financial service licence authorising you to provide custodial or depository services under the Corporations Act 2001 (Cth) or you are exempt from the requirement to hold such a licence;
 - You are enrolled as a reporting entity with the Australian Transaction Reports and Analysis Centre; and
 - ▶ You have met your obligations with respect to carrying out applicable customer identification procedures and ongoing customer due diligence requirements in accordance with Chapter 15 of the *Anti-Money Laundering and Counter-Terrorism Rules Instrument 2007 (No. 1)* (Cth) with respect to your underlying customers.
- 7 It is not compulsory to provide your Tax File Number (TFN). However, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).
- A Politically Exposed Person (PEP) is an individual who holds a prominent public position or role in a government body or international organisation, either in Australia or overseas. Immediate family members and/or close associates of these individuals are also considered PEP. Examples of PEPs include heads of state or of government, senior politicians, senior government, judicial or military official, senior executives of state-owned corporations, and important political party officials).

Section 4: Applicant Details

Partnership

Complete this section if you are investing for, or on behalf of, a Partnership.				
4(a) Partnership Details Full Name of Partnership		Registered	d Business Name of Par	rtnership (if any)
Country in which Partnership was Established		TFN ⁹ , ABN	N or Exemption Code	
Registered Address (not a PO Box)				
Suburb	State	Pos	stcode	Country
Principal Place of Business				
Suburb	State	Pos	stcode	Country
Australian Tax Resident (Yes/No)				
Foreign Taxpayer Identification Number 1 (TIN) or Exemption Code (if any) Foreign Taxpayer Identification Number 2 (TIN) or Exemption Code (if any)			Foreign Jurisdiction	

Section 4: Applicant Details — Partnership

4(b) Partner Details					
All Partners must provide	e this information.				
Partner 1	Given Name(s)		,	Surname	
Date of Birth (DD/MM/YYY	Y)				
Residential Address					
Suburb		State	Postcode		Country
Partner 2 Title	Given Name(s)		:	Surname	
Date of Birth (DD/MM/YYY	Y)				
Residential Address					
Suburb		State	Postcode		Country

If there are additional partners, please write their full names and residential addresses on a separate page and attached to this Application Form.

4(c)(i) FATCA and CRS

If you are investing for, or on behalf of, a partnership, please select **FATCA and CRS** status from the categories outlined below. If you are unsure of the FATCA/CRS status, please consult your accountant or tax specialist.

i. A U.S. partnership?

Yes — Please provide the partnership's U.S. Taxpayer Identification Number (TIN) or exemption code, if an exempt payee:

ii. A financial institution for FATCA purposes?

Yes — Please provide the institution's Global Intermediary Identification Number (GIIN), if applicable:

If the institution does not have a GIIN, please detail the institution's FATCA status:

Exempted Financial Institution Deemed Compliant Financial Institution

Exempt Beneficial Owner Non-Participating Financial Institution

Non-Reporting Financial Institution Sponsored Financial Institution (Provide their GIIN)

If you are unsure of the FATCA status, please consult your accountant or tax specialist.

iii. Financial Institution for CRS Purposes (A custodial or depository institution, an investment entity (other than a professionally managed investment entity) or a specified insurance company.)

Specify Type

Reporting Financial Institution

Non-Reporting Financial Institution: Type e.g. Trustee Documented Trust

- iv. Investment Entity Resident in Non-Participating Jurisdiction for CRS Purposes managed by another Financial Institution (Provide details of controlling persons at section 3(d)(ii))
- v. Active Non-Financial Entity ("NFE")

Specify Type

Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

Corporation that is regularly traded or a related entity of a regularly traded corporation Governmental Entity,

International Organisation or Central Bank

Others: Please Specify

vi. Passive Non-Financial Entity (provide details of controlling persons at section 3(f)(ii))

Section 4: Applicant Details – Partnership

4(c)(ii) Controlling Persons

If the Partnership is a Passive NFE or Professionally Managed Investment Entity in a Non-Participating Jurisdiction for CRS purposes or a Passive Non-Financial Foreign Entity ("NFFE") for FATCA purposes, please provide details of its controlling persons who are resident in another country for tax purposes i.e. the natural persons who exercise control over the entity.

Please provide details of any persons who are not partners (listed above) who ultimately control the partnership.

Where no natural persons exercise control through ownership, other people might exercise control through other means, e.g. directors and senior managing officials.

