# Client Identification Form (for existing mFund Investors)

effective from 30 April 2025

## Purpose of this Client Identification Form

On 27 November 2023, ASX released a notice to the market that it had decided to close the ASX Managed Fund Settlement Service (mFund). You would have received a letter from Morningstar informing your options of either redeeming your fund units prior to 24 October 2025 or to take no action and await the closure of the funds on mFund. From 31 October 2025, your fund units will be automatically converted into an Issuer Sponsored holding referenced by your MUFG Account Number. In order to access and transact on your holdings directly with Morningstar you would need to complete this Client Identification Form and provide the required identification documents. We understand that you may have already provided similar information with your broker previously however Morningstar requires all these documents to be completed and provided in order for you to access and trade existing positions.

## 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 all 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 or redemption request 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.

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 Client Identification Form electronically, please type into the interactive text boxes. If you are completing the Client Identification 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
Individual/Joint Investor/Sole Trader	1	1. General Details	3
		Applicant details	4
		Declaration and Signatures	29
Company/Corporate Trustee	2	2. General details	3
		Applicant details	7
		Declaration and Signatures	29
Trust/Superannuation Fund with	1 3	1. Applicant Details	4
Individual Trustee		3. General Details	3
		Applicant details	15
		Declaration and Signatures	29
Trust/Superannuation Fund with	2 3	2. Applicant Details	4
Corporate Trustee		3. General Details	3
		Applicant Details	15
		Declaration and Signatures	29

# What identification documents are required?

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

# **General Details**

## **Section A: Contact Details**

Please provide your contact details below. Adviser details are not accepted. Joint applicants will be assumed to be joint tenants unless otherwise specified.

MUFG Account Number

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 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) Title Given Name(s) Surname Date of Birth (DD/MM/YYY) Place of Birth (City, Country) **Residential Address** Suburb State Postcode Country Tax File Number<sup>2</sup> 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)<sup>3</sup> Are you a PEP? Yes No 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/YYY) Place of Birth (City, Country) Residential Address

State

Postcode

Country

Suburb

Tax File Number <sup>2</sup> or Exemption Code	Australian Tax Resident (Yes/No)
Foreign Taxpayer Identification Number 1 (TIN) or Exemption Code (if any)	Foreign Jurisdiction 1
Foreign Taxpayer Identification Number 2 (TIN) or Exemption Code (if any)	Foreign Jurisdiction 2
Politically Exposed Person (PEP) <sup>3</sup>	
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	

State

#### 1(d) Identification Documentation for Individuals

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

Postcode

Country

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:

Suburb

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.

#### OR

#### 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 3.

- 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).
- 3 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 your existing investment is 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 non-Australian)							
ACN or ARBN	TFN <sup>4</sup> , ABN or Exemption Code	(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 Jurisdict	ion 2				
Name of Regulator (if licensed by an Australian Commor	nwealth, State, or Territory stat	utory regulator)					
Licence Details							
Registered Office Address in Australia or Address in Cou	ntry of Formation						
Suburb	State	Postcode	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	Postcode	Country				

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

lf an Australian company, pleas	e select your registration sta	tus with ASIC:
Proprietary Company	Public Company	
lf a foreign company, please sel	ect your registration status v	vith the relevant foreign registration body
Private Company	Public Company	Others (please specify)
Name of the relevant foreign re	1 /	

Foreign company identification number

#### 2(b) Director Information

Australian Proprietary Companies and Foreign Private Companies, please provide the full name of each director of the Company:

<b>Director 1</b> Title	Given Name(s)	Surna	me		Date of Birth (DD/MM/YYYY)
Residential Ad	dress				
Suburb		State	Postcode	Country	
Are you a PEP? Yes	<b>Provide a description of the PEP's position.</b>				
Director 2 Title	Given Name(s)	Surna	me		Date of Birth (DD/MM/YYYY)
Residential Ad	dress				
Suburb		State	Postcode	Country	
Are you a PEP? Yes	e <b>posed Person (PEP)</b> <sup>5</sup> ? No provide a description of the PEP's position.				

