

Client Services contact details

Phone +61 2 8988 5819 Email ssg.aus@tmf-group.com

Application form

NWQ Fiduciary Fund

ARSN	606 556 049
Direct Investors	APIR: SLT0064AU
	ISIN: AU60SLT00642
Indirect Investors	APIR: SLT0063AU
	ISIN: SLT0063AU
Wholesale A	APIR: NWQ001AU
	ISIN: AU60NWQ00018
Wholesale B	APIR: SLT0061AU
	ISIN: AU60SLT00618
Morningstar Ticker:	NWQ0001AU
(the Fund)	

Please use this form if you are a new investor and wish to invest in this fund by making an initial application.

1. Read and ensure you understand the Product Disclosure Statement (PDS).

The PDS is available at www.nwqcm.com or from your financial adviser. The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS. We will provide on request and without charge a paper or electronic copy of the current PDS and any document which updates the PDS.

2. Complete all relevant sections of this application form in block letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

Individuals: complete section 1, section 2 and then section 5 onwards. Companies: complete section 1, section 3 and then section 5 onwards.

Trusts/superannuation funds:

- if you are an individual trustee complete section 1, section 2, section 4 and then section 5 onwards.
- if you are a trust with a company as a trustee complete section 1, section 3, section 4 and then section 5 onwards.

3. Collect and certify the identification documents.

Please refer to section 10 'Identification and verification' and complete the relevant identification document attached to this Application Form or at www.nwqcm.com.

4. Tell us your US tax status.

Please complete the United States tax status form attached to this Application Form or at www.nwqcm.com.

5. Send your documents to our Administrator.

You can return your forms by post to: Shareholder Services Group TMF Fund Administrators (Australia) Pty Limited PO Box A2224 Sydney NSW 1235

6. Make your payment.

Please refer to section 6 'Payment of application amount'. Your application cannot be processed until all relevant identification documents and cleared funds are received.

Legal notices

This Application Form relates to the Product Disclosure Statement (**PDS**) dated 7 October 2015 relating to units in the Fund. The PDS contains important information about investing in the Fund and you should read it before applying for units.

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (OneVue) is the issuer of units in the Fund.

OneVue is committed to ensuring the confidentiality and security of your personal information. We handle your personal information in accordance with the Privacy Act 1988 and our privacy policy, which can be accessed at www.onevue.com.au.

Paper application forms should always be accompanied by a paper copy of the current PDS. Electronic application forms (such as downloaded and emailed copies) should always be attached to the current PDS (in the same file). If the PDS is missing, do not complete this form. Instead, contact us or your financial adviser and you will be sent the current PDS. Prior to its completion and signing, this application form must not be handed to any person unless accompanied by the PDS and any supplementary PDS.

Complete all relevant sections of this application form in block letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Do you have an existing investment in any NWQ fund operate	ed by OneVue?
No, complete section 2 onwards.	
Yes, the account number is	Please complete from section 5 onwards
2. Individuals	
Please complete if you are investing individually, jointly or you are an individually, jointly or you are an individually.	dividual or joint trustee.
Investor 1 – Personal Details	Contact details
Title Full given names	Home number (include country and area code)
Surname	Business number (include country and area code)
Date of birth (DD/MM/YYYY)	Mobile number (include country code)
Usual occupation	Email address
Dest des réales et des se	L This email address is the default address for all investor
Residential address A PO Box/RMB/Locked Bag is not acceptable.	correspondence (such as transaction confirmations, statements,
	reports and other material).
Property name/building name (if applicable)	Sole trader?
Unit Street number	No Yes
	If you are a sole trader, what is your business name
Street name	
	ABN
Suburb State	
	Tax details — Australian residents
Post code Country	If you are an Australian resident for tax purposes please provide your Tax File Number (TFN) or reason for exemption. If you are an
	Australian resident and do not provide your TFN, or reason for
Postal address (if different to residential address)	exemption, you will be taxed at the highest marginal tax rate plus the
A PO Box/RMB/Locked Bag is acceptable.	Medicare levy.
Property name/building name (if applicable)	TFN
	Reason for exemption
Unit Street number	
	Tax details — Non Australian residents
Street name	If you are not an Australian resident for tax purposes, please indicate
Suburb State	your country of residence for tax purposes.
Post code Country	

Investor 2 – Personal Details

Investor 2 – Personal Details	Contact details
Title Full given names	Home number (include country and area code)
Surname	Business number (include country and area code)
Date of birth (DD/MM/YYYY)	Mobile number (include country code)
Usual occupation	Email address
Residential address	All correspondence will be sent to the address provided for investor 1.
A PO Box/RMB/Locked Bag is not acceptable.	Tax details — Australian residents
Property name/building name (if applicable)	If you are an Australian resident for tax purposes please provide your Tax File Number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for
Unit Street number	exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.
Street name	TFN
Suburb State	Reason for exemption
Post code Country	_ Tax details — Non Australian residents
	If you are not an Australian resident for tax purposes, please indicate
Postal address (if different to residential address)	your country of residence for tax purposes.
A PO Box/RMB/Locked Bag is acceptable.	
Property name/building name (if applicable)	
Unit Street number	_
Street name	_
Suburb State	7
Post code Country	7

If there are more individual trustees, write the full name and address of each trustee down on a piece of paper and attach to this form.