Are there any controlling persons you have provided this information for already? If so, please provide their names and cross-refer to the relevant section of this form below:

Name of Controlling Person			Section		
Please provide informat	tion for any other contro	Illing persons below:			
Controlling Person Title	Given Name(s)		Sur	name	
Date of Birth (DD/MM/YY	YY)				
Residential Address					
Suburb		State	Postcode	Country	
Tax File Number ⁹ or Exemp	otion Code		Australian Tax Re	sident (Yes/No)	
Foreign Taxpayer Identifica (TIN) or Exemption Code (i			Foreign J	lurisdiction 1	
Foreign Taxpayer Identifica (TIN) or Exemption Code (i			Foreign J	lurisdiction 2	
Controlling Person Title	Given Name(s)		Sur	name	
Date of Birth (DD/MM/YY	YY)				
Residential Address					
Suburb		State	Postcode	Country	
Tax File Number ⁹ or Exemp	otion Code		Australian Tax Re	sident (Yes/No)	
Foreign Taxpayer Identifica (TIN) or Exemption Code (i			Foreign J	lurisdiction 1	
Foreign Taxpayer Identifica (TIN) or Exemption Code (i	ation Number 2		Foreign J	Jurisdiction 2	

If there are additional controlling persons, please provide their full names, dates/places of birth, residential addresses, tax residence, TIN and jurisdiction on a separate page and attach to this Application Form.

4(d) Partnership Identification Documentation

You must attach the following **certified** copies of documents (dated) to this Application Form. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Partnership Verification

Please provide **one** document from the selection below to verify the partnership:

An original, a certified copy or certified extract of the partnership agreement;

A certified copy or certified extract of minutes of a partnership meeting;

An original current membership certificate (or equivalent) of the relevant professional association;

Membership details independently sourced from the relevant professional association;

A search of the relevant ASIC or other regulator's database; or

A notice issued by the Australian Taxation Office within the last 12 months e.g. Notice of Assessment.

Block out the TFN before scanning, copying or storing this document.

⁹ It is not compulsory to provide your Tax File Number (TFN). However, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

Section 5: Applicant Details

Agent of Investors

Complete this section if you are an:

- Investor appointing an agent to act on your behalf in relation to your investment in the Fund; or
- Agent making an initial investment on behalf of an investor and acting on their behalf in relation to their investment in the Fund.

You will also be required to complete the relevant sections applicable to the investor on whose behalf you are investing for.

Section 5(a) is to be completed if:

- ► The agent is acting for an individual investor; or
- ► The agent is acting for a non-individual investor (Note: They will be acting for the investor through an individual person, i.e. an employee or director).

Section 5(b) is to be completed if a verifying officer has been appointed by the non-individual investor to identify their agent.

Section 5(a) Agent Appointed by Individual and Non-Individual Investors Agent's Full Name

Agent's Company Name (if any)			
Licence Number or Authorised Representative Number (if an	у)		
Agent's Phone		Agent's Facsimile	
Agent's Email			
Agent's Postal Address (not a PO Box)			
Suburb	State	Postcode	Country

If there are two or more agents, you may provide these details on a separate page and attach to this Application Form.

${\bf Section~5: Applicant~Details-Agent~of~Investors}$

Please specify how the age	nts of the investor act. If you do Jointly	not indicate, then jointly	will be applied.		
	above information; and that they must retain the recor	rds made by me, the ager	nt.		
Signature of Agent 1				Date	
				Please note: Physical signature is required on this form Digital and electronic signatures are not acceptable.	1.
Signature of Agent 2				Date	
				<u>Please note:</u> Physical signature is required on this form Digital and electronic signatures are not acceptable.	1.
A non-individual investor ca	Appointed by a Non-Ind an appoint a verifying officer to in an employee, agent or contractor	dentify its agent and, un		s, we are required to identify the verifying officer (not the ac	gent
Details of Verifying O Title Given Nam		Surname		Date of Birth (DD/MM/YYYY)	
Residential Address					
Suburb		State	Postcode	Country	
b. collect the followir that the agent is ac. make a record of the provide Morningste. inform the investor	of the investor(s) in accordance ng: full name of the agent, positi uthorised to act for the investor(he above information; ar with the full name of the ager(s) that they must retain the record	ion, title or role held by th (s); nt and a copy of the age	nt's signature; and	o the investor(s); a copy of the agent's signature; and evide	nce
Signature of Verifying Office	er			Date	
				<u>Please note:</u> Physical signature is required on this form Digital and electronic signatures are not acceptable.	1.

