

Life Events Bond Trust Application Form

Before you sign this application, you must read the Product Disclosure Statement (PDS) dated 19 September 2016 and any supplementary PDS.

1. Investor Details

Full Trust Name

ABN/ARBN/ACN

Business Type or
Activity of the Trust

2. Type of Trust

2a. Unregulated

Family Trust

Charitable Trust

Discretionary Trust

Other - Please specify

2b. Regulated

Self Managed Superannuation Fund

Provide the
SMSF's ABN

Government Superannuation Fund

Provide the
SMSF's ABN

Other type of regulated trust

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

Regulator name

Trust ABN or
registration/license

3. Trust Details

Complete Section 4 if the trust has individuals acting as trustees.

For corporate trustees go to Sections 5.

Trustee 2

Title Mr Mrs Ms Miss Dr Other

Surname

Given Names

Date of Birth Gender Female Male Other

Residential Address (must not be a PO Box)

Unit Number Street No

Street Name Suburb

State Postcode Country

Mailing Address (if different to above address)

Unit Number Street No

Street Name Suburb

State Postcode Country

Contact Details

Daytime Telephone Mobile

Email Address

5. Corporate Trustees

Full Name
of corporate trustee

ABN/ARBN/ACN

Business Name
Business Type

Full Registered Address (must not be a PO Box)

Unit Number	Street №	
Street Name		Suburb
State	Postcode	Country

Principal Place of Business (if different to above address, must not be a PO Box)

Unit Number	Street №	
Street Name		Suburb
State	Postcode	Country

Postal Address (if different from full registered address)

Unit Number	Street №	
Street Name		Suburb
State	Postcode	Country

Contact Details

Daytime Telephone	Mobile
Email Address	

Company Director Details

Director 1 Name	Date of Birth
Director 2 Name	Date of Birth
Director 3 Name	Date of Birth
Director 4 Name	Date of Birth

6. Trust Beneficiary Details

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

Yes Please provide details of the beneficiary membership class or classes in Section 7 below.

No Go to section 8.

7. Classes Of Membership (if different from full registered address)

Class of membership

Class of membership

Class of membership

Class of membership

8. Beneficiary Details

Provide the full names for each beneficiary of the trust.

Full Given Name(s)

Surname

9. Settlor Information

Is the initial settled sum amount to establish the trust greater than \$10,000?

Yes

No

Please provide details about the settlor below.

Title Mr Mrs Ms Miss Dr Other

Surname

Given Names

Date of Birth

Gender

Female

Male

Other

Residential Address (must not be a PO Box)

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

10. Beneficial Owners

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

This includes:

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

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

	Trustee 1		Director 1
	Trustee 2		Director 2
	Trustee 3		Director 3
	Trustee 4		Director 4

Please provide the details of any other beneficial owners.

Other Beneficial Owner 1

Surname

Given Names

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

Unit Number

Street №

Street Name

Suburb

State

Postcode

Country

Email

Phone

Note: All beneficial owners need to complete the individual identification requirements in Section 21.

11. Life Insured Details

You MUST nominate a natural person(s) as life insured and include identification documents for the life insured as per Section 21. The death of the last surviving Life Insured (in case of multiple Lives Insured) will trigger the pay out of the Life Events Bonds proceeds. You may nominate up to two Lives insured.

Life Insured 1

Title Mr Mrs Ms Miss Dr Other

Surname

Given Names

Date of Birth Gender Female Male Other

Residential Address (must not be a PO Box)

Unit Number Street No

Street Name Suburb

State Postcode Country

Life Insured 2

Title Mr Mrs Ms Miss Dr Other

Surname

Given Names

Date of Birth Gender Female Male Other

Residential Address (must not be a PO Box)

Unit Number Street No

Street Name Suburb

State Postcode Country

Stamp duty information

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

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

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

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

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

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

13. Payment Options

Cheque *Make cheques payable to "KeyInvest Ltd"*

Direct Debit *Complete the attached Direct Debit Request (DDR) Form*

BPAY Once we receive your application we will contact either:

LEB Investor 1 (and/or) With the biller code and your Customer Reference Number (CRN) to allow the initial payment to be made.

Your Financial Adviser

14. Automatic Increases To Regular Savings Plan

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

Do you wish to automatically increase your Regular Savings Plan?

