

AXA Australia Wholesale Investment Funds

Application form

Emerging Markets Fund
Wholesale Global Diversified Yield Fund
Wholesale Global Equity – Growth Fund
Wholesale Global Equity – Value Fund
Wholesale Global Property Securities Fund (Hedged)
Wholesale Global Property Securities Fund (Unhedged)
Wholesale Australian Equity – Growth Fund
Wholesale Australian Equity – Industrials Fund
Wholesale Australian Equity – Value Fund
Wholesale Australian Diversified Property Securities Fund
Wholesale Australian Monthly Income Fund
Wholesale Cash Management Trust



redefining / investments

Product Disclosure Statements (PDSs) are updated from time to time. Please ensure that you have read the most up-to-date PDS and supplementary PDS where applicable, prior to completing this application form. To ensure that you have the most up-to-date PDS please check with your financial adviser, visit our website www.axa.com.au or call AXA Australia on 1800 780 085.

Notes to the application form

1 Completing the application form

All applicants must complete the following sections of the application form:

Section 1: Applicant details

Section 2: Investment amount(s)

Section 3: Distributions

Section 4: Options

Section 7: Applicant signature

Section 11: Customer identification procedure

We cannot knowingly accept an application from a person under the age of 18.

2 Applicant details and signature

Individuals

Applications must be signed personally or under a power of attorney. A certified copy of the power of attorney (including confirmation from the attorney that it has not been revoked) must be provided.

Joint applicants

Joint applicants must each provide their full names and sign the application form. All correspondence regarding the investment (including the payment of distributions and withdrawals) will be sent to the first named applicant.

Joint applicants are treated as joint tenants. This means that if one of the joint applicants dies, only the other joint applicants will be recognised as having any claim to the investment.

Companies

A company must sign the application form in one of the following ways:

- two directors, or
- one director and one secretary, or
- the sole director who is also the sole secretary, or
- otherwise in accordance with its constitution (in this case a certified copy of the relevant sections of the company's constitution must be provided).

Trustees

Applications by trustees on behalf of a partnership, superannuation Fund, other trust or person under the age of 18 must be made in the name of the trustee and signed by the trustee. Only the trustee will be recognised as having any claim to the investment.

3 Payment

If you are applying for units in more than one AXA Australia Wholesale Investment Fund, a separate cheque for each Fund must be provided.

Your cheque must be:

- made out to 'AXA Australia – [insert Fund name]', and
- crossed 'Not Negotiable'.

All applications must be denominated in Australian dollars.

We cannot accept cash deposits.

4 Tax file number

If you are an Australian resident you can choose whether or not to quote your tax file number (TFN) on the application form. If you do not quote your TFN or do not claim an exemption from quoting your TFN, the taxation laws require us to withhold tax from distributions paid to you and that tax be paid at the maximum marginal rate (plus Medicare levy).

Collection, use and disclosure of this information is authorised and strictly regulated by the tax laws and the Privacy Act.

If you are providing TFN information, it must be provided by the holder of the TFN or a person authorised to do so. Joint applicants must provide the TFNs of at least two applicants. If the applicant is a company, the company's TFN must be provided. Trustees must quote the TFN of the relevant trust.

We recommend that non-resident investors seek taxation advice.

Further information about the TFN requirements can be obtained from the Australian Taxation Office.

5 Delivery

Please send your completed application form and cheque to us at:

**AXA Australia
GPO Box 2780
MELBOURNE VIC 3001**

Please print in capital letters and use a black pen.

This application form relates to the AXA Australia Wholesale Investment Funds that are listed on the front cover of this document and offered under individual Product Disclosure Statements (PDSs). The PDSs contain important information about investing in the Funds. Please read the relevant PDS and supplementary PDS where applicable, before applying for units in a Fund. If you give another person access to this application form, you must at the same time and by the same means give the other person access to the PDS and any supplementary documents. We will send you paper copies of the PDSs, any supplementary documents and the application form on request and free of charge.

To avoid duplication in processing this application, please advise if this form has previously been faxed to AXA.

