Trust/Super Fund Investor How to Complete the Application Form

GENERAL INSTRUCTIONS

- Please use CAPITAL LETTERS and a black ball point pen when completing the forms.
- Your usual residential address cannot be your financial adviser's address or a post office box.
- If you have an existing account and would like to add to the account, please note your existing account number.

TAX FILE NUMBER (TFN)

You are not obliged to provide your TFN or claim an exemption. However, if you do not do so we are required to deduct tax from distributions of income made to you at the highest marginal rate, plus Medicare Levy (if you are an Australian resident).

APPLICATION INSTRUCTIONS

The minimum application for Units in the Fund is \$1,000. If paying by cheque, please cross your cheque "not negotiable" and make it payable to "Smarter Money Higher Income Fund – Application A/C". The cheque must be payable in Australian dollars. Cash is not accepted. If payment is made by EFT the application money should be sent to the bank account. Details are provided in the Application Form.

ACCOUNT OPERATING INSTRUCTIONS

Please indicate how you wish your account to be operated by ticking the appropriate box. See section G of the Application Form.

DISTRIBUTIONS AND REDEMPTIONS

Please ensure that you complete in full all bank account details as we use these bank account details to pay your redemption proceeds.

SIGNATURE(S)

Please ensure you have signed the Application Form. You should ensure that you have read the Product Disclosure Statement in full before signing the application. If the application is being signed under Power of Attorney please enclose a certified copy of the Power of Attorney and appropriate photo identification of the attorney.

LODGING THE APPLICATION

 Scan and email the Application Form to: registry@fundbpo.com or fax to 02 9251 3525 or if sending a cheque, please post the completed Form, copies of required documents and cheque to:

Smarter Money

GPO Box 4968, Sydney NSW 2001

Please ensure payment is made in full.

- Please note that Units in the Fund will only be issued on receipt of a properly completed Application Form, issued together with the Product Disclosure Statement dated 8 October 2014, identification documents and cleared funds.
- If you have any queries please call your financial adviser or contact us at:

Internet: www.smitrust.com.au Phone: 1300 133 451

EXAMPLES OF CORRECT NAMES AND ACCOUNT DESIGNATIONS

TYPE OF INVESTOR	CORRECT NAMES	INCORRECT NAMES	SIGNATURE(S) REQUIRED
Trusts			
Use trustee(s)/individual(s) name(s)	Paul Ryan Prunty <prunty family="" trust=""></prunty>	Paul Prunty Family Trust	Each trustee/individual If trustee is a company see below
TYPE OF TRUSTEE			
Use full name of each applicant, not initials	Alex John Barden Laura Sue Barden	Alex J Barden Laura S Barden	Each applicant
Use full company title	Portal Pty Ltd	Portal P/L Portal Co Portal Inc	Two directors, or director and a secretary, or if there is only one director, by that director
Superannuation fund			
Use trustee(s)/personal name(s)	Amy Rachel Wood	A R Wood Super Fund	Each trustee If trustee is a company see below
Use fund name as designation	<amy super<br="" wood="">Fund></amy>		

IDENTIFICATION REQUIREMENTS

Under Australian anti-money laundering and counter-terrorism financing legislation, certain due diligence must be conducted on any prospective investor before Units in the Fund may be issued to that investor. The due diligence includes verifying a prospective investor's identity. Applications that do not provide the required information cannot be processed. AML/CTF compliance will also include ongoing customer due diligence which may require the Responsible Entity (Select) to collect further information.

REQUIREMENTS FOR INDIVIDUAL TRUSTEES

If you are an individual trustee, you will need to give us certified copies of one document from column [1] OR one document from each of column [2] AND [3]:

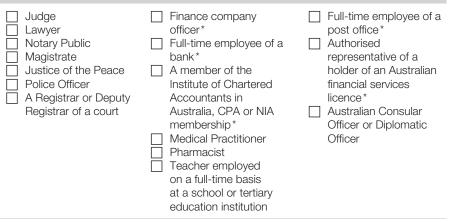
Please note that for Trusts or Super Funds, individual trustees or directors of a corporate trustee are required to complete the individual section of the application. You must also provide the documents required for an individual applicant.

RELIABLE AND INDEPENDENT DOCUMENTATION DO NOT SEND ORIGINALS; CERTIFIED COPIES ONLY

Column [3] Column [1] Column [2] Primary Photographic Secondary Primary Non-Photographic Identification Australian Driver's Birth certificate Licence Commonwealth, Commonwealth State and Territory Valid Australian Citizenship \square financial benefits Passport# Certificate notice (less than State or Territory Pension Card 12 months old) Proof of Age Card Health Card issued Tax notice (less Foreign Passport* by Centrelink than 12 months National ID Card Foreign Citizenship old) issued by a foreign Certificate or Birth Local utilities government Certificate* provider notice containing a (less than 3 photograph and months old) signature* Foreign Driver's Licence with photograph and date of birth*

- # A passport that expired within the two years prior to submitting the Application Form will be accepted.
- * Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

WHO MAY CERTIFY YOUR DOCUMENTS AS BEING A TRUE AND CORRECT COPY OF THE ORIGINAL



* Those persons marked with an asterisk * are required to have two or more years of continuous service or membership.

