

# Nominated Representative Form (Non-titled signatory or Additional authorised signatory)

Complete this Nominated Representative Form (Form) if you wish to appoint an alternate person/s as your Nominated Representative.

A Nominated Representative is able to act on behalf of an investor in all matters relating to the Fund/s except closing an account (without power of attorney).

If you are a Company, Trust, Partnership, or Association, at least one individual must complete this Form if they wish to operate on the Investment.

The information in this Form is collected by Betashares Capital Limited (ABN 78 139 566 868, AFSL 341181) ('Betashares').

Please use **BLOCK** capital letters and tick ✓ boxes where applicable.

## Step 1. Investor Details

Account Name (name in which investment is held)

Registered Address

Town/Suburb

State

Postcode

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone

Email

<input type="text"/>	<input type="text"/>
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Portfolio number

## Step 2. Nominated Representative Details

► Each Nominated Representative (non-titled signatory) must provide 'Individual ID documents'

Refer to 'AML/CTF Identification Documentation' at the back of this Form for requirements

### Name of Nominated Representative

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

Preferred contact phone number

Other phone number

<input type="text"/>	<input type="text"/>
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Occupation

Signature of Nominated Representative

### Name of Nominated Representative

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

Preferred contact phone number

Other phone number

<input type="text"/>	<input type="text"/>
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Occupation

Signature of Nominated Representative

Name of Nominated Representative

Name of Nominated Representative

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State                      Postcode                      Country

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Date of birth

Preferred contact phone number      Other phone number

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Occupation

Signature of Nominated Representative

Full legal name (given name, middle name(s), family name)

Residential address (PO Box is NOT acceptable)

Suburb

State                      Postcode                      Country

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Date of birth

Preferred contact phone number      Other phone number

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Occupation

Signature of Nominated Representative

## Step 3. Declaration and Signature

### General

Where you have appointed a Nominated Representative, you acknowledge that:

- All details provided in this Nominated Representative Form are true and correct.
- To the full extent permitted by law you will release, discharge, and indemnify Betashares from and against any and all losses, liabilities, actions, proceedings, accounts, claims and demands arising from the appointment or exercise of powers by the Nominated Representative;
- A payment or purported payment (the Payment) made to your Nominated Representative, in accordance with the requests or instructions of the Nominated Representative shall be to the complete satisfaction of Betashares' obligation to you, to the extent of the Payment, notwithstanding any fact or circumstance including that the Payment was requested, made, or received without your knowledge or authority.
- If the Payment is made in accordance with the request or instruction of the Nominated Representative, you shall have no claim against us in relation to the Payment;
- You understand and acknowledge that you are bound by the actions of the Nominated Representative in relation to the operation of your investment in the Fund;
- Betashares may cancel this arrangement or vary these conditions on 14 days' notice;
- This arrangement will continue until you notify Betashares in writing that you cancel the appointment, or until Betashares exercises its right to cancel the arrangement as set out above; and
- Any variation, modification or cancellation of the appointment by you does not become effective until 14 days after Betashares has received written notice of the variation, modification or cancellation. If there is an urgent need to vary, modify or cancel the appointment, you will make every reasonable effort to notify Betashares as soon as possible.

Betashares does not exclude responsibility or liability for the fraud or negligence of Betashares, its employees and agents, and receivers appointed by Betashares.

### Electronic instructions

In respect of electronic instructions (including by online form, email or fax) you acknowledge, warrant and agree that Betashares:

- may determine at its discretion whether it will reject or accept electronic instructions;
- is not responsible for any loss or delay that results from an electronic transmission not being received by Betashares;
- will only process your electronic instructions if they are received in full and contain all the required information as determined by Betashares to validate the instructions;
- may require you to provide, a duly executed hard copy of the instructions and/or further information necessary for Betashares to validate the instructions;
- will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instructions;
- will not compensate you for any losses relating to electronic instructions, unless required to do so by law; and
- does not take responsibility for any fraudulent or incorrectly completed electronic instructions.

Betashares does not exclude responsibility or liability for the fraud or negligence of Betashares, its employees and agents, and receivers appointed by Betashares.

You release Betashares from, and indemnify Betashares against, all losses and liabilities arising from Betashares reasonably and in good faith:

- acting in accordance with any instructions received electronically bearing your portfolio number and/or other information provided to validate the instruction; or
- declining to act on instructions for any reason including because it was unable to validate those instructions to the satisfaction of Betashares.

### Privacy

I/We consent to providing Betashares with personal information and for Betashares to collect, use, disclose and store personal information in accordance with its privacy disclosure statement contained on our website [betashares.com.au/bendigo-funds](http://betashares.com.au/bendigo-funds).

### How Betashares may exercise its rights

Any rights of Betashares under a term in this Form will be exercised by Betashares in accordance with its obligations as trustee of the Fund. Subject to those obligations, Betashares will generally exercise those rights in a way that:

- is reasonably necessary to protect its legitimate interests; or
- treats the members who hold interests of the same class equally and members who hold interests of different classes fairly.