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	nosed Person (PEP) <sup>5</sup> No ovide a description of the PEP's position.					
Director 4			0			
Title	Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	ress					
Suburb		State		Postcode	Country	
Politically Exp Are you a PEP? Yes	osed Person (PEP) <sup>5</sup> No					

If yes, please provide 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 Client Identification 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.

Beneficial Owner/Shareholder 1TitleGiven Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Address					
Suburb	State		Postcode	Country	
Politically Exposed Person (PEP) <sup>5</sup> Are you a PEP? Yes No If yes, please provide a description of the PEP's position.					
Beneficial Owner/Shareholder 2 Title Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Address					
Suburb	State		Postcode	Country	
Politically Exposed Person (PEP) <sup>5</sup> Are you a PEP? Yes No If yes, please provide a description of the PEP's position.					
Beneficial Owner/Shareholder 3 Title Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Address					
Suburb	State		Postcode	Country	
Politically Exposed Person (PEP)5Are you a PEP?YesNoIf yes, please provide a description of the PEP's position.					

Beneficial Owner/Sharehold           Title         Given Name(s)	<b>er 4</b> Surnai	me	Da	ate of Birth (DD/MM/YYYY)
Residential Address				
Suburb	State	Postcode	Country	
Politically Exposed Person (PEP) Are you a PEP?	5			

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 Client Identification 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

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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:

Name of Controlling Person

Section

Please provide information for any other controlling persons below:

<b>Controlling Perso</b> Title	n Given Name(s)	Surname		
Date of Birth (DD/MM/YYYY)		Place of Birth (City,	. Country)	
Residential Address				
Suburb		State	Postcode	Country
Tax File Number <sup>4</sup> or Ex	emption Code	Australian Tax Resident (Yes/N		
Foreign Taxpayer Ident (TIN) or Exemption Coo	de (if any)	Foreign Jurisdiction 1		
Foreign Taxpayer Ident (TIN) or Exemption Cod		Foreign Jurisdiction 2		urisdiction 2
<b>Controlling Perso</b>				
Title	Given Name(s)		Surr	ame
Date of Birth (DD/MM	/YYYY)	Place of Birth (City,	Country)	
Residential Address				
Suburb		State	Postcode	Country
Tax File Number <sup>4</sup> or Ex	emption Code		Australian Tax Re	sident (Yes/No)
Foreign Taxpayer Ident (TIN) or Exemption Cod			Foreign Ju	urisdiction 1
Foreign Taxpayer Ident (TIN) or Exemption Coo		Foreign Jurisdiction 2		
If the sure is used at left to a	al a sector III a secondaria de	المراجع والمراجع والمراجع والمراجع والمراجع		tothe second description of

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 Client Identification Form.

#### 2(e) Identification Documentation for Companies

You must attach the following certified copies of documents (dated) to this Client Identification 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 Client Identification 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.

#### OR

#### 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 your existing investment is 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 Name<sup>6</sup> (if applicable)

Country in which Trust was Established

TFN<sup>7</sup>, ABN or Exemption Code

Foreign Jurisdiction 1

Foreign Jurisdiction 2

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)

# 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.

Beneficiary Title	1 Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	lress					
Suburb		State		Postcode	Country	
Are you a PEP? Yes	No rovide a description of the PEP's position.					
<b>Beneficiary</b> Title	<b>2</b> Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	Iress					
Suburb		State		Postcode	Country	
Are you a PEP? Yes	<b>Dosed Person (PEP)</b> <sup>8</sup> No ovide a description of the PEP's position.					
Beneficiary Title	3 Given Name(s)		Surname			Date of Birth (DD/MM/YYYY)
Residential Add	lress					
Suburb		State		Postcode	Country	
Are you a PEP? Yes	No rovide a description of the PEP's position.					

## **Beneficiary 4**

Title	Given Name(s)	Surname		Date of Birth (DD/MM/YYYY)
Residential Addr	ess			
Suburb		State	Postcode	Country
Are you a PEP? Yes	osed Person (PEP) <sup>8</sup> No 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 Client Identification Form.