Yes No If yes, on what date was the form faxed?

When completing this application form please refer to the instructions in 'Notes to the application form'.

New application Additional application

Section 1 Applicant details

Existing investors only

Investor number:

Type of application: Individual (Section 1A) Joint (Section 1A) Corporate (Section 1B) Trust (including self-managed super funds) (Section 1C)
 Adult for a child under 18 (Section 1A) Partnership (Section 1D)

Section 1A Individuals, joint investors, sole trader or adults for children under 18

Investor 1

Mr Mrs Miss Ms Other (please specify) Male Female Date of birth

Surname (please print) Given name(s)

or
 Tax file number TFN exemption reason

Residential address

Street number and name Town/suburb State Postcode

Telephone home Work Mobile

Country of residence (non-residents only)

Postal address (if different from above)

Street number and name Town/suburb State Postcode

In addition, if you are a sole trader please complete the section below

Full business name Australian business number

Principal place of business (PO box is not acceptable)

Street number and name Town/suburb State Postcode Country

► If you have a financial adviser, please ensure your financial adviser completes Sections 8, 9 and 10.

► If you do NOT have a financial adviser, please complete Section 11.

Section 1A Individuals, joint investors, sole trader or adults for children under 18 (continued)

Investor 2 (joint investors, sole trader, details of child under 18)

Mr Mrs Miss Ms Other (please specify)
 Male Female Date of birth / /

Surname (please print) Given name(s)

Tax file number or TFN exemption reason

Residential address

Street number and name Town/suburb State Postcode

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Telephone home Work Mobile

Country of residence (non-residents only)

Postal address (if different from above)

Street number and name Town/suburb State Postcode

If you are an existing investor and are making an additional application using this form, please include your investor number (beginning with TA) in the space provided in Section 1.

Do you have a financial adviser? Yes No

If yes,

Servicing financial adviser name AXA Adviser code

()

Contact telephone number

- ▶ If you have a financial adviser, please ensure your financial adviser completes Sections 8, 9 and 10.
- ▶ If you do NOT have a financial adviser, please complete Section 11.

Section 1B Australian company details

1 Do you have an Australian Company Number (ACN)?

No, please complete the Attestation form – Customer identification – foreign company, association, registered co-operative or Government body. You can obtain a copy from www.axa.com.au under Forms>Other forms. Do not complete this form.

Yes, please provide your company ACN

2 Full name of company as registered with ASIC

3 Full address of the company's registered office (PO box is not acceptable)

Street number and name Town/suburb State Postcode Country

4 Address of principal place of business (if same as above, write 'as above')

Street number and name Town/suburb State Postcode Country

Customer name Customer number (if known)

5 Is the company a proprietary company?

No Yes, please provide the name of each director of the company below

Full name of director(s)

Full name of director(s)

If space provided is not sufficient, please attach an additional page.

Section 1B Australian company details (continued)

6 Is the company a public company?

- No
- Yes, please specify:
- Listed, please provide the name of the relevant stock exchange
- Unlisted

7 Is the company regulated (eg Commonwealth, Territory or State)?

- No, please provide the name and residential address of each shareholder who owns 25 per cent or more of the issued capital of the company through one or more share holdings.

Full name of shareholder

Residential address (including country)

If space provided is not sufficient, please attach an additional page.

- Yes, please provide the name of the regulator and your relevant licence details

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Name of regulator

Licence type

Licence number

▶ If you have a financial adviser, please ensure your financial adviser completes Sections 8, 9 and 10.

▶ If you do NOT have a financial adviser, please complete Section 11.