3. Companies

Please complete if you are investing as a company or as a trust with a company as trustee.

Company details

Full name of company (as registered by ASIC if incorporated in Australia)

ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one)

Australian Tax File Number (TFN)

Country of residency (if a foreign company)

If you are a foreign company and have appointed a local agent, what is their name?

Registered office address

A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company, write the address of your Australian registered agent (if you have one) or else write your principal place of business.

Property name/building name (if applicable)

Unit	Street number	
Street name		
Suburb		State
Post code Count	ry	
Postal address (if differer	nt to above)	
A PO Box/RMB/Locked B	ag is acceptable.	
Property name/building	name (if applicable)	
Unit	Street number	
Street name		

Contact person at company Name

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

If there are more corporate trustees, write the full name and address of each trustee down on a piece of paper and attach to this form.

4. Trusts or superannuation funds

Please complete if you are investing as a trust or superannuation fund. The trustee(s) must also complete section 2 or section 3.

Trust or superannuation fund details

Name of trust or superannuation fund

ABN (applicable if you are a trust or a self managed superannuation fund registered with the Australian Tax Office)

Australian Tax File Number (TFN)

Unit	Street number	
Street name		
Suburb		State
Post code (Country	

5.	Investment details
Plea	ase specify your initial application amount:
A\$	
Plea	ase tick the box to indicate the class of units you are applying for:
	Direct
] Indirect
	Wholesale A
	Wholesale B
	-

6. Payment of application amount

Please select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

I am making my payment by:

EFT
Cho

∫ Cheque

EFT

Account name:	NWQ Capital Management Pty Ltd ATF NWC	
	Fiduciary Fund	
BSB:	332-027	
Account number:	554 185 174	
Your reference:	[please use the name of the investor]	

Cheque

Make your cheque payable to: NWQ Capital Management Pty Ltd ATF NWQ Fiduciary Fund

Please cross it "not negotiable". Australian dollar cheques only.

7. Distribution instructions

Please indicate your choice below. If you do not make an election, distributions will be reinvested.

Pay to my nominated financial institution account

Reinvest

8. Financial institution account details

Please provide the Australian financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to an account held in the name of the investor/s. Payments will not be made into third party accounts.

Same as section 6 OR

Financial institution name

Branch name
BSB number
Account number
Account name
Account name

9. Communication

Annual and semi-annual report options

The annual and any semi-annual financial statements of the Fund are available free on our website. If you would like to receive a copy by email, please indicate below.

By email

Via website	
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Marketing material

Please ensure no marketing material is sent to me

10. Identification and verification

Please tick one box only:

I have not before invested in any NWQ fund operated by OneVue and will complete the relevant investor identification forms located at the end of this application form.

I am already an investor in an NWQ fund operated by OneVue. There is no need to complete the investor identification forms located at the end of this application form.

Identification and verification

We can put in place arrangements with dealer groups which mean that we can rely on the investor identification undertaken by the financial adviser. Financial advisers should contact us for details.

11. Financial adviser details

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. You can also use this section to authorise us to pay your financial adviser their fees. If you would like your financial adviser to receive copies of your statements by email please enter their email address below.

Email address

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Financial adviser details

Dealer group name
Adviser name
AFSL number Authorised representative number (if any)
Address
Property name/building name (if applicable)
Unit Street number
Street name
Suburb State
Post code Country
Postal address (if different to above)
Property name/building name (if applicable)
Unit Street number
Street name
Suburb State
Post code Country

Contact details

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

Operating o	n your account
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Do you want your financial planner to be able to operate your account?

No

In general, an appointed financial planner can do everything you can do with your investment, except appoint another person to operate your account.

It is important to tell us promptly if you no longer wish your financial planner to operate your account, or if your financial adviser changes

- we will keep accepting their instructions until you or they advise us in writing that the appointment has terminated.

We may suspend or terminate their appointment for any reason considered reasonable, and may change the terms on which they operate your account.

You indemnify us from any loss you, we or our Administrator suffer through the appointed financial planner, and agree to ratify their actions if we ask.

12. Acknowledgements

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS,
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association,
- you are not bankrupt or a minor,
- you agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time,
- if the 'Financial adviser fees' section is completed (see section 11), you authorise payment of the nominated adviser fees from your investment until you request that this is stopped or changed,
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and relevant privacy policies,
- you confirm that you have read and understood the privacy section contained in the PDS, and
- if you are applying for a wholesale class of units in the Fund, you declare you are an eligible investor (i.e. you are investing at least \$500,000 or have the prior approval of OneVue).