### Signatures

## YOUR REQUEST CANNOT PROCEED IF THIS SECTION IS NOT SIGNED

#### Investor 1 / Organisation Signatory

Full customer name (given name, middle name(s), family name)

Signature (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position

- ☐ Director    ☐ Company Secretary    ☐ Trustee    ☐ Attorney  
☐ Sole Director    ☐ Other, please specify:

Date

#### Investor 2 / Organisation Signatory

Full customer name (given name, middle name(s), family name)

Signature (Individual or person authorised to sign on behalf of the organisation)

If signing on behalf of an organisation, please provide your title / position

- ☐ Director    ☐ Company Secretary    ☐ Trustee    ☐ Attorney  
☐ Sole Director    ☐ Other, please specify:

Date

**In the case of corporate signatories, two directors or a director and a company secretary must sign unless you are a sole director and sole secretary.**

The information in this form is collected by Betashares Capital Limited. You can return the completed form to:

**Betashares Capital Limited**

**Funds Administration**

**GPO Box 4314**

**Melbourne Vic 3001; or**

Email: [bendigo.funds@betashares.com.au](mailto:bendigo.funds@betashares.com.au)

**For all queries, please contact 1800 634 969 from Monday to Friday 8:30am to 5:00pm Melbourne time.**

## AML/CTF Identification Documentation

As part of your application, we need to obtain identification information as required by law, including 'know your customer' requirements under anti-money laundering and counter terrorism financing legislation. For example, for an individual this will include documents that verify information such as name, residential address and date of birth.

Either original documents or certified copies can be accepted. A certified copy means a document that has been certified as a true copy of an original document by any one of the eligible certifiers listed below. The person certifying the documents must include a statement that "this is a true and complete copy of an original document which I have sighted", then print and sign their name, date, qualification number (if applicable), state category of certifier (refer to list below), years of service (if applicable) and a contact telephone number.

- a) A lawyer – a person who is enrolled on the roll of the Supreme Court of a State or Territory or High Court of Australia, as a legal practitioner (however described);
- b) A judge of a court of the Commonwealth of Australia;
- c) A magistrate of the Commonwealth of Australia;
- d) A Chief Executive Officer of a Commonwealth Court of Australia;
- e) A registrar or deputy registrar of a court of the Commonwealth of Australia;
- f) A Justice of the Peace in an Australian State or Territory;
- g) A Notary Public (for the purposes of the Statutory Declaration Regulations 1993);
- h) A police officer (Australian State or Territory or Commonwealth of Australia);
- i) A postal agent – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- j) A post office employee – a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;
- k) An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955);
- l) An officer with two or more years continuous service with one or more financial institutions regulated in Australia (for the purposes of the Statutory Declaration Regulations 1993);
- m) A finance company officer with two or more years of continuous service with one or more financial companies regulated in Australia (for the purposes of the Statutory Declaration Regulations 1993);
- n) An officer with, or authorised representative of, a holder of an Australian Financial Services License having two or more years of continuous service with one or more licensees;
- o) A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years continuous membership;
- p) Commissioner for Affidavits or Declaration of Oaths; or
- q) A Pharmacist (within the meaning of the Statutory Declarations Regulations 1993)

**Each document provided with this Form must be certified by an acceptable certifier. We will not accept photocopies or electronic transmissions of a certification. Please contact us if the documentation will not be certified in Australia.**

## Documentation required

Individual ID documents
<b>One primary photographic identification document:</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Australian driver's licence (current)</li><li><input type="checkbox"/> Australian or foreign passport (current, or Australian Passport expired within preceding 2 years)</li><li><input type="checkbox"/> State or Territory issued proof of age card</li><li><input type="checkbox"/> Foreign national identity card</li></ul>
<b>OR</b>
<b>One primary non-photographic identification document:</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Australian birth certificate or foreign birth certificate</li><li><input type="checkbox"/> Birth extract issued by an Australian State or Territory</li><li><input type="checkbox"/> Australian citizenship certificate or foreign citizenship certificate</li><li><input type="checkbox"/> Pension or Government Health Care card issued by Centrelink or Department of Veterans' Affairs</li></ul>
<b>AND</b>
<b>One secondary identification document:</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Notice less than 12 months old issued by a Commonwealth, State or Territory Department which records provision of financial benefit (e.g. Centrelink statement). Must contain the individual's name and residential address</li><li><input type="checkbox"/> Notice less than 12 months old issued by the Australian Tax Office of debt or assessment that contains the name of the individual and residential address</li><li><input type="checkbox"/> Notice less than 3 months old issued by a Local Government Body or Utilities Provider that notes the provision of services to that address and/or that person (eg Council Rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill). Must contain the name of the individual and residential address</li></ul>