



ORD MINNETT

ASSET MANAGEMENT

Application Form

Cash Management Trust

How to complete the Application Form

Account Name and Designation

Please tick the appropriate box in Section 1 of the Application Form to nominate the type of Account you are opening with Ord Minnett.

If you are investing for:	The account must be in the name of:	Example:	Refer application form section
Individual/s	Full names of each applicant	Mr John Smith Mrs Mary Smith	2) Investor 1 2) Investor 2 2) Investor 3
Company or incorporated body	The company	John Smith Pty Ltd	4) Company name
Fund	The Trustees (rather than the name of the Fund)	Mr John Smith and Mrs Mary Smith <as Trustees for The Smith Family Fund>	3) Trustee individual 1 3) Trustee Individual 2 3) Fund name
Superannuation Fund (a)	The Trustees for the Superannuation fund is a company	John Smith Pty Ltd <as Trustee for Smith Family Superannuation Fund>	3) Trustee company 3) Account designation
	(b) The Trustees for the Superannuation fund are individuals	Mr John Smith and Mrs Mary Smith <as Trustee for Smith Family Superannuation Fund>	3) Trustee 1 3) Trustee 2 3) Account designation
Partnership	The principals	Mr John Smith and Mrs Mary Smith <Smith and Associates>	2) Investor 1 2) Investor 2 2) Account designation
Sole Trader / Business	The Principal	Mr John Smith <Smith Garden Services>	2) Investor 1 2) Account designation
Unincorporated body	Individual/s on behalf of the unincorporated body	Mrs Mary Smith <North Sydney Soccer Club>	2) Investor 1 2) Account designation
Deceased estate	The executors of the estate	Mrs Mary Smith <as executor for Estate of the late Sally Brown>	2) Investor 1 2) Account designation
Minor (a person under the age of 18 years)	The responsible adult, with the minor as the designation	Mr John Smith <Harry Smith A/C>	2) Investor 1 2) Account designation

How to complete the Application Form (continued)

The Application Form must be completed by all investors

The numbers below refer to sections of the client information section.

1. Type of Account

Investor Details

Please refer to the table on page 2 for guidance about which application section to complete.

2. Individual(s)/Joint

If you are a new investor you must complete your full name and Date of Birth.

Complete the Account Designation section if you would like to record a special purpose name on your account. Please note that joint accounts will be deemed to be held as joint tenants. (*Joint tenants means that each person holds an equal undivided share of the investment and in the event that one investor dies, the holding automatically passes to the surviving investor.*)

3. Trusts, Superannuation Funds and Other Entities

Please supply full names of the Fund. You must indicate the type of Fund whether it is Family, SMSF, Unit, Charitable or other; ABN / ACN, Contact Name and Full Business name and Country where Fund was established. You must provide the full names of all Trustees including Date of Births. If more than two Trustees, please provide their details on a separate sheet.

Please note that Superannuation Funds must be complying funds under the Superannuation Industry (Supervision) Act. It is the responsibility of the account holder to ensure they are compliant with this Act.

We may be required to obtain additional information to identify the controllers, settlors or beneficial owners of a trust where such information is necessary to ensure we are complying with our AML obligations.

4. Company Investor

Please complete Company or other Incorporated Bodies – Insert name of Company, Incorporated Association or other Body; the ABN/ACN, Contact Name, Full registered office address and address of principal place of business. You must provide the full names of all Directors and their shareholdings. If more than two, please provide on a separate sheet on company letterhead. Complete the Account Designation section if you would like to record a special purpose name on your account.

4A. Beneficial Owners (Trust and Company Accounts)

If you are opening a:

- **Company account** please list below each **shareholder** who has an entitlement to **25% or more of the issued shares** of the company.
- **Trust account** please list each **beneficiary** who has an entitlement to **25% or more of the property** of the trust.

Please provide identification for each person listed in this section as per the requirements for an individual investor.

5. Contact details

A residential address or registered office **must be** provided by all investors. PO Box alone is **not** acceptable.