5(c) Identification Documentation for Agent and Verifying Officer

You must attach the following **certified** copies of documents (dated) to this Application Form. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

i. An Agent

An agent appointed by an individual or non-individual investor must provide the following (please select):

Evidence of the agent's authority to act on behalf of the investor (e.g. signed letter, certified copy of power of attorney); and Identification documents outlined in section 1(d) on page 6 titled 'Identification Documentation Required' in respect of the individual agent or the individual person that the non-individual agent will be acting through. Refer to Option 1 or Option 2.

ii. A Verifying Officer

A Verifying Officer appointed by a non-individual investor must provide the following (please select):

Written evidence of the investor's authorisation of the Verifying Officer to act as a Verifying Officer. Identification documents outlined in section 1(d) on page 6 titled 'Identification Documentation Required' in respect of the Verifying Officer. Refer to Option 1 or Option 2;

Identification documents outlined in section 1(d) on page 6 titled 'Identification Documentation Required' in respect of the Verifying Officer. Refer to Option 1 or Option 2; and

A document signed by the Verifying Officer containing the full name and signature of each agent.

Individual Agent or Verifying Officer Identification Documents:

Individual Agent or Verifying Officer must complete section 1 and provide the identification documentation as set out in section 1(d) on page 6 titled 'Identification Documentation Required'. Refer to Option 1 or Option 2.

Please proceed to the General Details section on page 32.

Section A: Contact Details

Please provide you	ur contact details below. Adviser deta	ils are not accepted. Jo	int applicants will be a	ssumed to be joint tenants unless otherwise specified.
Title	Given Name(s)		Surname	
Residential or Busin	ess Address (not a PO Box)			
Suburb		State	Postcode	Country
Postal Address As Above				
Suburb		State	Postcode	Country
Phone (Home)			Phone (Work)	
Mobile				
Email				

Section B: Payment

Ple	ease deposit funds to the below bank account	t:		
	Morningstar Bank Details: Financial Institution: Branch Address: Account Name: Account Number: BSB Number: SWIFT Address: Reference:	JPMorgan Chase Bank Aus Sydney Morningstar IM ATF MIF A 016-050-301 212-200 CHASAU2X <insert client="" name=""></insert>		
	ote: We do not accept cheques.			
Ple	ease provide your Australian Bank Account fo	r redemption payments.		
	Financial Institution			
	Branch Address			
	Account Name			
	Account Number		BSB Number	
Ple	ease provide your Australian Bank Account De	etails for distribution paymer	nts. Same as above Australian Bank Account Details	
	Financial Institution			
	Branch Address			
	Account Name			
	Account Number		BSB Number	

Source of funds¹⁰ being invested (please select):

Savings
Superannuation contributions
Donation/gift
Normal course of business
Investments
Commission
Inheritance
Asset sale
Divorce settlement
Redundancy payment
Others (please specify)
ur source of wealth ¹¹ is clearly derived from legitimate means such as the above, and you are engaging in a transaction which is consistent that wealth, you may not be required to provide evidence such as: Where you are dealing with family fortune which may have been derived as a result of inheritance such as Will statement. If you are an active entrepreneur, ASIC company extracts and website screenshots to ensure all fits within your profile. If you are a former entrepreneur and the business has been 'sold to third party', provide the name of purchaser, approximate date of sale, and other details. If you a high net worth professional with employment and wealth generated, certain employment details to assess whether this fits with your profile.
1

- 10 Source of funds refers to the origin of the particular funds or other assets involved in one or more transactions between you and Morningstar.
- 11 Source of wealth refers to the origin of your entire wealth including the volume of wealth you would be expected to have accumulated and how you acquired that wealth.

Section C: Investment Detail

Please specify the dollar amount to be invested in each Fund and the total amount of your investment below. Please confirm you have read the PDS and AID of your selected Fund(s) by selecting in the space provided.

