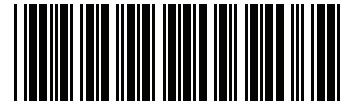


Appointment of Agent Form



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.

1 INVESTOR DETAILS

Account number

Please note: You can only use this form to appoint an agent to Colonial First State Investment products. For super and pension products, the legislation does not allow appointment of agents. In these circumstances, granting a Power of Attorney may be an alternative.

INVESTOR

Title

Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

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 AGENT 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 or Non-individual agent

Print name

Date

Position (non-individual agents only)

Specimen signature of Agent 2 or Non-individual agent (if applicable)

Print name

Date

Position (non-individual agents only)

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 the 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) sends 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 remains 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 AFS Licence 232468 (CFSIL).

I/We, the person(s) described under **section 1** above (Investor Details 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 CFSIL, in accordance with the information set out on this form and subject to the conditions appearing above.

CFSIL and/or its related entities will not be liable to me/us, our agent or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where CFSIL refuses to process a transaction.

I/We the person(s) described in sections 1 and 2

- declare that answers to all questions, declarations and all information supplied by you or on your behalf in relation to this application are true and correct
- will promptly advise CFSIL if any information supplied changes
- as an individual, certify that you are the named person or you are authorised to provide information on their behalf
- as an individual, are aware that information provided about you and your accounts may be provided to the relevant tax authorities
- as an entity, are authorised by, and have consent of, the entity and any beneficial owners to provide the information
- as an entity, and any beneficial owners are aware that information about them and the account may be provided to the tax authorities.

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

Joint applicants must both sign.

Signature of investor 1 or company officer

Print name

Date

Signature of investor 2 or company officer (if applicable)

Print name

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).

For agents that are individuals	The agent or their adviser must 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 must also complete the appropriate identification form which can be found in our forms library at www.cfs.com.au , so that we can establish their identity.

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.

GUIDE TO COMPLETING THIS FORM

- o Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- o Tax information must be collected from the individual
- o Contact your licensee if you have any queries.

SECTION 1: PERSONAL DETAILS

Surname Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb	State	Postcode	Country
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)	ABN (if any)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb	State	Postcode	Country
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

SECTION 2: TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia? Yes No

Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1.	Country <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	TIN <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	If no TIN, list reason A, B or C <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
2.	Country <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	TIN <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	If no TIN, list reason A, B or C <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3.	Country <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	TIN <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	If no TIN, list reason A, B or C <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

If there are more countries, provide details on a separate sheet and tick this box.

- Reason A** The country of tax residency does not issue TINs to tax residents
Reason B The individual has not been issued with a TIN
Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: VERIFICATION PROCEDURE

Verify the **individual's** full name; and **EITHER** their date of birth or residential address.

- o Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- o Contact your licensee if the individual is unable to provide the required documents.

PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Australian State / Territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Tick ✓	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Department of Human Services (previously known as Centrelink)
Tick ✓	AND ONE valid option from this section
<input type="checkbox"/>	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
<input type="checkbox"/>	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. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 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)
<input type="checkbox"/>	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

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**

SECTION 4: RECORD OF VERIFICATION PROCEDURE

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		
Issue Date		
Expiry Date		
Document Number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date
Verification
Completed