6. Tax File Number

You do not have to provide us with your Tax File Number (TFN), however, if you choose not to, we are required to deduct tax from any income payable at the highest personal rate, including the Medicare levy. If you are exempt from providing a TFN, please write the reason for your exemption in the TFN Exemption box. When the account is opened on behalf of a minor, the TFN of the parent/guardian will be recorded.

7. Identification Tax Residency

Please complete this section to identify any account owners who hold a tax residency outside of Australia.

8. Operating Authority

For joint accounts, please nominate signing instructions. If you do not specify, the default is that all investors must sign instructions provided to the responsible entity. For Company accounts, please indicate signing instructions. If you do not specify, the default is that all signatories must sign instructions provided to the responsible entity.

9. Operating instructions

Please indicate if online services and telephone instructions are required. Please refer to the Telephone section of the Additional Information Guide.

10. Bank/financial institution account details

Please provide your Australian bank, building society or credit union account details if you choose to have your income paid into this account (if elected in section 11). If you are unsure of any details please confirm with your financial institution.

All account details will be treated as Nominated accounts and will be recorded and available for use through all requested redemption facilities.

11. Income distributions

Reinvest – If you wish to have your distribution reinvested into your account, please tick the “Reinvest in the Trust” box.

Direct Credit – If you would like your distributions paid by electronic transfer to your Australian bank, building society or credit union account, place a tick in the “Direct to bank/financial institution account” box. Please ensure you provide your bank, building society or credit union details in Section 10 of the application form. **If there is no nomination, reinvestment is the default option.**

12. Adviser Details

If you wish to nominate your adviser to instruct on your behalf please complete the relevant details. Refer to the Instructing Dealer section of the Additional Information Guide.

Identification Requirements and Procedures

All signatories must provide two forms of identification, with at least one from the Primary list below and the second from either the Primary or Secondary list below. Both forms of identification must be original certified copies, certified by an Acceptable Referee.

Individual

You may provide a combination of both primary and secondary ID (as listed in the boxes below). However:

- at least one form of ID must be photographic ID (i.e. a drivers licence or passport); and
- at least one form of ID must contain your current address (as per the address on the Application Form).

Primary Photo Identification (At least one form of primary ID required)

- **Australian Driver Licence**
- **Australian/Foreign Passport (a passport that has expired within the preceding 2 years is acceptable)**
- **Government Issued Photo Identity Card**
- **Other – Licence with Photograph**

Secondary Identification

- **Medicare Card**
- **Credit Card with an Australian Financial Institution**
- **Australian Birth Certificate**
- **Australian Citizenship Certificate**
- **Pension / Health Card issued by Centrelink**
- **Commonwealth Government letter of financial benefit (Less than 1 year old)**
- **ATO Tax Advice (Less than 1 year old)**
- **Australian utilities / telecommunication provider bill (within the last 3 months) eg electricity bill, rates notice, phone bill**
- **Australian Financial Institution statement (within the last 3 months) eg CHESS statement, bank statement**

Certification

If you are providing a copy of these documents to Ord Minnett they must be certified by an acceptable referee (refer to the listing of Acceptable Referees). Otherwise, you can take your original identification to an Ord Minnett Branch or office where a copy of these documents will be taken and certified.

Trusts, Superannuation Fund or other Entity

You must provide identification and a full copy of the Trust Deed which has been certified by an Acceptable Referee.

Identification must be provided by:

- Each trustee who has signed the Application Form (or directors where the trustee is a corporate entity).
- Beneficiaries entitled to 25% or more of trust income or property.
- Persons who control the trust or have power to appoint or remove trustees (including persons named as Appointor, Guarantor or Principal in the trust deed).
- Settlers where the settled sum is in excess of \$10,000.

Please list all beneficiaries who are entitled to 25% or more of trust income or property in section 5. Beneficial Owners (Trust and Company Accounts).

Identification must be provided as per the requirements for an individual (see above).

Company

The following individuals must provide identification which has been certified by an Acceptable Referee:

- Each Director who has signed the Application Form
- Shareholders who hold 25% or more of the equity in the company (each a Beneficial Owner).

Please list all shareholders who hold 25% or more of the equity in the company in section 5. Beneficial Owners (Trust and Company Accounts).