#### 3(f)(i) FATCA and CRS

#### **Regulated Trusts**

If your existing investment is 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.

#### 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))

#### Unregulated Trusts (Foreign Superannuation Fund/Other Trust Type)

If your existing investment is on behalf of, an unregulated trust, please select FATCA and CRS status from the list below:

#### i. A family trust/unit trust or other trust which has trust beneficiaries, trustee or settlors that are US citizens 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 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))

#### **3(f)(ii) Controlling Persons**

If the Trust 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.

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 information for any other controlling persons below:

Controlling Person Title	Given Name(s)		Surname	
Date of Birth (DD/MM/YYY	Y)	Place of Birth (City, Country)		
Residential Address				
Suburb		State	Postcode	Country
Tax File Number <sup>7</sup> or Exempt	ion Code		Australian Tax Resident ('	Yes/No)
Foreign Taxpayer Identificat (TIN) or Exemption Code (if			Foreign Jurisdicti	on 1
Foreign Taxpayer Identificat (TIN) or Exemption Code (if			Foreign Jurisdicti	on 2

#### **Controlling Person**

Title	Given Name(s)		Surna	ame
Date of Birth (DD/MM/YY	YY)	Place of Birth (City	r, Country)	
Residential Address				
Suburb		State	Postcode	Country
Tax File Number <sup>7</sup> or Exem	ption Code		Australian Tax Res	ident (Yes/No)
Foreign Taxpayer Identific (TIN) or Exemption Code (			Foreign Ju	risdiction 1
Foreign Taxpayer Identific (TIN) or Exemption Code (			Foreign Ju	risdiction 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 Client Identification Form.

#### **3(g) Identification Documentation for Trusts**

You must attach the following certified copies of documents (dated) to this Client Identification 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 3.

- 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).
- 8 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 B: Consumer Attributes

As required under the mandatory Design and Distribution Obligations legislation, Morningstar as the issuer of financial product must collect data to determine there is an appropriate target market for our products and ensure that our products have the key attributes which are likely to be consistent with the likely objectives, financial situations and needs of a class of consumers to whom the product is targeted. For more information, please visit our website at <u>www.morningstarinvestments.com.au/ddo</u>

Please complete this section so that Morningstar can ensure that our products are distributed to investors who fall within the Target Market Determination (TMD).

#### What is your primary investment objective?

Capital Growth	Capital Preservation	Income Distribution
What is your intended use	of this investment in your	investment portfolio?

# Solution/Standalone Core Component Satellite Allocation (up to 100%) (up to 50%) (up to 10%) Major allocation Minor allocation (up to 70%) (up to 25%)

#### What is your intended investment timeframe (in years)?

What is your tolerance for risk	(your ability to bear loss)?			
Low <sup>10</sup>	Medium <sup>11</sup>	High <sup>12</sup>	Very High <sup>13</sup>	Extremely High
What do you anticipate your w	ithdrawal needs may be?			
Within one week of request	Within one month of request	Within thre	ee months of request	Within one year of request
Within 5 years of request	Within 10 years of request	10 years or	more	

#### Have you received personal financial advice from a licensed financial adviser in relation to this investment?

Yes No

#### If so, did your financial adviser consider you to be within the TMD<sup>14</sup> for the product(s) you are investing in?

