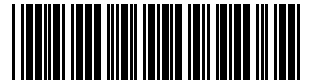


# Information Memorandums Appointment of Agent Form



Please phone Colonial First State Investor Services on 13 13 36 with any enquiries.

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

SAVE FORM

PRINT FORM

## 1 INVESTOR DETAILS

Account number

### INVESTOR

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname/Company/Partnership name

Contact phone number

## 2 APPOINTMENT OF AGENT

Fields marked with an asterisk (\*) must be completed for the purposes of anti-money laundering laws.

### AGENT 1

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)\*

Surname\*

Date of birth\*

Occupation\*

Your main country of residence, if not Australia\*

### AGENT 2 (if applicable)

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)\*

Surname\*

Date of birth\*

Occupation\*

Your main country of residence, if not Australia\*

### NON-INDIVIDUAL AGENT – COMPANY OR PARTNERSHIP

Full name of company or partnership\*

Principal business activity\*

Are you a charity?\*

Yes  No

Country established, if not Australia\*

ABN/ARBN/ARSN

Tax File Number

### 3 CONTACT DETAILS

Residential address (PO Box is NOT acceptable) – Agent 1\*

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>						

Residential address (PO Box is NOT acceptable) – Agent 2 (if applicable and different to above)\*

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>						

Postal address (if different to above)

Unit number	<input type="text"/>	Street number	<input type="text"/>	PO Box	<input type="text"/>	Street name	<input type="text"/>	
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>							

Work phone number

Home phone number

Fax number

Mobile phone number

Email address for agent 1/non-individual agent

Email address for agent 2 (if applicable)

By providing your email address, you agree that we may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time we may still need to send you letters in the post.

### 4 AGENT SPECIMEN SIGNATURES

I confirm the above details are correct and that I am at least 18 years of age.

Specimen signature of Agent 1

Print name

Date

Specimen signature of Agent 2 (if applicable)

Print name

Date

If you have appointed more than one agent, please select below which ever is applicable.

I authorise any one agent to act on my behalf (ie one signature required only)

OR

I authorise agents to act on my behalf if all signatures are provided

## 5 WITNESS TO AGENT'S SIGNATURE

Witness must be third party (ie not investor or agent)

### Signature of witness 1

Print name

Date

### Signature of witness 2 (if applicable)

Print name

Date

**ACCOUNT HOLDERS MUST SIGN THE REVERSE OF THIS FORM**

## CONDITIONS FOR APPOINTING AN AGENT TO ACT ON YOUR BEHALF

- The agent must be at least 18 years of age.
- The agent can do, on behalf of the investor, anything the investor may lawfully authorise an agent to do in respect of their investment including (without limitation):
  - a sign or otherwise authorise an application to invest
  - b prepare, sign and lodge or otherwise communicate a request to redeem any investment
  - c direct payment of any amount representing distributions, redemption proceeds or otherwise to the investor or to any other person
  - d obtain information about the investor's investment
  - e direct that Colonial First State Investments Limited (CFSIL) send all notices, cheques, reports and other material to the agent on behalf of the investor, or
  - f change the investor's account details.
- The agent does not have the power to appoint a different agent on behalf of the investor.
- Where the agent is a company, each individual director or other officer authorised by its board of directors can do everything on behalf of the investor which the agent has the power to do.
- Where the agent is a partnership, each individual partner can do everything that the partnership is authorised to do under this appointment.
- Where the investor is a partnership, joint venture, incorporated association or unincorporated association the investor acknowledges that the agent has the authority to bind the partnership, joint venture, incorporated association or unincorporated association.
- The exercise of any of the powers by a person reasonably believed by CFSIL to be the agent of the investor or to be authorised to act on behalf of the agent, will be treated as if the investor had personally exercised those powers.
- This arrangement continues until the fourth business day after the day on which CFSIL receives notice in writing from the investor that the appointment of the agent is cancelled.
- CFSIL may cancel this facility or vary these conditions by giving the investor not less than seven days prior notice in writing.
- The investor agrees that neither it nor any person claiming through it shall have any claim against CFSIL in respect of any payment made from or any other action whatsoever taken in respect of their investment on the instruction of the agent.
- CFSIL remain liable for any losses, liabilities and costs, which by operation of law cannot be excluded.
- The investor agrees to release, discharge and indemnify CFSIL from and against any liabilities, costs or losses which it may incur in connection with this appointment.
- The investor who has appointed an agent cannot later claim that the agent or any person acting on behalf of the agent was not acting on behalf of the investor. Where the investor is a company and it appoints an employee to be its agent, that appointment will continue even if he or she leaves the investor's employment until the investor cancels the appointment by notice in writing to CFSIL.

## 6 DECLARATION AND SIGNATURE

Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL).

Colonial First State (CFS) is Superannuation and Investments HoldCo Pty Limited ABN 64 644 660 882 and its subsidiaries which include CFSIL.