Fund Name	ARSN/APIR	PDS Issue Date	Minimum Initial Investment Amount (\$)	Investment Amount (\$)	Select to Indicate PDS and AID Read
Morningstar High Growth Real Return Fund - Class B	092 226 358/INT0043AU	31 October 2024	500,000.00	\$	
Morningstar Growth Real Return Fund - Class B	092 234 136/INT0039AU	31 October 2024	500,000.00	\$	
Morningstar Balanced Real Return Fund - Class B	092 229 975/INT0029AU	31 October 2024	500,000.00	\$	
Morningstar Moderate Real Return Fund - Class B	092 232 589/INT0035AU	31 October 2024	500,000.00	\$	
Morningstar Multi Asset Real Return Fund – Class B	092 232 356/ INT6454AU	31 October 2024	500,000.00	\$	
Morningstar Multi Asset All Growth Fund - Class B	140 450 835/INT9583AU	31 October 2024	500,000.00	\$	
Total				\$	

If you provide a correctly completed Application Form, including required identification documentation and payment in cleared funds **in full**, prior to the 2.00pm (Sydney time) cut-off on a Business Day, you will generally pay the entry price calculated as at the close of business on that Business Day. For correctly completed Application Form and payment in cleared funds **in full**, received after the 2.00pm (Sydney time) cut-off, you will generally pay the entry price calculated as at the close of business on the next Business Day.

Section D: Distribution Election

Please indicate how you wish distributions to be processed. If no election is made, income distributions will be reinvested.

Reinvest my distributions; or

Pay my distributions into the bank account detailed as previously provided in Section B.

Section F: Communications

By applying to invest in the Fund(s), you consent and agree to your personal information being obtained and used by Morningstar and other parties as explained in the Privacy Statement in the AID. The type of information held includes your name, address and other information that you provide when opening your account, as well as records of your account transactions and the value of your unit holding. Please refer to the Privacy Statement in the AID for further information.

Morningstar is required to send you various communications about your investment including your monthly investor statements, transaction confirmations, notices and other documents relating to any meetings of members and annual financial reports. You may also opt out of receiving annual financial reports. Please indicate below how you prefer to receive these communications.

Document Type	Hard copy (Postal address as supplied on page 32 of this Application Form will be used)	Email (Email address as supplied on page 32 of this Application Form will be used)	Prefer not to receive
Monthly investor statement			N/A
Transaction confirmation			N/A
Notice of meeting and any other document relating to a meeting of members			N/A
Annual financial reports			

You may at any time request that we send you the following kinds of documents in hard copy or electronic form:

- Notice of meeting and any other document relating to a meeting of members
- Annual financial reports

You may change your communication elections at any time by completing a Change of Details Form.

Financial Reports

The Fund's annual report and half-yearly report, where required, will be made available to investors each year. Copies of these reports are available on our website at www.morningstarinvestments.com.au/financial-statements. Alternatively, please email us at www.morningstarinvestments.com.au/financial-statements. Alternatively, please email us at www.morningstarinvestments.com.au/financial-statements.

Alternatively, please email us at invest@morningstar.com.au to request a copy of any report.

Section F: Adviser Details (to be completed by advisers)

Please complete your adviser details (if applicable): Adviser Name								
Adviser Firm Name								
Adviser Authorised Representative Number								
Address								
Suburb	State	Postcode	Country					
Telephone								
Email								
Dealer Group Name								
Dealer Group AFS Licence Number								

Morningstar Portal - Direct Adviser

Morningstar Portal – Direct Adviser allows registered advisers to view their clients' direct Morningstar investment details and generate client holdings reporting. Please go to **www.morningstarinvestments.com.au/investors** to access the Portal.

Should you require any assistance, please call us on 1800 951 999 or email us at invest@morningstar.com.au

Please fill in your Adviser Username (if applicable) below, so you can view the investment details of this initial application (if successful) on Morningstar Portal – Direct Adviser.