13. Privacy Notice

Australian Executor Trustees Limited (AET) collects your personal information for primarily purpose of providing custodial services to OneVue and for ancillary purposes detailed in the Privacy Policy. AET may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, OneVue, professional advisers, the land titles office and/or as otherwise instructed by OneVue. AET is also permitted to collect and disclose your personal information when required or authorised to do so by law. AET is not likely to disclose your personal information to overseas recipients. Your personal information will be used in accordance with AET's Privacy Policy. The Privacy Policy contains information held by AET and how you may complain about a breach of the Australian Privacy Principles. You may obtain a copy of the Privacy Policy at www.aetlimited.com.au/privacy

14. Signatures

Signing instructions

Individual — where the investment is in one name, the account holder must sign.

Joint Holding — where the investment is in more than one name, all of the account holders must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.

Companies — where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney — if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory

Please print full name



Company officer (please indicate company capacity)

Director

Sole director and company secretary

Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)



Company officer (please indicate company capacity)

Director

Company secretary

Authorised signatory

If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.

Yes No

Client Services contact details

Phone +61 2 8988 5819 Email ssg.aus@tmf-group.com

Instructions: identification forms

NWQ Fiduciary Fund		
ARSN	606 556 049	
Direct Investors	APIR: SLT0064AU	
	ISIN: AU60SLT00642	
Indirect Investors	APIR: SLT0063AU	
	ISIN: SLT0063AU	
Wholesale A	APIR: NWQ001AU	
	ISIN: AU60NWQ00018	
Wholesale B	APIR: SLT0061AU	
	ISIN: AU60SLT00618	
Morningstar Ticker: (the Fund)	NWQ0001AU	

Which form?	There are three forms which follow: one each for individuals, companies and trustees.
	Choose the form which is applicable to you.
	If you are a partnership, an incorporated association, a co-operative or a Government body, then contact us and we will send a more appropriate form to you.
Copies or originals?	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
Certifying copies	 You must have someone certify the copies you send to us. The following people can be the certifier: your financial adviser so long as they are an officer with, or authorised representative of, a holder of an Australian financial services licence (or foreign equivalent), having 2 or more continuous years of service with one or more licensees, or your accountant so long as they are a member of the Institute of Chartered Accountants in Australia, CPA Australia or the Australian National Institute of Accountants (or foreign equivalent) with 2 or more years of continuous membership, or your lawyer so long as they are a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court, of Australia or foreign country, as a legal practitioner (however described), or an Australian justice of the peace, notary public or a police officer or foreign equivalent, or a post office worker so long as they are an officer with 2 or more continuous years of service with one or more years of continuous service, or a bank or financial institution officer so long as they are an officer with 2 or more continuous years of service with one or more financial institutions or companies, or a consular officer so long as they are a consular officer or diplomatic officer, or a judge, magistrate, chief executive officer of a court, or registrar or deputy registrar
What should the person certifying write?	of a court. "I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialled by the person certifying your documents.
Not in English?	Documents not in English must be accompanied by an English translation prepared by an accredited translator (contact us if you need guidance on accredited translators).

Client Services contact details

Phone +61 2 8988 5819 Email ssg.aus@tmf-group.com

Identification form – Individuals

NWQ Fiduciary Fund

ARSN	606 556 049
Direct Investors	APIR: SLT0064AU
	ISIN: AU60SLT00642
Indirect Investors	APIR: SLT0063AU
	ISIN: SLT0063AU
Wholesale A	APIR: NWQ001AU
	ISIN: AU60NWQ00018
Wholesale B	APIR: SLT0061AU
	ISIN: AU60SLT00618
Morningstar Ticker:	NWQ0001AU
(the Fund)	

Please complete this form if you have not invested previously in an NWQ fund operated by OneVue. A separate form is required for each investor in the case of joint holdings. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts & Trustees instead.

- 1. Please complete this identification form in block letters and using a black pen.
- 2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
- 3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

Legal notices

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (**OneVue**) is the issuer of units in the Fund.

OneVue is committed to ensuring the confidentiality and security of your personal information. We handle your personal information in accordance with the Privacy Act 1988 and our privacy policy, which can be accessed at www.onevue.com.au.

Personal details

1. Personal details	Group 2
Title Full given names	If you can't provide anything from Group 1, then provide a certified copy of one of the following:
Surname	Australian or foreign government issued birth certificate OR
	Australian or foreign government issued citizenship certificate
Date of birth (DD/MM/YYY)	OR
	Centrelink pension or health card
Please select the source and origin of funds being invested:	please copy the front and back.
savings,	PLUS provide a certified copy of one of the following:
	a Government issued notice
investment, superannuation contributions,	one which shows your name and residential address, not more than 12 months old OR
commission,	a rates or utilities notice
donation/gift,	one which shows your name and residential address, not more than 3 months old OR
inheritance,	ATO notice
normal course of business,	one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.
asset sale, OR	
other – write the source and origin of funds below:	3. Signature
	Signature

2. Verification procedure - individual investor

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

Group 1

Provide a certified copy of one of these:

Australian driver's licence

showing your photo, and please copy the front and back $\ensuremath{\mathsf{OR}}$

foreign driver's licence

showing your date of birth, signature and photo OR

Australian passport

a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you OR

foreign passport

showing your signature and photo, and please copy the pages which identify you OR

Australian State or Territory Government issued ID card

showing your date of birth, signature and photo OR

foreign Government issued ID card

showing your date of birth, signature and photo.