Where one of the Beneficial Owners is a corporate entity we will be required to identify the Directors and Beneficial Owners of that corporate entity.

Companies must provide the name of each Director who is authorised to issue instructions on behalf of the company (attach additional paper if the Application Form is not sufficient).

Acceptable Referees

All acceptable referees must certify that the identification is a true and correct copy of the original document which has been sighted.

Categories of Acceptable Referees

1. A member of:
 - (a) the Institute of Chartered Accountants in Australia; or
 - (b) the Australian Society of Certified Practising Accountants; or
 - (c) the National Institute of Accountants.
2. A member of a municipal, city, town, district or shire council of a State or Territory.
3. An employee of a financial institution who is authorised by the financial institution to open accounts with the institution.
4. An agent of a financial institution who is authorised by the financial institution to open accounts with the institution.
5. A full-time employee of:
 - (a) a financial institution (other than an employee mentioned in item 3); or
 - (b) a corporation that is a registered corporation within the meaning of the *Financial Corporations Act 1974*; who has been employed continuously for at least 5 years by one or more financial bodies.
6. An employee of a bank carrying on business outside Australia:
 - (a) that does not have an authority under section 9 of the *Banking Act 1959*; and
 - (b) that is engaged in a transaction with a cash dealer; who is authorised by the bank to open accounts with the bank.
7. A full-time employee of a company carrying on insurance business who has been employed continuously for at least 5 years by one or more companies of that type.
8. A legal practitioner (however described) of a Federal, State or Territory court.
9. A registrar, clerk, sheriff or bailiff of a Federal, State or Territory court.
10. An officer within the meaning of the Defence Act 1903.
11. An individual registered or licensed as:
 - (a) a dentist; or
 - (b) a medical practitioner; or
 - (c) a pharmacist; or
 - (d) a veterinary surgeon;under a law of a State or Territory providing for that registration or licensing.
12. An individual who holds the position of nursing sister and is registered as a nurse under a law of a State or Territory providing for that registration.
13. A diplomatic or consular officer of an Australian Embassy, High Commission or Consulate, in Australia or overseas.
14. A holder of an office established by a law of the Commonwealth, a State or Territory in respect of which annual salary is payable, other than an office mentioned in item 15.
15. A judge or master of a Federal, State or Territory court.
16. A stipendiary magistrate of the Commonwealth or of a State or Territory.
17. A justice of the peace of a State or Territory.
18. A member of the Parliament or a State Parliament.
19. A member of the Legislative Assembly of the Australian Capital Territory, the Northern Territory or Norfolk Island.
20. A minister of religion within the meaning of the *Marriage Act 1961* who is registered under Division 1 of Part IV of that Act.
21. A notary public. Form 21 - October 2002
22. A member of the Australian Federal Police, or of the police force of a State or Territory, who, in the normal course of his or her duties, is in charge of a police station.
23. A member of the Australian Federal Police, or of the police force of a State or Territory, of or above the rank of sergeant.
24. A manager of a post office.
25. An individual employed as an officer or employee by one or more of the following:
 - (a) The Commonwealth, a State or Territory; or
 - (b) an authority of the Commonwealth, a State or Territory; or
 - (c) a local government body of a State or Territory; who has been so employed continuously for a period of at least 5 years, whether or not the individual was employed for part of that period as an officer and for part as an employee.
26. An individual employed as a full-time teacher or as a principal at one or more of the following educational institutions:
 - (a) a primary or secondary school forming part of the education system in State or Territory; or
 - (b) an institution listed in section 4 or paragraphs 34(4)(b)-(j) (inclusive) of the *Higher Education Funding Act 1988*; who has been so employed continuously for a period of at least 5 years.
27. An individual who, in relation to an Aboriginal community:
 - (a) is recognised by the members of the community to be a community elder; or
 - (b) if there is an elected Aboriginal council that represents the community - is an elected member of the council.
28. An individual who is an agent of a totalisator agency board if:
 - (a) the individual conducts an agency of the totalisator agency board at particular premises; and
 - (b) that agency is not ancillary to any other business conducted at those premises.
29. A commissioner for oaths of a State or Territory.
30. An individual who is registered as a tax agent under part VIIA of the *Income Tax Assessment Act 1936*.
31. A member of the Chartered Institute of Company Secretaries in Australia Limited.
32. A member or fellow of the Association of Taxation and Management Accountants.
33. A member of the Institution of Engineers, Australia, other than a member with the grade of student.
34. A fellow member of the National Tax and Accountants' Association Limited.
35. The holder, or an authorised representative / proper authority holder of, a licence under sections 780, 781 or 913B of the *Corporations Act 2001* who has known another person for at least 12 months is an acceptable referee in respect of the other person for the purposes of the definition of 'acceptable referee' in subsection 3(1) of the FTR Act.
36. The holder of, or an authorised representative / proper authority holder of, a licence under sections 780, 781 or 913B of the *Corporations Act 2001*, who has complied with the requirements of section 912A of that Act and Australian Securities and Investments Commission Policy Statement 122 in relation to another person is an acceptable referee in respect of that other person for the purposes of the definition of 'acceptable referee' in subsection 3(1) of the FTR Act. (In this situation there is no requirement for an existing 12 month relationship).