Section 1C Trust details

8 Please provide trust details.

Full name of trust	
Full business name, if any, of the trustee	Country in which the trust was established

9 Please select the type of trust and provide details, if required (tick one box only).

- | | | |
|---|---|---|
| <input type="checkbox"/> Registered managed investment scheme | ▶ Please provide Australian Registered Scheme Number (ARSN) | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Regulated trust (eg self-managed super fund) | ▶ Please provide regulator name (eg ASIC, APRA, ATO) | <input style="width: 100%;" type="text"/> |
| | ▶ Please provide the trust's ABN or registration/licence number | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Government superannuation fund | ▶ Please provide the name of the legislation under which the fund was established | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Other trust | ▶ Please provide details (eg Family, unit or charitable trust, estate) | <input style="width: 100%;" type="text"/> |

Customer name	Customer number (if known)

Section 1C Trust details (continued)

10 Please provide trustee details.

For a registered managed investment scheme, regulated trust or government superannuation fund provide details for one trustee (individual or company). For other trusts please provide details for all trustees (individual or company).

Details of each trustee who is an individual

Trustee name in full	Date of birth	Trustee residential address, including country (PO box is not acceptable)
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

If space provided is not sufficient, please attach an additional page.

Details of each trustee who is a company

You must provide further details for one of the companies listed. Please complete Section 1, questions 1 to 7.

Trustee name in full	Trustee address, including country (PO box is not acceptable)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If space provided is not sufficient, please attach an additional page.

11 Do the terms of the trust identify the beneficiaries by reference to membership class? (Only complete this question if you selected 'Other trust' in question 9).

No, please provide the full name of each beneficiary of the trust

Beneficiary name in full

If space provided is not sufficient, please attach an additional page.

Yes, please provide membership class details

- ▶ If you have a financial adviser, please ensure your financial adviser completes Sections 8, 9 and 10.
- ▶ If you do NOT have a financial adviser, please complete Section 11.

<input type="text"/>	<input type="text"/>
Customer name	Customer number (if known)

Section 1D Partnership details

12 Please provide partnership details

<input type="text"/>
Full name of partnership
<input type="text"/>
Registered business name
<input type="text"/>
Country where the partnership was established

Section 1D Partnership details (continued)

13 Is the partnership regulated by a professional association?

No, please provide details for each partner. (You must also provide customer identification documents for one of the individuals. Please refer to Section 11 for acceptable documents*).

Partner name in full	Date of birth	Partner residential address (PO box is not acceptable)
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

If space provided is not sufficient, please attach an additional page.

Yes, please provide the association details and details for one of the partners.

Name of association	Membership number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If space provided is not sufficient, please attach an additional page

Partner name in full	Date of birth	Partner residential address (PO box is not acceptable)
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

You must also provide customer identification documents for this individual. Please refer to Section 11 for acceptable documents*.

* Financial advisers please note, you may choose to retain these documents. Please refer to Section 9.

▶ If you have a financial adviser, please ensure your financial adviser completes Sections 8, 9 and 10.

▶ If you do NOT have a financial adviser, please complete Section 11.

Section 2 Investment amount(s)

Wholesale Australian Monthly Income Fund	<input type="text" value="\$"/>
Wholesale Cash Management Trust	<input type="text" value="\$"/>

Your initial investment amount for each of the above Funds must be at least A\$100,000. Any additional investment amount for each Fund must be at least A\$1,000. A separate cheque made out to 'AXA Australia - [insert Fund name]' must be provided for each Fund in which you apply for units.

	Total
Emerging Markets Fund	<input type="text" value="\$"/>
Wholesale Global Diversified Yield Fund	<input type="text" value="\$"/>
Wholesale Global Equity - Growth Fund	<input type="text" value="\$"/>
Wholesale Global Equity - Value Fund	<input type="text" value="\$"/>
Wholesale Global Property Securities Fund (Hedged)	<input type="text" value="\$"/>
Wholesale Global Property Securities Fund (Unhedged)	<input type="text" value="\$"/>
Wholesale Australian Equity - Growth Fund	<input type="text" value="\$"/>
Wholesale Australian Equity - Industrials Fund	<input type="text" value="\$"/>
Wholesale Australian Equity - Value Fund	<input type="text" value="\$"/>
Wholesale Australian Diversified Property Securities Fund	<input type="text" value="\$"/>

Your initial investment amount for each of the above Funds must be at least A\$25,000. Any additional investment amount for each Fund must be at least A\$1,000. A separate cheque made out to 'AXA Australia - [insert Fund name]' must be provided for each Fund in which you apply for units.