The eligible certifier must include the following information:

- Their full name
- Address
- Telephone number
- The date of certifying
- Capacity in which they are eligible to certify, and
- An official stamp/seal if applicable

The certified copy must include the statement, "I certify this is a true copy of the original document". For photographic documents, the certified copy must include the statement, "I certify this is a true copy of the original document and the photograph is a true likeness".

Trusts & Trustees

If the trust is a:

Registered managed investment scheme, regulated trust, superannuation fund or government superannuation fund – a certified copy or relevant extract from the relevant regulator's website showing the full name of the trust, and that the trust is a registered scheme, regulated trust, superannuation fund or government superannuation fund.

Other trust type

- a certified copy or extract of the Trust Deed showing the name of the trust
- a letter from a solicitor or qualified accountant that confirms the name of the trust
- a notice issued by the ATO within the last 12 months (eg Notice of Assessment).

Individual Trustee – verification of the Trustee's full name, and either date of birth OR residential address is required by providing the identification requirements for an Individual.

Australian Company Trustee – a certified copy of the certification of registration.

Australian Listed Company or majority owned subsidiary of an Australian Listed Company or a regulated company – a certified copy of a public document issued by the relevant company.

IMPORTANT:

Current Australian anti-money laundering requirements, as well as prospective changes to legislation, may in the future impose other due diligence procedures or require the collection of further information from investors.

Note: In the case of Partnership, Company or Trust/ Super Fund investors, if all partners, directors or trustees respectively do not sign the Application Form, a Power of Attorney or appropriate documentation showing the signatories have authority to make the investment is to be provided with the Application Form.

Smarter Money Higher Income Fund

Trust/Super Fund Investor Application for Units

Units in the Smarter Money Higher Income Fund are only issued on receipt of this Application Form, AND documents that verify the applicant's identity, AND payment in full. For instructions on completing this Application Form, see page 1 of this Application Form. Please use CAPITAL LETTERS and a black ballpoint pen. This is an Application Form for the Smarter Money Higher Income Fund ARSN 154 023 408 issued by Select Asset Management Limited (ABN 94 101 103 011, AFSL No. 223271) offered under the PDS dated 8 October 2014. This Application Form must not be distributed unless in, or accompanied by, the PDS dated 8 October 2014. The PDS contains important information about investing in the Fund. It is important you read in full the PDS and declarations in this Application Form (Section K) before applying. We will provide you with a paper copy of the PDS and the Application Form, on request without charge.

A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.

Attach cheque here >

Section A - Do you have an existing investment in a Smarter Money Fund

NO: this is a new investment. Go to Section B	
YES: My / Our Investor Number is Image: Comparison of the second secon	
Name	
Phone Number	Go to Section D

Section B - Investor Details

Has your Identification Information / Documentation already been provided?

Australia's Anti-Money Laundering and Counter-Terrorism Financing legislation obliges us to collect Identification Information and Documentation from prospective Investors.

We may be unable to process your application for Units without the required Investor Identification and Documentation.

If you have already provided the required Identification Information and Documentation to us, you do not need to re-supply it with this Application Form.

In some cases, we may request additional Identification Information and/or Documentation to fulfil AML/CTF obligations.

B1 – Trust or Super Fund Details

Name of Trust or Fund	
Country of Establishment	
Australian Business Number (ABN) or Foreign ID Number	
Australian Tax File Number or Tax Reference Number in country of resi	ce

A certified copy of the Trust Deed is attached to this application (please tick if applicable)

NOTE: As the Responsible Entity only recognises the Trustee(s) as the investor and not the beneficiary, the Trustee(s) details must be given above. However the Responsible Entity is also required to record the beneficiary details.

BENEF	ICIARY 1	same as APPLICANT 1 (see B3 for details)
Name		
Resider	ntial Address	
BENEF	ICIARY 2	same as APPLICANT 2 (see B3 for details)
Name		
Resider	ntial Address	

If there are more than 2 beneficiaries, please provide full details for each on a separate page(s) and include it with this application.

B2 - Corporate Trustees Details (If Applicable)

Name
Name of Contact Person
Registered Office Address
Type of Company: Public Private Country of Registration
Australian Business Number (ABN) or Foreign Company ID Number
For a private company: (1) How many directors are there?
1.
2.
3.
4.
5.
6.

If there are more than 6 directors, please provide all their names on a separate page and include it with your application.

