Client details (Complete one for every person) Title Given Names Surname Preferred Name/Greeting (if different to given name) Date of Birth (DD/MM/YYYY) Gender Are you a Politically Exposed Person? No Yes: Australian PEP Foreign PEP or International Organisation PEP Residential Address Street Suburb/Town/City State Postcode Country Residential Address **Postal Address** Sameas: Street/PO Box Suburb/Town/City State Postcode Country Additional Information Home phone Business phone Mobile Facsimile Email Occupation Work status (eg full time) Employer Are you an Australian resident for tax purposes? If no, please state country of residency TFN or Exemption Certified copies of ID attached: Drivers Lic. OR Passport AND Medicare Card or Others $(ID\,must include\,recent\,photo, confirmation\,of\,DOB\,and\,current\,residential\,address)$ Office/Adviser use only Passport Birth Certificate Identification Provided Driver's license (ID must include recent certified photo, confirmation of DOB and current residential address. Refer to Account Terms and Conditions) Reference

Name of Company / Association / Registered Co-oper	rative / Government Body		
Is the company Private? Public (proprietary)? Partnership? ABN/ACN	Association or Regis	tered Co-operative?	Government Body? Foreign? (refer advise
Full address of registered office			
Street	Address or Resident	ial Address	
Suburb/Town/City	State	Postcode	Country
Full address of principal place of business Street	Same as above:	1	
Suburb/Town/City	State	Postcode	Country
Given Names Address	Surname		Date of Birth (DD/MM/YYYY)
Given Names	Surname		Date of Birth (DD/MM/YYYY)
Address			
TFN or Exemption			
Office/Adviser use only			

Fund/Trust details					
Type: Superannuation Fund Family Trust Unit Trust Other Full name of Trust / Super fund					
Full business name (if any) of the Trustee					
Full name, address and ID of each Beneficial Owner if diffe Given Names	erent to Directors (Beneficial Owner is anyone who owns and/or co Surname	ntrols 25% or more of the holding) Date of Birth (DD/MM/YYYY)			
Address					
Given Names	Surname	Date of Birth (DD/MM/YYYY)			
Address					
TFN or Exemption					
Office/Adviser use only Copy of Trust Deed Provided Super Fund I Reference	nvestment Strategy requested				

Authorise another person to operate this account

If you wish to authorise somebody else (eg spouse, accountant, Power of Attorney, financial planner, etc) to act on your account, please complete this section of the document. This Authority may only be revoked by written notice from the Client to Australian Bond Exchange and will take effect at the commencement of the business day following the date of receipt of the notice of revocation by Australian Bond Exchange (See Account Terms and Conditions for further details). Relevant ID is also required in accordance with Australian Bond Exchange AML/CTF requirements. Full name of authorised person Relationship Organisation (if applicable) Address (PO Box not to be used) Home phone Work phone Mobile Email Please tick if you would like the authorised person to receive a copy of your trade confirmations Yes: Australian PEP Is this a Politically Exposed Person? No Foreign PEP or International Organisation PEP Other related contacts Occasionally, you may require your adviser to contact other parties in relation to your account (eg. Accountant) – if so, please provide details below (we will not contact them without your prior consent). Name Role/relationship Organisation Telephone Mobile Address (PO Box not to be used) Email Name Role/relationship Organisation Telephone Mobile Address (PO Box not to be used) Email Office/Adviser use only - Authorised Person Identification Birth Certificate **Identification Provided** Driver's license Passport $(ID\,must\,include\,recent\,certified\,photo,confirmation\,of\,DOB\,and\,current\,residential\,address.\,Refer to\,Account\,Terms\,and\,Conditions)$