Section 3 Distributions

Distributions are to be (please tick one box):

- reinvested in the Fund in the form of additional units in the same class units
- paid to the first named applicant's Australian bank or financial institution account (if you select this option you must provide account details below)

If you do not select either of the above your distribution will be automatically reinvested in the Fund.

Account details

Bank/financial institution	Account name		
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
BSB number	Account number		
Branch address	Town/Suburb	State	Postcode
Country of residence (non-residents only)			

Section 4 Client advice fee

Client advice fee Yes No

If Yes, please specify below the details of the payments you would like to make to your financial adviser directly from your Wholesale Investment Fund:

Client advice fee – ongoing Yes No

Monthly deduction Quarterly deduction

% of account balance pa %

\$ pa

Note: Client advice fee – ongoing is subject to a maximum payment amount equal to 3 per cent per annum of your account balance per annum (calculated at the time of deduction).

Start date

Note: If no date is nominated the payment will be deducted on your quarterly anniversary date.

Which Fund would you like this payment to be deducted from:

Note: If no Fund is nominated, the payment will be taken from your Wholesale Investment Fund with the greatest Fund balance at the time the payment is deducted.

Client advice fee – additional Yes No

Your client advice fee – additional payment will be deducted within five days of AXA receiving your instruction.

% of account balance %

\$

Dollar amount based on a calculation of:

% of contribution %

Contribution =

\$

Which Fund would you like this payment to be deducted from:

Note: Account balance is the sum of all Wholesale Fund units.

Client advice fees are treated as a redemption and are subject to all the terms and conditions concerning redemptions.

Section 5 Lender's interest

Enter details of a lender as the mortgagee of your units (these details will be included on the register).

Lender's name (please print)

Lender's address

Street number and name

Town/suburb

State

Postcode

Country

Contact person (if known)

Mr Mrs Miss Ms Other (please specify)

Surname (please print)

Given name(s)

Position

Telephone

Section 6 Acknowledgments

I acknowledge and agree to the following, in relation to each Fund in which I am applying for units:

- 1 I have received and read the current PDS and any Supplementary PDS (SPDS) and understand that this application is made subject to the terms and conditions of that PDS. I agree to be bound by the terms of that PDS.
- 2 this application is made subject to the Fund's constitution as amended from time to time
- 3 if my application is not accepted in full, I agree to accept the number of units issued to me
- 4 to the maximum extent permitted by law I release, discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the facilities and options offered
- 5 if any action is taken or payment is made in accordance with the conditions of any facility or option offered, and that action or payment is later found not to have been authorised by me or my authorised representative, neither I nor anyone claiming through me can claim against the responsible entity
- 6 additional applications are subject to the terms and conditions of the current PDS and application form
- 7 to my personal details being provided to my financial adviser and their agents, and
- 8 privacy (applicable to personal investors only): I have read and understood the privacy disclosure statement contained in the PDS. I acknowledge that I can opt not to have my information used for the purpose of direct marketing by telephoning 1800 780 085.

Section 7 Applicant signature

Applicants should refer to section 2 of the 'Notes to the application form' for instructions about how to sign this application form.

Individuals only (applicant or attorney)

Signature

Date

Signature

Date

Signature

Date

Account operating instructions for joint applicants: any applicant to sign all applicants to sign

Please note: If you fail to select one of these options then we will require all applicants to sign.

Companies only

This document was executed by the applicant in accordance with its constitution and the Corporations Act:

Signature

Date

Print name

Office held (eg director/secretary/attorney/trustee)

Signature

Date

Print name

Office held (eg director/secretary/attorney/trustee)

Adviser use only

Section 8 Declaration

I declare that I have undertaken an applicable customer ID procedure for the above listed client as required under the AML/CTF requirements and that the client details contained in the sighted documents correspond with the client details contained in the application form.