(2) Provide the following details for all individuals who benefit same as APPLICANT 1 (see B2 or B3 for details) Please provide details of all additional beneficiaries who own	same as APPLICANT 2 (see B2 or B3 for details)				
Name					
Residential Address					
Name					
Residential Address					
Name					
Residential Address					
Name					
Residential Address					
B3 – Details of Individuals acting as Trustee or Corporat	te Directors				
APPLICANT 1 (Your name MUST match exactly the name	on your identification documents)				
Title Given Name(s) (in full)					
Family Name					
Date of Birth DD/MM/YYYY					
Residential Address					
Suburb	State Postcode				
Country					
APPLICANT 2 (Your name MUST match exactly the name	on your identification documents)				
Title Given Name(s) (in full)					
Family Name					
Date of Birth DD/MM/YYYY					
Residential Address					
Suburb State Postcode					
Country					
If there are more than 2 Trustees or Directors, please provid application.	de full details for each on a separate page(s) and include it with your				

Tick if you have provided names and details of additional investors.

Section C - Account Contact Details

Main Contact			
Postal Address			
Suburb	St	ate	Postcode
Country			
Email Address			
Home Phone		Work Phone	
Mobile Phone			
Section D – Inves	stment Details		
I/we apply to invest	\$	in the Smarter Money - mFund Investor/Assi	÷
			nly to Platform Investors which include es or other Administrative Services)
I/we apply to invest	\$	in the Smarter Money	Higher Income Fund

Please tick the box to advise how your payment will be made:

1 100				
	Cheque – Please make (cheque payable to: Smarter Money Higher Income Fund – Application A/C		
	Direct Debit – Please cor	mplete a Savings Plan Direct Debit Form		
Direct deposit (EFT) to: Bank: National Australia Bank (NAB) BSB: 082 401 A/c no: 841 566 906 A/c name: Smarter Money Higher Income Fund – Application A/c Reference: [application reference number/investor number]		BSB: 082 401 A/c no: 841 566 906 A/c name: Smarter Money Higher Income Fund – Application A/c		

Please note: Funds must be transferred from a bank account in the name of the registered unit-holder(s). No third party payments will be permitted.

Section E – Distribution Election

By default, your distributions will be reinvested as additional Units. Alternatively, you can elect to have them paid into your bank account: Please note that if no election is made, your distributions will be reinvested.

NO, I do not wish to have my distributions reinvested. Please pay them into my bank account nominated in section F below

Section F - Bank Account Details

All investors must complete this section with an Australian banking institution, for distributions and redemptions.

Bank Name/Institution	
Branch Name and Address	
BSB	Account Number
Account Name	

Section G – Operating Authority

When giving instructions to us about your investment please indicate who has authority to operate your account:

all to sign

COMPANY AND TRUST ACCOUNTS (if no box is ticked all future written instructions must be signed by two directors/trustees, director and secretary, or the sole director)

any	one	to	sign

any two to sign

OTHER

Section H - Request For Annual Report (optional)

The annual report for the Fund is available to investors on our website www.smitrust.com.au each year.

Leave both boxes blank if you wish to receive a copy by post. Select requests that you tick one of the boxes as it is costly for the Fund to print and mail out the Annual accounts. If you change your mind at any time, contact the Administrator.

Receive as email attachment (you must provide your email address in Section C)

View on website

Section I – Adviser Service Fee

Complete this section if you have agreed with your financial adviser to have an advice fee deducted.

Ongoing Fee	% per annum	of the net investment value, based on the average daily balance,	deducted half
yearly. The fee	is inclusive of GST.		

Section J – Declarations and Signatures

In completing this application, or in authorising someone to complete it for you, the applicant is telling us that:

- 1. They have read and understood the current Product Disclosure Statement (PDS) and Additional Information
- 2. They agree to be bound by the constitution of the Portfolio and the PDS, as supplemented, replaced or re-issued from time to time
- 3. Monies being invested are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from their account have any such association
- 4. They are not bankrupt or a minor, and have the power to invest
- 5. The information given is complete and correct, can be used as described in the PDS (including the collection, use and disclosure of your personal information) and if about another person, has been provided with their permission
- 6. They understand neither performance nor their investment is guaranteed in any way.

Signature of Applicant 1				
Name of Applicant 1	Date	DD/MM/YYYY		
Tick role Corporate Trustee: Sole Director Director Secretary Individual Trustee				
Signature of Applicant 2				
Name of Applicant 2	Date	DD/MM/YYYY		
Tick role Corporate Trustee: Sole Director Director Secretary Individual	Trustee			

Adviser Use Only		
Adviser Name (in full)		Adviser Stamp
Adviser Postal Address		
Suburb	State	Postcode
Adviser Phone (business hours)	Adviser Email	
Adviser Code with Yellow Brick Road		
Dealer Group Name		
Dealer Group Branch (Suburb, State)		
Dealer Postal Address		
Dealer Phone (business hours)	Dealer Group Email	