Date (DD/MM/YYY)

Client Services contact details Phone +61 2 8988 5819 Email ssg.aus@tmf-group.com

Identification form – Australian & Foreign companies

NWQ Fiduciary Fund

ARSN	606 556 049
Direct Investors	APIR: SLT0064AU
	ISIN: AU60SLT00642
Indirect Investors	APIR: SLT0063AU
	ISIN: SLT0063AU
Wholesale A	APIR: NWQ001AU
	ISIN: AU60NWQ00018
Wholesale B	APIR: SLT0061AU
	ISIN: AU60SLT00618
Morningstar Ticker:	NWQ0001AU
(the Fund)	

Please complete this form if you are a company investing for the first time with an NWQ fund operated by OneVue. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts & Trustees instead.

Legal notices

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (**OneVue**) is the issuer of units in the Fund.

OneVue is committed to ensuring the confidentiality and security of your personal information. We handle your personal information in accordance with the Privacy Act 1988 and our privacy policy, which can be accessed at www.onevue.com.au.

1. Company details

1.1 General information

Registered business address in country of formation.

A PO Box/RMB/Locked Bag is not acceptable

Property name/building name (if applicable) Full name of company Street number Unit Please select the source and origin of funds being invested: savings, Street name investment, superannuation contributions, Suburb State commission, Post code Country (if not Australia) donation/gift, inheritance, Please provide us with certified copies of one of the following: normal course of business, an ASIC or foreign regulator search OR asset sale, OR an ASIC or foreign regulator certificate of registration. other - write the source and origin of funds below: 2. Company type Please complete the section below for public companies (section 2.1) or 1.2 Australian companies private companies (section 2.2) (as applicable). Principal Place of business (if different to registered office address). 2.1 Public company A PO Box/RMB/Locked Bag is not acceptable. Are you a public company? Property name/building name (if applicable) No Yes If yes, please provide us with certified copies of one of the following, if Street number Unit the company is an Australian public company: an ASIC search OR Street name your certificate of registration issued by ASIC Suburb State 2.1 Private company Are you a private company? Post code Country No Yes If yes, please complete the director details section below if you are a 1.3 Foreign companies private Australian company or a private foreign company. Do not complete for public companies. Country of formation Director details How many directors are there? Registered in Australia? Provide the full name of each director: No Yes - what is the ARBN: Director 1 Title Full given names Registered in country of formation? No Yes - name of regulator/exchange: Surname Identification number issued by foreign registration body Director 2 Title Full given names Surname

Director 3	4. Non-regulated/non-listed companies	
Title Full given names	If you answered no to all the questions in section 3, please fill in the sections 4.1, 4.2 and 4.3 below.	
Surname	4.1 Beneficial owner details	
Director 4 Title Full given names	Provide details of all beneficial owners, who are individuals who, through one or more shareholdings, own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company and either the date of birth or full residential address of each beneficial owner.	
Surname	HELP	
If there are more directors, please write down details on a piece of paper and attach this to your form. 3. Regulated/listed companies	Control: includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.	
Are you an Australian listed company?	Beneficial owner 1	
No Yes – name of market/exchange	Title Full given names	
Market/exchange		
	Surname	
Are you a majority-owned subsidiary of an Australian listed company? No Yes – name that listed company and its market/exchange Company	Date of birth (DD/MM/YYYY) / / OR Residential address A PO Box/RMB/Locked Bag is not acceptable.	
Market/exchange	Property name/building name (if applicable)	
Are you a regulated company?	Unit Street number	
One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.	Street name	
No Yes – name the regulator and your licence number		
Regulator	Suburb State	
Licence number	Post code Country	
If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is then complete.	We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:	
an ASIC search OR	. %	
a search of the licence or other records of the relevant regulator OR	Beneficial owner 2 Title Full given names	
a public document issued by the company OR		
a search of the relevant market/exchange	Surname	
	Date of birth (DD/MM/YYYY)	

Residential address.