Declaration and Signatures

- 1. I/We confirm that I/we have received, read and understood the PDS for the selected Fund(s) identified on page 34 of this Application Form and the AID including the Privacy Statement.
- I/We consent to the collection, use and disclosure of my/our personal information in accordance with the Privacy Statement in the Additional
 Information Document, Morningstar's Privacy Policy available at <u>www.morningstar.com/company/privacy-policy/apac/au</u> and the Privacy Policy
 of the custodian of the Fund(s) available at <u>www.morningstarinvestments.com.au/custodian-privacy-policy</u> (including the disclosure of my
 personal information to certain countries located outside of Australia).
- 3. By providing consent to the disclosure of my/our personal information outside Australia, I/we acknowledge that neither Morningstar Investment Management Australia Limited (ABN 54 071 808 501, AFSL 228986) ('Morningstar') nor the custodian are required to ensure that any overseas recipients handle my/our personal information in accordance with Australian privacy laws and that overseas recipients are subject to foreign law that could compel the disclosure of my/our personal information to a third party such as an overseas authority.
- 4. I/We confirm this Application Form accompanies the PDS for the selected Fund(s).
- 5. I/We agree to be bound by the terms and conditions set out in the PDS and the AID for the Fund(s), the terms of the Fund's/Funds' Constitution and the law and any agreement between Morningstar and me/us, in each case as amended from time to time.
- 6. I/We acknowledge that investments in the Fund(s) are not deposits with or liabilities of Morningstar, or of any related corporation of Morningstar, and are subject to investment risk, including possible delays in repayment and loss of capital invested.
- 7. I/We further acknowledge that neither Morningstar, nor any of its related companies, directors, officers, the investment managers appointed or its external service providers, guarantee that my/our investment will gain or retain its value, guarantee the repayment of capital or guarantee the performance of the Fund(s).
- 8. I/We consent to receive any requisite notifications electronically (or as preferred by Morningstar) unless I/we have expressly requested for a particular kind of document to be sent to me in hard copy.
- 9. I/We declare that all details given in this Application Form are accurate and complete and that I/we have the power to invest in the Fund(s).
- 10. I/We am/are Australian resident(s) and have received and accepted this offer in Australia.
- 11. I/We agree to give further documents and/or information (which may include personal details) that Morningstar reasonably believes is/are required in order to meet its obligations under anti-money laundering, counter-terrorism or taxation legislation. By making this application, I/we represent and covenant that the funds I am/we are investing are not the proceeds of crime, money laundering or connected with the financing of terrorism.
- 12. I/We agree that Morningstar may in its absolute discretion determine not to issue units to me/us, refuse to transfer units from or to me/us, may cancel any units which have been issued to me/us or may redeem any units issued to me/us if Morningstar believes such action to be necessary or desirable in the light of its obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (AML/CTF Act) or any related legislation.
- 13. I/We agree that subject to any cooling-off rights, once this Application Form has been received by Morningstar or its agents, it cannot be withdrawn.
- 14. I/We declare that I am/we are not commonly known by any other names different from those disclosed in this Application Form.
- 15. I/We declare that any documents or information used for verification purposes in support of my/our application are complete and correct.
- 16. I/We acknowledge that it may be a criminal offence to knowingly provide false, forged, altered or falsified documents or misleading information or documents when completing this Application Form.
- 17. I/We acknowledge that if I/we fail to pay the full amount of the application monies in respect of the units the subject of this application either at the same time as making this application, or by any later date agreed with Morningstar, the amount owing together with any costs, expenses or damages incurred in relation to the Fund(s) as a result of the non-payment, shall be a debt payable by me/us to Morningstar in relation to the relevant Fund(s), and either no units will be issued to me/us or any units which have been issued may be cancelled or redeemed by Morningstar in its discretion.

Declaration and Signatures

- 18. I/We agree to meet the costs, expenses or penalties incurred by the Fund(s) in relation to the realisation of Fund assets to meet any redemption request I/we make, or any request for redemption proceeds to be paid to me/us by a particular method, and any other costs, expenses, penalties, losses, liabilities or damages or other amounts incurred by Morningstar or the Fund(s) on my/our behalf, or other amounts owing by me/us in relation to the Fund(s), and to repay any amount paid by Morningstar to redeem my/our units in order to meet such costs, expenses, penalties, losses, liabilities, damages or other amounts owing in respect of the Fund(s) and in order to meet any outstanding management fees payable by me/us to Morningstar.
- 19. I/We indemnify Morningstar and its agents in respect of any loss, claim or liability incurred by any of them relying on or acting pursuant to this Application Form or any notices, instructions and requests received by authorised signatories.
- 20. I/We agree that, if I/we have provided an email address to Morningstar, Morningstar (and any of its agents appointed for this purpose) may correspond with me/us using the email address provided for any purpose related to the administration of my investment in the Fund(s).
- 21. Where I am/we are signing this Application Form on behalf of a company that is acting as a trustee of a trust and the provider of a "custodial or depository service" within the meaning of item 46 of Table 1 of Subsection 6(2) of the AML/CTF Act, I/we represent and warrant that:
 - (a) the applicant either holds an Australian financial service licence (AFSL) authorising it to provide custodial or depository services under the *Corporations Act 2001* (Cth) or is exempt from the requirement to hold such an AFSL;
 - (b) the applicant's name and enrolment details are entered on the Reporting Entities Roll kept by AUSTRAC under the AML/CTF Act; and
 - (c) the applicant has carried out all applicable customer identification and ongoing customer due diligence obligations in accordance with Chapter 15 of the *Anti-Money Laundering and Counter-Terrorism Rules Instrument 2007 (No. 1)* (Cth) on its underlying customer(s).