Application Form

Ord Minnett Management Limited
Cash Management Trust

Office Use Only

Adviser Name:

Adviser Code:

Account Number:

Ord Minnett Management Limited AFS Licence 237 123 ABN 55 002 262 240

Note: Please complete using a black or blue pen and use BLOCKLETTERS.

The Application Form Section must be completed by all investors

1 Type of Account

<input type="checkbox"/> Individual	(Section 2+5)	<input type="checkbox"/> Company	(Section 4+4A+5)
<input type="checkbox"/> Joint	(Section 2+5)	<input type="checkbox"/> Superannuation	(Section 3+4A+5)
<input type="checkbox"/> Trust	(Section 3+4A+5)	<input type="checkbox"/> Other (Please specify)	_____

2 Individual(s)/Joint – please refer to page A4 for identification requirements

Investor 1 - Title	Given name(s)	Surname	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Investor 2 - Title	Given name(s)	Surname	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Investor 3 - Title	Given name(s)	Surname	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Designation (if applicable)

Refer “How to Complete the Client Application Form” section instructions for appropriate designation

Go to Section 5

3 Trusts, Superannuation Funds or Other Entities (If more Trustees, provide details on separate sheet).

Full name of Trust (Name of Trust, Superannuation Fund or unincorporated association)

Company Trustee Name	ABN/ACN
<input type="text"/>	<input type="text"/>

Contact name	Country where trust established
<input type="text"/>	<input type="text"/>

Type of Trust SMSF Family Unit Charitable Other _____

Individual Trustee/Director 1

Title	Given name(s)	Surname	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>				
Suburb	State	Postcode	Country	

Individual Trustee/Director 2

Title	Given name(s)	Surname	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>				
Suburb	State	Postcode	Country	

4 Company Investor

Company name

ABN/ACN

Address of Principal Place of Business

Contact Name

Please provide full names of Directors of the company For proprietary companies please provide the following details for all Directors with holdings greater than 25% of issued capital and their shareholding entitlement. If there are more than two directors, provide details on a separate sheet on company letterhead.

Director 1

Title	Given name(s)	Surname	Shareholding %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>				
Suburb	State	Postcode	Country	

Director 2

Title	Given name(s)	Surname	Shareholding %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>				
Suburb	State	Postcode	Country	

Account Designation (if applicable)

Refer 'How to complete the Client Application Form section instructions for appropriate designations.'

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

4A. Beneficial Owners (Trust and Company Accounts)

If you are opening a:

- **Company account** please list below each **shareholder** who has an entitlement to **25% or more of trust income or property**.
- **Trust account** please list each **beneficiary** who has an entitlement to **25% or more of the property or income** of the trust.

Name of Individual or Corporate Shareholder

Name of Individual or Corporate Shareholder

Name of Individual or Corporate Shareholder

Name of Individual or Corporate Shareholder

Please provide identification for each person listed in this section as per the requirements detailed in the Identification Requirements and Procedures section.