Residential address. A PO Box/RMB/Locked Bag is not acceptable.	Unit Street number	
Property name/building name (if applicable)		
	Street name	
Unit Street number		
	Suburb State	
Street name		
	Post code Country	
Suburb State		
	We will assume that you hold the same percentage of the company's	
Post code Country	issued capital as you do voting rights in the company, unless you specify otherwise:	
We will assume that you hold the same percentage of the company's		
issued capital as you do voting rights in the company, unless you	Verification procedure - beneficial owners	
specify otherwise:	For each individual beneficial owner please provide a certified copy of one document from Group 1 or, if you can't, a certified copy of two	
. %	documents from Group 2.	
Beneficial owner 3	Group 1	
Title Full given names/Full company name	Provide a certified copy of one of these:	
	Australian driver's licence	
Surname/ACN	showing your photo, and please copy the front and back OR	
	foreign driver's licence	
Date of birth (DD/MM/YYYY)	showing your date of birth, signature and photo OR	
	Australian passport a passport that has expired within the preceding two years is	
	acceptable, and please copy the pages which identify you OR	
Residential address. A PO Box/RMB/Locked Bag is not acceptable.	foreign passport	
Property name/building name (if applicable)	showing your signature and photo, and please copy the pages which identify you OR	
	Australian State or Territory Government issued ID card	
Unit Street number	showing your date of birth, signature and photo OR	
	foreign Government issued ID card	
Street name	showing your date of birth, signature and photo.	
	Group 2	
Suburb State	If you can't provide anything from Group 1, then provide a certified copy of one of the following:	
	Australian or foreign government issued birth certificate OR	
Post code Country		
	Australian or foreign government issued citizenship certificate	
We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you	OR	
specify otherwise:	Centrelink pension or health card	
	please copy the front and back.	
	PLUS provide a certified copy of one of the following:	
Beneficial owner 4	a Government issued notice	
Title Full given names/Full company name	one which shows your name and residential address, not more than 12 months old OR	
Surname/ACN	a rates or utilities notice	
	one which shows your name and residential address, not more than 3 months old OR	
Date of birth (DD/MM/YYY)	ATO notice	
Residential address.	one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.	
A PO Box/RMB/Locked Bag is not acceptable.	For each corporate beneficial owner please provide:	
Property name/building name (if applicable)	an ASIC search OR	
	a certificate of registration issued by the ASIC	

4.2 Voting rights

If there are any other individuals, who have not been listed above in section 4.1, and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.

4.3 Director details

Provide the full name of the senior managing official (or equivalent) of the company, if any.

Title	Full given names	
Surname		

HELP

Senior managing official: an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Verification procedure - director details

If you are unable to provide details of the beneficial owners in 4.1 above, please provide an ASIC company extract showing the name of the senior managing official, as provided in this section 4.3.

5. Signatures

Signing instructions

Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Signature of director 1

C. II

Please print full name
Date (DD/MM/YYYY)
Company officer (please indicate company capacity)
Director
Sole director and company secretary
Signature of director 2/company secretary
Please print full name
Date (DD/MM/YYYY)
Company officer (please indicate company capacity)
Director
Company secretary

Client Services contact details Phone +61 2 8988 5819 Email ssg.aus@tmf-group.com

Identification form – Trusts & Trustees

NWQ Fiduciary Fund ARSN 606 556 049

ARSIN	000 550 049
Direct Investors	APIR: SLT0064AU
	ISIN: AU60SLT00642
Indirect Investors	APIR: SLT0063AU
	ISIN: SLT0063AU
Wholesale A	APIR: NWQ001AU
	ISIN: AU60NWQ00018
Wholesale B	APIR: SLT0061AU
	ISIN: AU60SLT00618
Morningstar Ticker:	NWQ0001AU
(the Fund)	

Please complete this form if you have not invested previously in any NWQ fund operated by OneVue. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

- 1. Complete the relevant sections of this identification form in block letters and using a black pen.
- 2. Make copies of your ID document(s) as applicable and arrange for them to be certified. Please refer to the 'Forms' section of our website for more information on getting your documents certified.
- 3. Include this identification form and certified copies of the ID documents with your initial application form when you send it to us.

Legal notices

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (**OneVue**) is the issuer of units in the Fund.

OneVue is committed to ensuring the confidentiality and security of your personal information. We handle your personal information in accordance with the Privacy Act 1988 and our privacy policy, which can be accessed at www.onevue.com.au.

1. Trust details

	If you answered yes to any of these questions, then please provide us with certified copies of one of the following:
Full name of trust	super funds
Business name (if any)	go to www.abn.business.gov.au, select the "Super Fund Lookup" option and print out the results for your super fund OR
Country in which the truct was established	registered managed investment schemes
Country in which the trust was established	an ASIC search of the scheme OR
	Government superannuation funds
Please select the source and origin of funds being invested:	an extract of the establishing legislation.
savings,	2.2 Non-regulated trusts
investment,	Including family discretionary trusts, family and other unit trusts,
superannuation contributions,	deceased estates and charitable trusts (but not including self-
commission,	managed super funds)
donation/gift,	Are you a non-regulated trust?
inheritance,	No Yes
normal course of business,	If yes, please specify the type of trust
asset sale, OR	
other – write the source and origin of funds below:	Please provide the full name of all beneficial owners who own 25% or more of the trust income or assets or who control (whether directly or
	indirectly) the trust and either the date of birth or full residential address of each beneficial owner:
2. Type of trust	HELP
2.1 Regulated trusts	Control: includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether
This includes complying super funds and SMSFs	or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the
Super fund - or another type of trust registered and regulated by an Australian Commonwealth statutory regulator	capacity to determine decisions about financial and operating policies.
No Yes	
If yes, please tell us:	Beneficial owner 1
The trust's ABN	L
The regulator if not APRA or the ATO	
	Residential address. A PO Box/RMB/Locked Bag is not acceptable.
Any licence number	Property name/building name (if applicable)
Registered managed investment scheme	Unit Street number
No Yes	
If yes, please tell us the ARSN	Street name
Government superannuation fund	Suburb State
No Yes	
If yes, please tell us the name of the Act which regulates the trust	Post code Country