Representations and Covenants Around Compliance with the Requirements of Certain Ex-Australia Tax Reporting and Anti-Money Laundering Legislation

Because the Fund(s) may be subject to the laws of other jurisdictions (e.g., those of the U.S.A. and the E.U.) as a result of its receipt/retention/investment of investor monies, the investment managers need certain information/representations from investors in the Fund regarding their compliance with any applicable laws of those other jurisdictions (e.g., those related to money laundering, tax reporting, etc.) in order for the investment managers themselves to meet their reporting/review/compliance obligations under law. To this end, by executing and delivering this application document, you represent and covenant that neither you, nor any immediately family member nor any third person (whether an individual or an entity) with whom it is publicly known that you maintain any kind of unusually close relationship are:

- 1. A person whose name appears on the U.S. Specially Designated Nationals and Blocked Persons List published by the U.S. Department of Treasury;
- 2. A non-U.S. shell bank (i.e., a financial institution without a physical presence in any jurisdiction), as that term is more fully described in the U.S.A. Patriot Act ("Non-U.S. Shell Bank");
- 3. A person who resides in, or whose Fund subscription funds are transferred from, a jurisdiction that: (a) has been designated (e.g., pursuant to action by the European Commission or the Financial Action Task Force) as a "Non-Cooperative Jurisdiction" because of its non-compliance with international money laundering principles or processes; or (b) has been designated by the U.S. Secretary of the Treasury as warranting "special measures" under the provisions of the U.S.A. Patriot Act;
- 4. A Senior Non-U.S. Political Figure (i.e., a senior official in the executive, legislative, administrative, military or judicial branches of any non-U.S. jurisdiction; or a senior official of a major non-U.S. political party; or a senior executive of a non-U.S., government-owned entity or any entity that has been formed by or for the benefit of such person);
- 5. Funding your investment in the Fund(s) with any monies originating from or passing through any financial institution: (a) whose banking license was issued by a jurisdiction designated as a Non-Cooperative Jurisdiction; (b) whose banking license was issued by a jurisdiction designated by the U.S. Secretary of the Treasury as warranting "special measures" under the provisions of the U.S.A. Patriot Act; (c) that has itself been designated by the U.S. Secretary of the Treasury as warranting special measures; (d) that qualifies as a Non-U.S. Shell Bank; or (e) that qualifies as an "offshore bank" (i.e., a bank whose license excepts it from conducting activities within the territory of the jurisdiction in which its banking license was issued or with citizens of that jurisdiction); and
- 6. Are subject to economic sanctions of any kind, including, without limitation, all sanctions regimes promulgated by the United Nations, the European Union, or the United States of America.
- 7. You agree to promptly provide Morningstar or its nominee with any information/documentation that Morningstar reasonably requires to allow Morningstar to meet its reporting and/or other compliance obligations under all applicable laws, including, without limitation, those of Australia, the United States of America, and the European Union and its member states. You represent that all such information/documentation (including, without limitation, the information provided in this application document) will be correct and complete as of the date provided and you understand and agree that Morningstar will treat that information/documentation as being correct and complete without the obligation to perform additional validation or confirmation (except where otherwise required by law to do so.) You further covenant that you will promptly notify Morningstar of any changes to such information/documentation as you reasonably become aware of them, including, without limitation, any changes to any of your responses to the above representations and covenants.

You agree to notify Morningstar promptly of any change in information affecting any of these representations and covenants.

Signature of Investor 1 Please note: Physical signature is required on this form. Digital and electronic signatures are not acceptable. Title Given Name(s) Surname Date Capacity Individual Partner Director **Authorised Signatory** Joint Investor Trustee Sole Trader Sole Director Signature of Investor 2 Please note: Physical signature is required on this form. Digital and electronic signatures are not acceptable. Title Given Name(s) Surname Date Capacity Individual Partner Director Joint Investor Trustee **Authorised Signatory**

If there are three or more investors, you may provide these details on a separate page and attach to this Application Form.

What's Next?

Thank you for completing the Application Form.

Note: We do not accept cheques.

Declaration and Signatures

Please send your completed Application Form, including the required identification documentation to:

Attention: Morningstar Unit Registry C/- Link Market Services Limited Locked Bag 5038

Parramatta NSW 2124

To help speed up the application process, we ask that you call us on 1800 951 999 or email us at invest@morningstar.com.au to let us know that your completed Application Form has been submitted.