

Application for APN Online | Investor

This Application Form relates to the application for APN Online access. Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Start at the left of each space and leave a gap between words.

User | Individual Details

Mr/Mrs/Miss/Ms/Other <input type="text"/>	Surname <input type="text"/>	First name <input type="text"/>	Second name <input type="text"/>
Sex (M/F) <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Contact number <input type="text"/>	IMPORTANT: Email address your APN Online ID will be emailed to you <input type="text"/>
Residential address Line 1 <input type="text"/>	Postal address (if different from residential address) Line 1 <input type="text"/>		
Line 2 <input type="text"/>	Line 2 <input type="text"/>		
Suburb/City/Town <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Suburb/City/Town <input type="text"/>
			State <input type="text"/>
			Postcode <input type="text"/>

APN Online provides you with the ability to view multiple accounts that you hold with us. To "link" investments you must be authorised on all of the investment accounts and agree to consolidation of your contact details across them. Please nominate one account as your primary investment and include details of the other accounts held with us as secondary investments. (IMPORTANT - Your contact details for the primary investment will override the secondary investments if they differ.)

Investment Details

Primary Investment	Investor number <input type="text"/>	Investor name Trust name Company registered name Partnership name <input type="text"/>
Secondary Investment(s)	Investor number(s) <input type="text"/>	Investor name(s) Trust name(s) Company registered name(s) Partnership name(s) <input type="text"/>
	<input type="text"/>	<input type="text"/>

If you hold more than 3 investments with APN Funds Management, please attach your additional investment details to this form and cross this box (x)

Declaration

I declare and agree that:

- My application is true and correct.
- If this is a joint application, each of us agrees, unless otherwise indicated on this application, our investment is as joint tenants. The above individual is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawals by any available method*.
- I acknowledge that an investment in a Fund does not represent an investment in or a deposit or other liability of APN Funds Management Limited (APN FM), APN Property Group Limited or any member of the APN Property Group.
- I will provide to APN FM or its nominee any information that APN FM reasonably requires in order to enable APN FM to comply with all its obligations under the Anti-Money Laundering Counter-Terrorism Financing Act 2006 and its associated rules and regulations (in force from time to time).
- I acknowledge that the information collected by APN FM (including in this application form) may be used for identification purposes, including via a third party verification service, to enable APN FM to comply with all its customer identification obligations under the Act and associated rules referred to above.
- I acknowledge that by signing this form I have read and agree to be bound by the terms and conditions set out at www.apngroup.com.au/apn/apnonline/apnonlineterms.aspx

Signature

Joint applicants must both sign*

- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application unless we have already sighted it).
- SOLE SIGNATORIES signing on behalf of a company confirm that they are signing as either a director or sole director and sole secretary of the company by ticking the relevant box.

Name of Investor A Trustee Company Director (please print) <input type="text"/>	Name of Investor B Trustee Company Director/Secretary (please print) <input type="text"/>
Signature of Investor A Trustee Company Director <input type="text"/>	Signature of Investor B Trustee Company Director/Secretary <input type="text"/>
Director <input type="checkbox"/> Sole director Sole secretary <input type="checkbox"/>	Director <input type="checkbox"/> Sole director Sole secretary <input type="checkbox"/>
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

***If additional investors/trustees are applying for online access for this investment, each must complete a separate APN Online investor application form and return to us at the above address.**