Beneficial owner 2

		attach to
Date of birth (DD/MM/YYYY)		If the trus
		of a class
Residential address.		the benef
A PO Box/RMB/Locked Bag is not acceptable.		charities a
Property name/building name (if applicable)		Please pro
Unit Street number		
		HELP
		Appointo trustees
Street name		liustees
		Name of
Suburb	State	
Post code Country		HELP
		Settlor: th
]	example,
Beneficial owner 3]	
		Note: you
Date of birth (DD/MM/YYYY)		settlor is \$10,000 t
/ / OR		
Residential address.		If you are
A PO Box/RMB/Locked Bag is not acceptable.		copies of
Property name/building name (if applicable)		Tru
		or a
Charles		and
Jnit Street number]	Oth
		con
Street name		sett
Suburb	State	
Post code Country		
Beneficial owner 4		
]	
Date of birth (DD/MM/YYYY)		
Residential address.		
A PO Box/RMB/Locked Bag is not acceptable.		
Property name/building name (if applicable)		
Unit Street number		
]	
Street name]	
Suburb	State	
Post code Country		

If there are any other direct beneficiaries of the trust who are not beneficial owners write down their names on a piece of paper and his form.

deed describes the beneficiaries by reference to member please write down on a piece of paper, the class to which ciaries belong e.g. family members, unit holders, un-named nd attach to this form.

vide the name of the appointor of the trust, if applicable

: the appointor has the power to appoint or remove the the trust. Not all trusts have an appointor.

rust settlor

s is the person that creates the trust. The settlor may be, for our accountant or solicitor.

do not need to provide the name of the trust settlor if the eceased, or has made an asset contribution of less than the trust, at the time the trust was established.

a non-regulated trust, please provide us with certified one of the following:

deed

extract of the trust deed showing the full name of the trust any named trust settlor

r documentation

ming the full name of the trust and the name of the trust r

3. Trustee details

3.1 Verification procedure - individual trustee

Title Full given names	Full name o
Surname	
	3.2.2. Austr
Date of birth (DD/MM/YYYY)	Place of bus A PO Box/R
	Property na
Please provide, for one trustee only, a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2.	Unit
Group 1 Provide a certified copy of one of these:	Street name
Australian driver's licence	
showing your photo, and please copy the front and back OR	Suburb
foreign driver's licence	
showing your date of birth, signature and photo OR	Post code
Australian passport	
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you OR	3.2.3 Foreig
foreign passport	Country of f
showing your signature and photo, and please copy the pages which identify you OR	Registered i
Australian State or Territory Government issued ID card	_
showing your date of birth, signature and photo OR	No
foreign Government issued ID card	If yes, what
showing your date of birth, signature and photo.	
Group 2	Registered i
If you can't provide anything from Group 1, then provide a certified copy of one of the following:	No
Australian or foreign government issued birth certificate OR	If yes, what
Australian or foreign government issued citizenship certificate	
OR	Identificatio
Centrelink pension or health card	
please copy the front and back.	Registered b
PLUS provide a certified copy of one of the following:	A PO Box/R
a Government issued notice	Property na
one which shows your name and residential address, not more than 12 months old OR	
a rates or utilities notice	Unit
one which shows your name and residential address, not more than 3 months old OR	Street name
ATO notice	
one which shows any debt owing to the ATO, your name and	Suburb
residential address, not more than 12 months old.	
	Post code

3.2 Verification procedure - company trustees

3.2.1. General information

f company trustee

ralian company trustee

siness (if different to registered office address). MB/Locked Bag is not acceptable.

roperty name/b	uilding name (if applicable)	
Jnit	Street number	

State

gn company trustee

Country

formation

in Australia?

is the ARBN

in that country?

is the name of regulator/exchange

n number issued by foreign registration body

business address in country of formation.

MB/Locked Bag is not acceptable

me/building name (if applicable)

Unit	Street number	
Street name		
Suburb		State
Post code	Country (if not Australia)	
Please provide us	with certified copies of one of	the following:
an ASIC or fo	preign regulator search OR	

an ASIC or foreign regulator certificate of registration.

3.2.4 Company type

Please complete the section below for public companies (3.2.4 (a)) or private companies (section 3.2.4 (b)) (as applicable).

3.2.4 (a) Public company

Are you a public company?

No Yes

If yes, please provide us with certified copies of one of the following, if the company is an Australian public company:

an ASIC search OR

your certificate of registration issued by ASIC

3.2.4 (b) Private company

Are you a private company?

No Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

Director details

How many directors are there?

Provide the full name of each director:

Director 1

Title Full given names
Surname

Director 2

Title	Full given names

Surname

Director 3

Title

Surname

Director 4

Title

Full given names

Full given names

Surname

If there are more directors, please write down details on a piece of paper and attach this to your form.