I/We, the person(s) described under **section 1** above (Investor Detail and account number), appoint the person(s) described under **section 2** above (Appointment of Agent) as my/our agent, with authority to do on my/our behalf anything I/we may lawfully authorise an agent to do in respect of Colonial First State Investments Limited (CFSIL), in accordance with the information set out on this form and subject to the conditions appearing above.

I/We acknowledge and agree that CFSIL and/or its related entities will not be liable to me/us or other persons for any loss suffered (including consequential loss) where transactions are delayed, blocked, frozen or where CFSIL or any other CFS entity refuses to process a transaction or ceases to provide me/us with a product or service, including in circumstances where CFSIL or any other CFS entity reasonably believes that I am/we are a Proscribed Person. A 'Proscribed Person' means any person or entity who CFSIL or any other CFS entity reasonably believes to be (i) in breach of the laws of any jurisdiction prohibiting money laundering or terrorism financing, or (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A 'Proscribed Person' includes any person or entity who CFSIL or any other CFS entity reasonably believes to act on behalf, or for the benefit of, a person or entity referred to in (i) and/or (ii).

Joint applicants must both sign.

**PLEASE NOTE THAT BY APPOINTING AN AGENT TO ACT ON YOUR BEHALF, YOU ARE GIVING THAT PERSON FULL AUTHORITY OVER YOUR ACCOUNT**

Signature of investor 1 or company officer

Signature of investor 2 or company officer (if applicable)

Print name

Print name

Date

Date

In the presence of witness

Witness must be third party (ie not investor or agent)

Print name

Date

## Important information

We need to establish the identity of the agent you wish to appoint (if this has not already been completed) before we can process the appointment (see below regarding anti-money laundering laws for further information).

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For agents that are individuals	The agent or their adviser <b>must</b> also complete the attached identification and verification form so that we can establish their identity.
For agents that are companies or partnerships	The agent or their adviser <b>must</b> also complete the appropriate identification form which can be found in our forms library at <a href="http://www.cfs.com.au">www.cfs.com.au</a> , so that we can establish their identity.

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## Anti-Money Laundering and Counter-Terrorism Financing laws and Sanctions laws

These laws now apply and we are required to comply with them. In certain circumstances, we may need to establish your identity and, if relevant, the identity of other persons associated with your account (eg your agent).

Additionally, from time to time, we may require additional information to assist with this process.

We may be required to report information to the relevant authorities. We may not be able to tell you or your agent when this occurs. We may not be able to transact with you, your agent or other persons. This may include delaying, blocking, freezing or refusing to process a transaction or ceasing to provide you with a product or service. This may impact on your investment and could result in a loss of income and principal invested.

# Agent Identification and Verification Form – individuals

**ADVISER USE ONLY**

Full name of agent

If you are an agent that is an individual, you must complete this form (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws). If you are a non-individual agent (for example, a company or partnership) you will be required to complete different forms to establish your identity, which can be obtained from our forms library at [www.cfs.com.au](http://www.cfs.com.au) or by phoning Investor Services on 13 13 36.

Financial advisers undertake identification and verification of an agent by completing sections A to C of this form or by using other industry standard forms.

Otherwise, the agent must complete section A of this form and provide certified copies of the ID documents (do not send original documents). Please note: A separate form is required for each agent.

The list of the parties who can certify copies of the documents is set out below. To be correctly certified we need the ID documents to be clearly noted 'True copy of the original document'. The party certifying the ID documents will also need to state what position they hold and sign and date the certified documents. If this certification does not appear, you may be asked to send in new certified documents.

List of persons who can certify documents\* (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws):

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

\* There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at [www.cfs.com.au](http://www.cfs.com.au).

## SECTION A: VERIFICATION PROCEDURE

Complete Part 1 (or if the individual does not own a document from Part 1, then complete either Part 2 or Part 3).

### Part 1 Acceptable photographic primary ID documents

Cross  Select ONE valid option from this section only

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Australian State/Territory driver's licence containing a photograph of the person

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Australian passport (a passport that has expired within the preceding two years is acceptable)

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Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

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Foreign passport or similar travel document containing a photograph and the signature of the person<sup>1</sup>

Continued over the page...

1 Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

**Part 2 Acceptable secondary ID documents** – should only be completed if the individual does not own a document from Part 1

Cross  Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Department of Human Services (previously known as Centrelink)

Cross  AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school

**Part 3 Acceptable photographic foreign ID documents** – should only be completed if the individual does not own a document from Part 1

Cross  Select ONE valid option from this section only

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth<sup>1</sup>
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued<sup>1</sup>

**SECTION B: RECORD OF VERIFICATION PROCEDURE**

**FINANCIAL ADVISER USE ONLY**

**IMPORTANT NOTE:**

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents

ID document details	Document 1	Document 2 (if required)
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
Expiry date	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

**SECTION C: FINANCIAL ADVISER DETAILS – identification and verification conducted by:**

By completing and signing this Record of Verification Procedure I declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

Date verified (dd/mm/yyyy)

Financial planner's name

Phone number

AFS licensee name

AFS Licence number

<sup>1</sup> Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.