Yes

No

- 10 If you select 'Low', this means that you are conservative or low risk in nature, seeking to minimise potential losses (e.g. have the ability to bear up to 1 negative return over a 20 year period (SRM 1 to 2)) and comfortable with a low target return profile. You typically prefer defensive assets such as cash and fixed income.
- 11 If you select 'Medium', this means that you are moderate or medium risk in nature, seeking to minimise potential losses (e.g. have the ability to bear up to 4 negative returns over a 20 year period (SRM 3 to 5)) and comfortable with a moderate target return profile. You typically prefer a balance of growth assets such as shares, property and alternative assets and defensive assets such as cash and fixed income.
- 12 If you select 'High', this means that you are higher risk in nature and can accept higher potential losses (e.g. have the ability to bear up to 6 negative returns over a 20 year period (SRM 6)) in order to target a higher target return profile. You typically prefer predominantly growth assets such as shares, property and alternative assets with only a smaller or moderate holding in defensive assets such as cash and fixed income.
- 13 If you select 'Very High', this means that you have a more aggressive or very high risk appetite, seeks to maximise returns and can accept higher potential losses (e.g. have the ability to bear 6 or more negative returns over a 20 year period (SRM 7) and possibly other risk factors, such as leverage). Your typically prefer growth assets such as shares, property and alternative assets.
- 14 If you select 'Extremely High', this means that you have an extremely high risk appetite, seek to obtain accelerated returns and can accept significant volatility and potential losses and possibly other risk factors, such as significant use of derivatives, leverage or short positions or may be in emerging or niche asset classes).
- 15 As the issuer of financial products, Morningstar is required to make a TMD for a product. The TMD must be in writing. Each TMD describes the target market, establishes distribution conditions and reporting requirements for each product. Our TMDs are available on our website at morningstarinvestments.com.au/tmd

## Section C: Bank Account Details

Please provide your Australian Bank Account Details for redemption payments.

Financial Institution	
Branch Address	
Account Name	
Account Number	BSB Number

Please provide your Australian Bank Account Details for distribution payments. Same as above Australian Bank Account Details

Financial Institution	
Branch Address	
Account Name	
Account Number	BSB Number

#### **Purpose of Investment**

Source of funds<sup>16</sup> (please select):

Savings Superannuation contributions Donation/gift Normal course of business Investments Commission Inheritance Asset sale Others (please specify)

If your source of wealth<sup>17</sup> is clearly derived from legitimate means such as the above, and you are engaging in a transaction which is consistent with 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.

16 Source of funds refers to the origin of the particular funds or other assets involved in one or more transactions between you and Morningstar.

17 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 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 C.

#### Section E: Communications

By completing this form 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.

#### Various Communications

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 3 of this Client Identification Form will be used)	Email (Email address as supplied on page 3 of this Client Identification 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 <u>www.morningstarinvestments.com.au/financial-statements</u>

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

#### Section G: 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 Marte			
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 on Morningstar Portal – Direct Adviser.

# **Declaration and Signatures**

- 1. I/We confirm that I/we have received, read and understood the PDS and the AID including the Privacy Statement for the Fund(s) that have been converted to SRN.
- I/We consent to the collection, use and disclosure of my/our personal information in accordance with the Privacy Statement in the AID, 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 Client Identification Form accompanies the PDS for the Funds, previously listed on the ASX mFund platform.
- 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 Client Identification 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 submitting this client identification form, 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 declare that I am/we are not commonly known by any other name/s different from the name/s disclosed in this Client Identification Form.
- 14. I/We declare that any documents or information used for verification purposes in support of my/our Client Identification are complete and correct.
- 15. 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 Client Identification Form.
- 16. 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.
- 17. 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 Client Identification Form or any notices, instructions and requests received by authorised signatories.
- 18. 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).

## **Declaration and Signatures**

- 19. Where I am/we are signing this Client Identification 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 Client Identification 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 Client Identification 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.

#### Consumer Attributes and Appropriateness of Morningstar Fund(s)

 You acknowledge that the Morningstar Fund(s) is/are not "Capital Guaranteed" and is/are not suitable as standalone product(s) for investors with a "Low" Risk and Return profile or need for daily access to their funds. When using the Morningstar Fund(s), investors should at minimum, have a 2+ year investment timeframe.

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

# Declaration and Signatures

Signature of Investor 1

Title Given Name(s) Surname Date Capacity Individual Partner Director Joint Investor Authorised Signatory 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

**Please note:** Physical signature is required on this form. Digital and electronic signatures are not acceptable.

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

# What's Next?

Thank you for completing the Client Identification Form.

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

Attention: Morningstar Unit Registry C/- MUFG Corporate Markets Locked Bag 5038 Parramatta NSW 2124

To help speed up the 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 Client Identification Form has been submitted.