Yes - name of market/exchange

3.2.5 Regulated/listed companies

Are you an Australian listed company?

No

Market/exchange

Are you a majority-owned subsidiary of an Australian listed company?

Yes – name that listed company and its market/exchange

Company

No

Market/exchange

Are you a regulated company?

One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

No		Yes – name the regulator and your licence n	umber
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Regulator

Licence number

If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is then complete.

an ASIC search OR

 $\ensuremath{\mathsf{a}}$ search of the licence or other records of the relevant regulator $\ensuremath{\mathsf{OR}}$

a public document issued by the company OR

a search of the relevant market/exchange

3.2.6 Non-regulated/non-listed companies

If you answered no to all the questions in section 3.2.5, please fill in the sections 3.2.6 (a), (b) and (c) below.

3.2.6 (a) Beneficial owner details

Provide details of all beneficial owners who are individuals who, through one or more shareholdings, own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company and either the date of birth or full residential address of each beneficial owner.

HELP

Control: includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

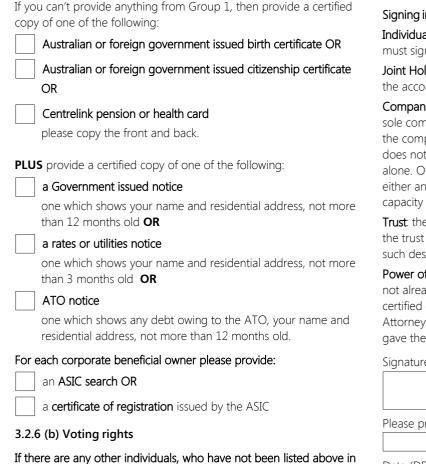
Beneficial owner 1

Title	Full given names
Surname	
Date of birth (
	dress. B/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit Street number	Street name	
Street name	Suburb	State
Suburb State	Post code Country	
Post code Country We will assume that you hold the same percentage of the company's	We will assume that you hold the same percentage issued capital as you do voting rights in the compa- specify otherwise:	
issued capital as you do voting rights in the company, unless you specify otherwise:	Beneficial owner 4	
. %	Title Full given names	
Beneficial owner 2		
Title Full given names	Surname	
Surname	Date of birth (DD/MM/YYYY)	
Date of birth (DD/MM/YYYY)	Residential address. A PO Box/RMB/Locked Bag is not acceptable.	
	Property name/building name (if applicable)	
Residential address. A PO Box/RMB/Locked Bag is not acceptable.	Unit Street number	
Property name/building name (if applicable)		
	Street name	
Unit Street number		
	Suburb	State
Street name		
	Post code Country	
Suburb State		
	We will assume that you hold the same percentage	of the company's
Post code Country	issued capital as you do voting rights in the compa- specify otherwise:	
We will assume that you hold the same percentage of the company's	. %	
issued capital as you do voting rights in the company, unless you specify otherwise:	Verification procedure - beneficial owners For each individual beneficial owner please provide	a certified copy of
. %	one document from Group 1 or, if you can't, a certi documents from Group 2.	
Beneficial owner 3	Group 1	
Title Full given names	Provide a certified copy of one of these:	
	Australian driver's licence	
Surname	showing your photo, and please copy the fror	nt and back OR
	foreign driver's licence showing your date of birth, signature and pho	to OR
Date of birth (DD/MM/YYY)	Australian passport	
	a passport that has expired within the precedi acceptable, and please copy the pages which	
Residential address. A PO Box/RMB/Locked Bag is not acceptable.	foreign passport	, ,
Property name/building name (if applicable)	showing your signature and photo, and please which identify you OR	e copy the pages
	Australian State or Territory Government issue	ed ID card
Unit Street number	showing your date of birth, signature and pho	
	foreign Government issued ID card	
	showing your date of birth, signature and pho	to.

Group 2



section 3.2.6 (a), and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.

3.2.6 (c) Director details

Provide the full name of the senior managing official (or equivalent) of the company, if any.

Full given names/Full company name

Title

Surname

HELP

Senior managing official: an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Verification procedure - director details

If you are unable to provide details of beneficial owners in 3.2.6 (a) above, please provide an ASIC company extract showing the name of the senior managing official, as provided in this section 3.2.6 (c).

4 Signatures

Signing instructions

Individual: where the investment is in one name, the account holder must sign.

Joint Holding: where the investment is in more than one name, all of the account holders must sign.

Companies: where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust: the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney: if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory

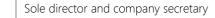
Please print full name

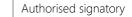
Date (DD/MM/YYY)



Company officer (please indicate company capacity)

Director





Signature of investor 2, director/company secretary or authorised signatory

Please print full name



Company officer (please indicate company capacity)

	Director
--	----------

Company secretary

Authorised signatory

Client Services contact details Phone

Within Australia: 02 8988 5819 International: +61 2 8988 5819 **Email** ssg.aus@tmf-group.com

United States tax status form for Investors

Why this form?