5 Contact details

Residential Address details must be completed if different from your mailing address. Please note PO Box is not acceptable for a residential address but is acceptable for a mailing and registration address.

Residential Address/Registered Office Address

<input type="text"/>				
Suburb	State	Postcode	Country	

Mailing address (if different from above)

<input type="text"/>				
Suburb	State	Postcode	Country	

Contact Numbers

Home phone Work phone

Mobile Email

6 Tax File Number (TFN)

Are you an Australian resident for tax purposes? Yes No ▶ If no, what is your country of residence for tax purposes?

Tax File Number Categories

I Individuals **C** Companies **T** Formal Trusts **S** Super Funds
Investor 1 TFN Category
Investor 2 TFN Category
Investor 3 TFN Category

I/We do not want to quote a TFN for this investment (tick)
TFN exemption: If you have a TFN exemption, please provide exemption details

7 Identification - Tax Residency

i) Are any owners, beneficiaries or controlling persons of the Account; tax residents in a country outside Australia? Yes No
ii) Are any owners or beneficiaries of the account US citizens or residents of the US for tax purposes? Yes No
iii) Is this a Company account? Yes No
If Yes, was the Company incorporated in a country outside Australia? Yes No

Indication of foreign tax residency will require you to provide additional information.

8 Operating Authority

Joint applicants (If no selection is made "All investors must sign" will be enforced)

Any investor may sign All investors must sign

Company/incorporated bodies (If no selection is made "All signatories must sign" will be enforced)

Any one signatory to sign All signatories must sign

Other – please specify

To access online transaction services the operating authority on your account must be set to any investor to sign.

9a Operating Instructions – Telephone

Do you require the use of telephone transaction facility? (If no selection is made, NO is the default option) Yes No

9b Operating Instructions – Online Services

Do you wish to make BPAY payments from your account and use the internet redemption facility? (If no selection is made, NO is the default option) Yes No

Investor 1 Email **Investor 2 Email** **Investor 3 Email**

9c Sweep Facility

Do you require a sweep facility to settle the following accounts? (If no selection is made, no sweep facility will be established) Yes No

If yes, please complete your client number below (If you do not tick yes to sweep facility and you supply a Ord Minnett Limited account number we will assume you selected yes to the sweep facility)

Ord Minnett Limited Equities A/C No Options A/C No

9d Cheque Facility

Do you require a Cheque Book? Yes No If yes, please indicate Cheque Book size 25 50 100

If you have already been identified for an Ord Minnett Management Limited Cash Management Trust Cheque Book, please provide the existing account number

9e Regular Savings Plan

Do you require the use of the Regular Savings Plan? (Please see the Regular Savings Plan Form)

Yes No

10 Bank/financial institution account details

Please provide your account details in this section if you require us to credit your bank/financial institution.

By providing your bank account details in this section you authorise Ord Minnett Management Limited to use these details for transaction requests unless otherwise advised in writing.

Bank/financial institution	<input type="text"/>																
Branch	<input type="text"/>																
Account name	<input type="text"/>																
BSB number	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account No	<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"/>

11a Income Distributions

How would you like to receive your income distributions? (If no instruction, distributions will automatically be reinvested into the Trust.)

Reinvest in the Trust

Direct to an Australian bank/financial institution account (Complete your bank/financial institution account details in Section 10)

11b Service Fee

By signing this form I/we agree and consent to:

- (a) The payment of a Service Fee (inclusive of GST) of up to 1.16% p.a. on amounts invested into the Cash Management Trust.
- (b) The Service Fee being deducted directly from income attributable to my/our investment.

I/we understand that we may terminate this arrangement by providing 30 days' notice of termination in writing to the Responsible Entity.

12 Adviser Details

Financial Adviser details

Financial Adviser Group

Office Name

Financial adviser stamp

Adviser Representative

Surname

First name(s)

Business phone

Facsimile number

Email

Instructing Dealer

I/We authorise the Australian financial services licensee named below (the Instructing Dealer) to operate my Ord Minnett and Cash Management Trust account on the terms and conditions set out in the Additional Information Guide.

Ord Minnett Limited

Representative

Ord Minnett Financial Planning

Representative

Other Authorised Australian financial services licensee (as agreed with the Responsible Entity)

Please Specify

Representative

(other Australian financial services licensee name)

Declaration

I/We acknowledge that we have read and understood the terms and conditions applying to this authority as set out in the Ord Minnett Additional Information Guide

Important Notes

The application form must not be handed to any person unless accompanied by the PDS dated 22 June 2012. Ord Minnett Management Limited may in its absolute discretion refuse any application for units. Persons external to Ord Minnett Management Limited or other entities who market Ord Minnett products are not agents of Ord Minnett Management Limited but are independent investment advisers. Ord Minnett Management Limited will not be bound by representations or statements which are not contained in the PDS or information disseminated by Ord Minnett Management Limited. Application monies paid by cheques from financial advisers will only be accepted if drawn for the relevant fund account maintained in accordance with the Corporations Act 2001. The Cash Management Trust is offered by Ord Minnett Management Limited (ABN 55 002 262 240).

The Product Disclosure Statements for the Ord Minnett Cash Management Trust dated 22 June 2012 provide information about purchasing units in the Ord Minnett Cash Management Trust.

Any person who gives another person access to the application form must also give the person access to the PDS, the Ord Minnett Funds Additional Information Guide (AIG) and any supplementary documents.

You should read the PDS and the Additional Information Guide (AIG) before completing this application form. Ord Minnett Management Limited or a financial services provider who has provided an electronic copy of the PDS and AIG will send you a paper copy of the PDS, AIG and any supplementary documents and application form free of charge if you so request.

The information provided by me/us in this form, which forms part of my/our application for an Ord Minnett account and which will enable Ord Minnett to comply with the US Foreign Account Tax Compliance Act (FATCA), is correct and where relevant reflects my/our tax status for the purposes of FATCA. I/we will promptly notify Ord Minnett of any changes to the information provided by me/us in connection with FATCA and will provide on request any further information which is necessary for Ord Minnett to comply with its FATCA obligations.

Acknowledgement & Signatures

I /We declare that:

- All details in this application are true and correct;
- I/We have received a copy of the current PDS to which this application applies and read it;
- If investing in the CMT) I/We acknowledge, understand and agreed to be bound by the terms and conditions set out in the PDS for the CMT and any other document (including a PDS) provided to us by Ord Minnett Management relating to any facility selected by me/us that relates to the CMT. I/We agree to bound by the constitution for the CMT.
- I/We have legal power to invest in accordance with this application;
- I/We have received and accepted this offer in Australia;
- The details of my/our investment can be provided to an Instructing Dealer or financial adviser by the means and in the format that they direct;
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power;
- Sole signatories signing on behalf of a company confirm that they are signing as sole director and sole secretary of the company by circling sole director on the signature section;
- If investing as trustee, on behalf of a superannuation fund or Fund, I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the Fund deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act;
- If investing as trustee, on behalf of a superannuation fund or Fund, I/we have provided an original certified copy of the first page and signature page of the Fund Deed of the Fund or Superannuation Fund;
- I/We have read and understood the terms and conditions for the use of facsimile instructions and discharge, release and indemnify Ord Minnett Management Limited against all losses, actions, proceedings, claims, liabilities and demands whatsoever arising out of the use of, or participation in, facsimile instructions, including any unauthorised, fraudulent or purposed use of facsimile instructions;
- I/We acknowledge that I/we have read the pages of the PDS containing the information under the heading "Privacy". I am/we are aware that until I/we inform Ord Minnett Management Limited otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including for the purpose of conducting marketing to me/us) contained under that heading;
- I/We understand that if I/we fail to provide any information requested and identification as outlined on page A4 in the application form or do not agree to any of the possible exchanges or uses detailed above, my/our application may not be accepted by Ord Minnett Management Limited; and
- I/We acknowledge that none of Ord Minnett Management Limited or any other member of the Ord Minnett Management Limited group of companies guarantees the performance of the Fund or the repayment of capital or of any particular rate of return or any distribution.