Yes

No

Annual percentage increase

% (up to a maximum of 25%)

15. Purpose Of Investing

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

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

16. Service Fee Payment Instructions (Optional)

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

Payment options

A. Initial service fee

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

Fixed dollar amount

% of initial investment

B. Ongoing service fee

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

Fixed dollar amount

% of average
daily balance

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

17. Trust Identification

To complete the Trust Identification requirements please complete this section or download a Trust Identification Form from keyinvest.com.au/financial/forms-tools/

18. Unregulated Trust

KeyInvest must verify the following information;

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

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

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

OR (if the above cannot be provided)

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

19. Regulated Trust

Select ONE of the following type of regulated trust:

Self-Managed Superannuation Fund

Provide the SMSF's ABN:

Registered Managed Investment Scheme

Provide Australian Registered Scheme Number (ARSN)

Unregistered Managed Investment Scheme

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

Provide the unregistered managed investment scheme's ABN:

Government superannuation fund

Provide name of the legislation establishing the fund:

Other regulated trust

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

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

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

20. Corporate Company Trustee Identification Procedure

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

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

Yes (*Proceed to Section 14*)

No (*Please complete below*)

KeyInvest must verify:

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

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

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

OR

B Current Company search of the ASIC database

KeyInvest also needs to identify each of the beneficial owners listed in this application. This can be completed in this section or by downloading an Individual ID Form from keyinvest.com.au/financial/forms-tools/

21. Individual ID Procedure

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

Customer identification procedures

KeyInvest must verify your:

- Full name
- Date of birth
- Residential address

In order for KeyInvest to verify this information:

- At least one trustee and all beneficial owners **MUST** supply ONE original or certified copy of a primary identification document from the Document List on the next page.

Document List

Primary Photographic Identification Documents

Trustee 1 All Beneficial Owner (Section 6)

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

Primary Non-Photographic Identification Documents

Trustee 1 All Beneficial Owner (Section 6)

		Birth certificate
		Citizenship certificate
		Current Centrelink pension card

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

Yes No additional information is required

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

Secondary Identification Documents

Trustee 1 All Beneficial Owner (Section 6)

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

22. Authorised persons who can certify customer identification documents

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

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

23. Tax Residency Declaration

Non-regulated trusts must complete Section 24 below.

If you are a regulated super fund i.e (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) you are not required to complete Section 15 and may proceed to Section 26.

24. Beneficial Owners, Beneficiaries, Trustee or Settlor Tax Residency Information

Are any of the:

- beneficial owners listed in Section 10 tax residents of a country other than Australia
- trust beneficiaries (Section 8), trustees (Section 3) or settlors (Section 9), tax residents of a country other than Australia.

Yes *please complete the section below*

No

If you answered 'Yes' KeyInvest will send a CRS Controlling Person Self-Certification Form.

If you answered 'No' no further action is required.

Full Given Name(s)

Surname

Email

25. Direct Debit Request Service Agreement

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Business Day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct Debit Request means the Direct Debit Request between us and you (and includes any form PD-C approved for use in the transitional period).

Us or we means KeyInvest Ltd you have authorised by signing a direct debit request.

You means the customer who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

- 1.1 By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this Agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request. If you have selected automatic increases in the Application Form we will increase your regular debit amount by the nominated percentage annually from the commencement of the regular debit.
- 1.3 If the debit day falls on a day that is not a Business Day, we may direct your financial institution to debit your account on the following Business Day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes by us

- 2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days' written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, you may change the arrangements under a Direct Debit Request by contacting us on 1300 658 904.
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least seven (7) days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit your account at any time by giving us seven (7) days notice in writing before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - a) you may be charged a fee and/or interest by your financial institution;
 - b) you may also incur fees or charges imposed or incurred by us; and
 - c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 4.4 If Commonwealth Bank of Australia A.B.N. 48 123 123 124 (CBA) is liable to pay Goods and Services Tax (GST) on a supply made by the CBA in connection with this agreement, then you agree to pay the CBA on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

- 5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1300 658 904 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

- 6.1 You should check:
 - a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
 - b) your account details which you have provided to us are correct by checking them against a recent account statement; and
 - c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

7. Confidentiality

- 7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
 - a) to the extent specifically required by law; or
 - b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:
PO Box 3340 Rundle Mall Adelaide SA 5000.
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.
- 8.3 Any notice will be deemed to have been received two Business Days after it is posted.

26. Agreement and Declaration

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

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

Signatory 1

Signatory 2

Date

Date

Full Name

Full Name