Reference

Signing and acknowledgement By signing below, I/We acknowledge and agree: General Advice/Execution Only - that my/our adviser has asked about my/our personal circumstances, goals and objectives and I/we have chosen not to provide this detailed information. I/We will make my/our own investment decisions and understand that my/our adviser will not provide advice tailored tomy/ourpersonalcircumstances. **Execution of Agreement** I/We have been provided with, and agree to be bound by the following (latest version at www.bondexchange.com.au under Terms and Conditions): i. Financial Services Guide ii. Bond Account Terms and Conditions iii. Australian Bond Exchange Privacy Policy Anti-Money Laundering and Counter Terrorism Financing Terms I/We have provided identification as per the requirements of the Anti-Money Laundering and Counter Terrorism Financing terms (refer to the Australian Bond Exchange Account Terms and Conditions). Privacy Consent - I/we consent to the use or the disclosure of our personal information only in the manner indicated in the Privacy Policy (Please see Australian Bond Exchange Account Terms and Conditions). Please note, that by withholding consent Australian Bond Exchange will not be able to provide you with the requested account, facility or Please note that you can withdraw your consent at any time in the future, without any charge, by contacting us. I/We understand Australian Bond Exchange are authorised to collect TFNs for the purposes of registration of my/our current and new custodial Sponsored holdings in accordance with either or all of the Taxation Administration Act 1953 (TAA), the Tax File Number Guidelines 2011 (TFN Guidelines), Superannuation Industry (Supervision) Act 1993 (SIS Act) and the Privacy Act 1988 (Privacy Act). Australian Bond Exchange will record the information and destroy the notice in compliance with privacy regulations and tax laws. My/our TFN will be electronically provided to the registries of all sponsored investments I/we purchase. I/We understand it is not an offence to withhold my/our TFN or, where the securities are held for a business purpose, your ABN. However, if you do not provide your TFN or ABN, withholding tax may be deducted from payments at the highest marginal tax rate. Individual Director Trustee Individual Director Trustee Individual Director Name Name Name Signature Signature Signature Date Date Date Office/Adviser use only As adviser, I confirm that I have requested the information detailed in this document Personal Advice – I have requested the relevant information from the client and made best endeavours to confirm the clients understanding. If appropriate, I have issued a warning to the client that the advice to be provided is general advice at best, as personal information has not been provided by the client. I confirm that this account is to be conducted on an execution only/nil advice basis One Off Trade only Signed Adviser name Branch Date Adviser number Brokerage rate

Custodial Sponsorship Between Australian Bond Exchange Pty. Ltd., ABN 73 605 038 935. AFSL 484453 PO Box R445, Royal Exchange, NSW, 1225. and Client Details Title Given names Surname Title Given names Surname Title Given names Surname Company name Designation (if applicable, refer to acceptable account examples on page 1) Registration Address Street/PO Box Suburb/Town/City State Postcode Country Custodial Sponsorship I/We instruct Australian Bond Exchange to act as our custodian. By doing so I/we acknowledge that I/we have been provided with, and agree to be bound by the custodial Terms in the bond Account Terms and Conditions. Individual 1 Director 1 Trustee 1 Individual 2 Director 2 Trustee 2 Individual3 Director3 Signature Signature Signature Date Date Date Australian Bond Exchange confirms its agreement to the bond Account Terms and Conditions and the execution of the Custodial Sponsorship Agreement by $allocating\ a\ custody\ number\ to\ the\ applicant (s).\ If\ you\ would\ like\ a\ copy\ of\ your\ Custody\ Sponsorship\ Agreement,\ please\ contact\ your\ adviser.$

Custody Number

Authorised Australian Bond Exchange Officer

Office/Adviser use only Account number

Date of Execution

Banking details							
Cash Management Account							
CMA Provider							
Account Name							
Direct Credit							
I/We authorise Australian Bond Exchange to securities transactions. Bank account name as shown on your bank staten		k account specified	below any monie	s due relating to the settlement (sale) of			
, , , , , , , , , , , , , , , , , , , ,							
Name of Australian bank or financial institution		BSB number		Account number			
Coupon payments for custody	Sponso	red Holdings	6				
I/We authorise Australia Bond Exchange to provide my/our bank details above or our CMA details to the relevant Issuers' registries for coupon payments applicable to bonds held under our custody number. Details provided on this form will override any previous instructions and will be applied to all current and future bonds sponsored by Australian Bond Exchange. Please use CMA Direct Credit Account Other (Contact Broker) This authorisation must be signed by each named account holder(s) and by each account holder(s) with the financial institution for your							
instructions to be executed. Individual Director Trustee	Individu	al Director	Truetoe	Individual Director Trustee			
iliulviuuai Directoi III ITustee	Individu	ai Director L	riustee	inuividual Director Irustee			
Name	Name			Name			
Signature	Signature			Signature			
Date	Date			Date			
Office/Adviser use only							
Australian Bond Exchange account number	Date						