Section 9 Record of identification procedure

Copy of ID document(s):

Not attached

Do not tick this box unless you have confirmed with your licensee that they have entered into a licensee agreement with AXA that contains the relevant customer identification obligations.

Attached

Please provide either:

- documentation for the Australian company, trust or partnership.
- documentation for an individual (where required).

Section 10 Financial adviser details – identification and verification conducted by:

	()
Financial adviser's name	Telephone
AFS licensee name	Adviser number
X	/ /
Financial adviser signature	Date

Section 11 Customer identification procedure

I confirm that I have attached certified customer ID documents as requested.

X	/ /
Customer signature	Date

Customer identification checklist

You must attach the following certified documents to this form. Refer to 'Who can certify customer ID documents?', at the end of this section, to find out who can certify customer ID documents.

Australian companies

Provide the following:

An original or certified copy of a certificate of registration issued by ASIC.

Trusts

For a registered managed investment scheme, regulated trust (eg self-managed super fund), or government superannuation fund, please provide one of the following:

- Evidence of a search of the ASIC, ATO or relevant regulator's website.
- A copy or relevant extract of the legislation establishing the government superannuation fund that has been sourced from a government website.

For other trusts, please provide one of the following:

- An original, certified copy or certified extract of the trust deed confirming the full name of the trust (front page, recitals and signing page will suffice).
- A notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months.
- A letter from a solicitor or qualified accountant that confirms the name of the trust.

And also provide:

Relevant ID documents for the identified trustee (individual or company).

Partnerships

Provide one of the following:

- An original, certified copy or extract of the partnership agreement.
- A certified copy or certified extract of the minutes from a partnership meeting.
- An original current membership certificate (or equivalent) of a professional association.
- Membership details independently sourced from the relevant professional association.
- A notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months.
- An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

And also provide:

Relevant ID documents for the identified partner (individual).

Section 11 Customer identification procedure (continued)

Individuals

Part i – Provide one of the following:

- Current driver licence/permit issued by a State or Territory containing a photograph of the person.
- Australian passport (a passport that has expired within the preceding two years is acceptable).
- Card issued under a State or Territory for the purpose of providing a person's age containing a photograph of the person (eg proof of age card).
- Current foreign driver's licence, passport or similar travel document containing the photograph and the signature of the person in whose name the document was issued*.
- National identity card issued by a foreign government containing a photograph of the person in whose name the card was issued*.

If you cannot provide a document listed above, please provide a document for each client from Part ii (a) AND Part ii (b) below.

Part ii (a) – Provide one of the following:

- Birth certificate or birth extract*.
- Citizenship certificate issued by the Commonwealth.
- Citizenship certificate issued by a foreign government*.
- Pension card issued by Centrelink.
- Health card issued by Centrelink.

Part ii (b) – and also provide one of the following:

- A notice 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 contains the individual's name and residential address.
- A notice 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 notice 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).

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

Who can certify customer ID documents?

Under the AML/CTF requirements the following 'authorised individuals' are able to certify proof of ID documents:

- 1 a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- 2 a judge of a court
- 3 a magistrate
- 4 a chief executive officer of a Commonwealth court
- 5 a registrar or deputy registrar of a court
- 6 a Justice of the Peace
- 7 a notary public (for the purposes of the Statutory Declarations Regulations 1993)
- 8 a police officer
- 9 an agent of Australia Post who is in charge of an office supplying postal services to the public
- 10 a permanent employee of Australia Post with two or more years of continuous service who is employed in an office supplying postal services to the public
- 11 an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- 12 an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- 13 a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- 14 an officer with, or authorised representative of, a holder of an Australian Financial Services licence, having two or more continuous years of service with one or more licensees, and
- 15 a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

When certifying documents, the following process must be followed:

- All copied pages of original proof of ID documents must be certified.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document 'certified true copy'. This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify customer ID, the authorised individual should write or stamp 'certified true extract'.



Responsible Entity
National Mutual Funds Management Ltd ABN 32 006 787 720 AFS Licence No. 234652
Member of the Global AXA Group



redefining / investments