Investor Signatures

In the case of an application by a company, this form must be executed by two directors or a director and a company secretary unless it is a "sole director and sole secretary" company. In the case of a sole director and sole secretary company, the sole director / secretary should sign in the "Investor 1". A company may execute the application form with or without a common seal. Where signing under a Power of Attorney, a certified copy of the Power of Attorney should be submitted with this application form unless we have already sighted it. Unincorporated associations must sign in accordance with their constitution/rules. Please provide a copy of any authority appointing the authorised signatory (or signatories).

BEFORE SIGNING, EACH APPLICANT(S) SHOULD READ THE PDS AND ADDITIONAL INFORMATION GUIDE IN ITS ENTIRETY

Investor 1 or Director/Sole Director (please circle if Sole Director)

 X

Signed by (Print Full Name in box below)

/

Investor 2 or Director/ Company Secretary (please circle)

 X

Signed by (Print Full Name in box below)

/

If more than 2 applicants please attach signatures on separate piece of paper

Authorised representative / instructing dealer

 X

Signed by (Print Full Name in box below)

/

Regular Savings Plan

Ord Minnett Management Limited Cash Management Trust

Ord Minnett Management Limited AFS Licence 237123 ABN 55 002 262 240

Financial Adviser Stamp

This Application Form accompanies the PDS dated 22 June 2012.

I/We wish to participate in the Ord Minnett Cash Management Trust Regular Savings Plan and agree to be bound by the terms and conditions applicable to the Plan set out in this PDS.

1. Investor details

Please fill in your CMT account number if you are an existing CMT investor. If you are a new applicant, we will fill in this number for you.

Account name

Account number

2. Monthly contribution

(AUD\$100 minimum).

Total investment

3. Direct debit authority

This form authorises us to debit your Regular Savings Plan contributions from your account with a financial institution.

Bank/financial institution

Branch

Account name

BSB number

Account No

To Ord Minnett Management,

I/we request you, until further notice in writing to debit my/our account, described above, with any amounts which Ord Minnett Management Limited (AFS Licence 237123) (ABN 55 002 262 240), User ID 087875 ("the users") debits or charges me/us through the Direct Debit system.

I/We understand and acknowledge that the financial institution may at its absolute discretion:

- determine the order of priority of payments by it of any moneys pursuant to this request or any authority or mandate;
- automatically cancel the direct debit arrangement if two consecutive payments are dishonoured;
- at any time, by notice in writing to me/us, terminate this request as to future debits; and that
- the user may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Investor 1

Company Officer

Signature (please sign)

Date

Print name

Investor 2

Company Officer

Signature (please sign)

Date

Print name

Investor 3

Company Officer

Signature (please sign)

Date

Print name

Notes

Ord Minnett Offices

Sydney (Head office) Level 8, 255 George Street, Sydney NSW 2000,
Tel: (02) 8216 6300, Fax: (02) 8216 6311

Adelaide Level 5, 100 Pirie Street,
Adelaide SA 5000, Tel: (08) 8203 2500,
Fax: (08) 8203 2525

Brisbane Level 31, 10 Eagle St,
Brisbane QLD 4000, Tel: (07) 3214 5555,
Fax: (07) 3214 5550

Buderim, Sunshine Coast
1/99 Burnett Street, Buderim QLD 4556,
Tel: (07) 5430 4444, Fax: (07) 5430 4400

Canberra 101 Northbourne Avenue,
Canberra ACT 2600, Tel: (02) 6206 1700,
Fax: (02) 6206 1720

Gold Coast Level 7, 50 Appel Street,
Surfers Paradise QLD 4217,
Tel: (07) 5557 3333, Fax: (07) 5574 0301

Mackay 45 Gordon Street,
Mackay QLD 4740, Tel: (07) 4969 4888,
Fax: (07) 4969 4800

Melbourne Level 7, 161 Collins Street,
Melbourne VIC 3000, Tel: (03) 9608 4111,
Fax: (03) 9608 4142

Newcastle 426 King Street,
Newcastle NSW 2300, Tel: (02) 4910 2400,
Fax: (02) 4910 2424

Hong Kong (International)
1801 Ruttonjee House, 11 Duddell Street,
Central, Hong Kong, Tel: +852 2912 8980,
Fax: +852 2813 7212