The Foreign Account Tax Compliance Act (**FATCA**) is a United States (**US**) regulatory requirement that aims to deter tax evasion by US taxpayers. The Australian and US Governments (through their tax offices) have an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the ATO and in turn to US tax authorities. For more information visit the ATO Website:

https://www.ato.gov.au/General/New-legislation/In-detail/Other-topics/International/Foreign-Account-Tax-Compliance-Act/. If you are unsure of any of the answers please contact a legal, accounting or immigration professional.

Investor name
Account number
1. If you are a super fund

If you can tick this box, you don't need to go past this question other than to sign this form at the end:

unless you have a GIIN, in which case please go to question #2

I am a super fund.

HELP: If you can tick this box, you don't need to go past this question other than to sign this form at the end

who administers a deceased's estate

HELP: the trustee of a testamentary trust is the person

2. If you are trustee of a testamentary trust or the trustee of a registered charity

If you can tick this box, you don't need to go past this question other than to sign this form at the end:

I am a trustee of a testamentary trust or the trustee of a registered charity.

3. If you are a US individual

Whether investing for yourself or as a trustee, if you are an individual who is a US citizen, or a resident of the US for tax purposes, please give details:

Name	TIN	
Name	TIN	

Not enough room? Write their details clearly and attach them.

Thanks! For you, sign this form at the end and you're done!

HELP:

TIN: THIS IS <u>NOT</u> YOUR TFN.

It's short for US Taxpayer Identification Number, one of a number of IDs issued by US authorities. It could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or an US Employer Identification Number.

US citizen or resident of the US for tax purposes:

- anyone born in the US who hasn't renounced their US citizenship
- a US citizen including persons with dual or multiple citizenships
- US lawful permanent residents e.g. green card holders

4. If you are a US company or trust

Only consider this question if you haven't been able to complete question #2 above.

If you are a US company or trust, or if your status is exempt payee, please give details:

if your status is exempt payee, please provide your exemption code.

TIN/Exemption Code

HELP:

- a company created in the US, established under the laws of the US or which is a US taxpayer
- a trust subject to the laws of the US and controlled by one or more persons that are citizens or residents of the US

Thanks! For you, sign this form at the end and you're done!

United States tax status form for Investors

5. If you are a Financial Institution	HELP:
If you are: • a Financial Institution,	GIIN: Global Intermediary Identification Number, a unique ID number issued by US tax authorities to non-US financial institutions when they register for FATCA
 Australian Regulated Trust, or a trust whose trustee is a Financial Institution, please give def GIIN 	 Financial Institution: a depository institution you accept deposits in the ordinary course of a banking or similar business e.g. a bank a custodial institution a substantial portion of your business (20 %+of gross income) is held in financial assets for the account of others e.g. a custodian an investment entity
If you don't have GIIN, tell us your FATCA status: Deemed compliant Foreign Financial Institution Excepted Foreign Financial Institution Registered deemed compliant Foreign Financial Institution Non-participating Foreign Financial Institution Excempt Beneficial Owner	 this includes entities that trade in financial assets or that are investing, administering, managing funds, money, or certain financial assets on behalf of other persons e.g. investment companies. Note: if you are a professional trustee, you will usually fall within this category certain prescribed entities e.g. types of insurance companies that have cash value products or annuities. More information can be found at: www.irs.gov/Businesses/ Corporations/Information-for-Foreign-Financial-Institutions Australian Regulated Trust:
 GIIN applied for but not yet issued Non-reporting IGA Foreign Financial Institution Other: please detail 	 ASIC registered management investment schemes other trusts which are registered with the ATO or ASIC but excluding self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or Semi-Government Superannuation Funds and pooled super trusts (together Super Entities), unless such Super entities have a GIIN.

6. If you are a listed public company or an Australian registered charity

I am a public company.

Thanks! For you, sign this form at the end and you're done!

7. Are you still trying to tell us something?

Only consider this question if you haven't been able to complete any question above.

Commonly, it is proprietary (or Pty) companies or unlisted public companies, whether investing themselves or as a trustee, that make it to this last question.

We need to know whether or not you are a Passive Non-Financial Entity: don't be put off! It's not too complicated ...

To work this out, consider whether any of the people listed below are a US citizen or resident of the US for tax purposes:

anyone that beneficially owns 25% or more of your issued capital?

anyone that exercises control over you (by way of determining decisions about the financial and operating policy)?

if you are a trust, any trustee, beneficiary or settlor?

If you ticked any box, please give details:

Full name	Residential address	TIN/Exemption Code
Full name	Residential address	TIN/Exemption Code
Full name	Residential address	TIN/Exemption Code
Full name	Residential address	TIN/Exemption Code

Not enough room? Write their details clearly and attach them. OR

none of the people listed above are a US citizen or resident of the US for tax purposes

Thanks! Whether you completed this question or left it blank, for you, now simply sign this form and you're done!

Signature	
-----------	--

Signature

HELP:

A Passive Non-Financial Entity is broadly where someone involved with you is caught by the US tax system. A US citizen or resident of the US for tax purposes is defined above.

Public companies have the status of Active Non-Financial Entity - thanks for letting us know.

HELP: