



Office use only

WHOLESALE INVESTMENT FUNDS

NMFM Application form

Did you know that you can complete your application quickly and simply online at apply.ampcapital.com.au?

Issuer and Responsible Entity: National Mutual Funds Management Ltd (ABN 32 006 787 720, AFSL 234652)

National Mutual Funds Management Ltd is a member of the AMP Group which includes AMP Capital Investors Limited (ABN 59 001 777 591, AFSL 232497)

Investment Manager AMP Capital Investors Limited - referred to in this form as 'AMP Capital', 'we' or 'us'.

Please ensure that you have read the most up-to-date Product Disclosure Statement (PDS) for the relevant fund and any supplementary PDS where applicable, prior to completing this application form. To ensure that you have the most up-to-date PDS please check with your financial adviser, visit ampcapital.com.au or call us on 131 737.

NOTES TO THE APPLICATION FORM

1. Completing the application form

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

Section 1: Applicant details

Section 2: Investment Amount

Section 3: Distributions

Section 6: Acknowledgements & applicant signature(s)

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

2. Applicant details and signature

Individuals

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 A certified copy of the power of attorney (including confirmation from the attorney that it has not been revoked) must be provided.

Joint applicants

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

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

Companies

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

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

Trustees

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

3. Payment

Please see Section 2 for the details of payment and investment amount. If you are paying by cheque and applying for units in more than one fund, a separate cheque for each fund must be provided.

Your cheque must be:

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

All applications must be denominated in Australian dollars.

Please refer to Section 2 - Investment Amounts for direct deposit options.

4. Tax file number

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

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

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

We recommend that non-resident investors seek taxation advice.

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

5. Delivery

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

AMP Capital Investors Limited
GPO Box 2780
MELBOURNE VIC 3001

PLEASE PRINT IN CAPITAL LETTERS AND USE A BLACK PEN.

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

When completing this application form please refer to the instructions in 'Notes to the application form' on page 1.

Funds - Please tick:

- Wholesale Cash Management Trust
- Wholesale Global Equity - Growth Fund
- Wholesale Global Equity - Value Fund
- Wholesale Australian Equity - Value Fund

Type of application - Please tick:

- New application - **Complete section below and then go to Section 1, Part A**
- Additional application - **Complete section below and then go to Section 1, Part B**

Existing investors only - Investor number: T

INDIVIDUAL INVESTOR/JOINT INVESTOR/SOLE TRADER

Investor 1 (Individual/Sole trader)

What is the nature and purpose of your business relationship with AMP Capital? (Choose the **one** most relevant option)

- Building wealth (eg a large initial deposit, using investment returns to grow your wealth over time)
- Business income (eg regular deposits and withdrawals for expenses - mostly for non-individuals)
- Savings (eg regular deposit with few withdrawals, earning interest to grow your balance)
- Everyday savings (eg frequent deposits and withdrawals)

Investor 2 (Joint investors)

What is the nature and purpose of your business relationship with AMP Capital? (Choose the **one** most relevant option)

- Building wealth (eg a large initial deposit, using investment returns to grow your wealth over time)
- Business income (eg regular deposits and withdrawals for expenses - mostly for non-individuals)
- Savings (eg regular deposit with few withdrawals, earning interest to grow your balance)
- Everyday savings (eg frequent deposits and withdrawals)

NON INDIVIDUAL INVESTORS - COMPANY/TRUST/SUPERANNUATION FUND OR OTHER ENTITY

What is the nature and purpose of your business relationship with AMP Capital? (Choose the **one** most relevant option)

- Building wealth (eg a large initial deposit, using investment returns to grow your wealth over time)
- Business income (eg regular deposits and withdrawals for expenses - mostly for non-individuals)
- Savings (eg regular deposit with few withdrawals, earning interest to grow your balance)
- Everyday savings (eg frequent deposits and withdrawals)

If you do not have an adviser, after completing this application form, please ensure that you also complete and attach the relevant 'Know your client' form (and identification documents), to enable us to verify your identity and meet our legal obligations (including those under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006).

- | | |
|---|--|
| <input type="checkbox"/> Individual, Joint investors or Sole trader | Available online at www.ampcapital.com.au/identification |
| <input type="checkbox"/> Australian Company or Foreign Company (Registered by ASIC) | Available online at www.ampcapital.com.au/identification |
| <input type="checkbox"/> Foreign Company (Not registered by ASIC) | Available online at www.ampcapital.com.au/identification |
| <input type="checkbox"/> Australian Regulated Trust or Superannuation fund | Available online at www.ampcapital.com.au/identification |
| <input type="checkbox"/> Unregulated Trust, Foreign Trust or Superannuation fund | Available online at www.ampcapital.com.au/identification |
| <input type="checkbox"/> Other organisation - Association (incorporated or unincorporated), Partnership, Government Body or Registered Co-operative | Available online at www.ampcapital.com.au/identification |
| <input type="checkbox"/> Charity | Please contact our Client Services Team on 1800 658 404 for the forms you will need to complete |

SECTION 1 – APPLICANT DETAILS

Complete Part A if you are a new investor. Existing investors go to Part B.

All investors (or their agents or attorneys, if applicable) must complete this section.

A. NEW INVESTOR DETAILS

INDIVIDUAL INVESTOR/JOINT INVESTOR/SOLE TRADER

Investor 1 (Individual/Sole trader)

Title Surname

Given name(s) Date of birth

TFN (or exemption code)

Source of wealth

Select how you have built your wealth in order to invest (choose the **one** most relevant response).

- Business income
- Investment income (eg rent, dividends, pension)
- Sale of assets (eg property, company)
- Income from employment - regular and/or bonus
- Windfall (eg gift, lottery winnings, gambling)
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)

Investor 2 (Joint investors)

Title Surname

Given name(s) Date of birth

TFN (or exemption code)

Source of wealth

Select how you have built your wealth in order to invest (choose the **one** most relevant response).

- Business income
- Investment income (eg rent, dividends, pension)
- Sale of assets (eg property, company)
- Income from employment - regular and/or bonus
- Windfall (eg gift, lottery winnings, gambling)
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)

OR

NON-INDIVIDUAL INVESTORS - COMPANY/TRUST/SUPERANNUATION FUND OR OTHER ENTITY

Full name of company/trust/superannuation fund or other entity

Source of wealth

Select how you have built your wealth in order to invest (choose the **one** most relevant response).

- Business income
- Investment income (eg rent, dividends, pension)
- Sale of assets (eg property, company)
- Income from employment - regular and/or bonus
- Windfall (eg gift, lottery winnings, gambling)
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)

If you have a financial adviser, please ensure your financial adviser completes Section 7.

If you do NOT have a financial adviser, please refer to page 2 for the 'Know your client' form which you also need to complete and attached and provide us with the relevant supporting documentation.

B. CONTACT DETAILS

Please provide one set of contact details that we can use for all communications with you.

Existing investors only: If you are changing the contact details previously provided to us, please indicate by ticking the box on the right.

Contact name

Unit number

Street number

PO Box No.

Street name

Suburb/Town

State

Postcode

Country

Phone

Fax

Mobile

Email

Please note: By providing your email address, you agree to receive all communications, including statements, electronically. In certain circumstances, we may still need to send you letters in the post. Your communication preferences can be changed at any time by contacting us.

Fund annual reports

Fund annual reports are made available online at www.ampcapital.com.au/annualreport, within 3 months of the financial year end for the Fund. If you would prefer to receive a copy, free of charge, please nominate your preference below:

email address shown in Part B above

address shown in Part B above

Please note that the election above will be applied to your current and future holdings in any AMP Capital fund. To change your preference, please contact us.

C. TAX RESIDENCY OF APPLICANT

Is any:

- individual investor
- entity investor (eg company, trust, partnership)
- director of any investor, or
- beneficial owner or controlling person of any investor, making this application – a foreign tax resident? (US citizens and tax residents should answer 'Yes')

Yes - you will need to complete an additional form - see notes below*

No

Please note: We cannot accept and process applications if this question is unanswered, and if you have not provided the information we require (as outlined below).

* If 'Yes', and you are a **new investor**, please ensure you also complete the relevant 'Know Your Client' form and sign and submit this with your application/subscription form. The forms are available at www.ampcapital.com.au/identification.

* If 'Yes', and you are **investing in a new fund or opening a new account**, (ie you have already been identified by us for Anti-Money Laundering and Counter-Terrorism Financing purposes), please ensure you complete the relevant 'Tax Status Declaration' form and sign and submit this with your application/subscription form. The forms are available at www.ampcapital.com.au/identification.

SECTION 2 – INVESTMENT AMOUNT(S)

INVESTMENT DETAILS

Please indicate the amount you are investing and the payment method.

Fund	Amount	Investment by cheque	Investment by direct deposit
Wholesale Cash Management Trust (minimum initial investment \$100,000, minimum additional investment \$1,000)	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wholesale Global Equity - Growth Fund*	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wholesale Global Equity - Value Fund*	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wholesale Australian Equity - Value Fund*	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(minimum initial investment \$25,000, minimum additional investment \$1,000)

Source of funds

Select how you have sourced these funds to invest (choose the **one** most relevant response).

- | | |
|--|---|
| <input type="checkbox"/> Business income | <input type="checkbox"/> Borrowed funds |
| <input type="checkbox"/> Investment income (eg rent, dividends, pension) | <input type="checkbox"/> Windfall (eg gift, lottery winnings, gambling) |
| <input type="checkbox"/> Income from employment - regular and/or bonus | <input type="checkbox"/> Government benefits (eg childcare rebate, family tax benefit) |
| <input type="checkbox"/> Sale of assets (eg property, company) | <input type="checkbox"/> One-off payment (eg matured investment, court settlement, redundancy, inheritance) |

Direct deposit

Fund	Account name	Bank	BSB No.	Bank Account No.
Wholesale Cash Management Trust	NMFM WCMT	Westpac	033-230	400609
Wholesale Global Equity - Growth Fund	NMFM WGEG	Westpac	033-230	400756
Wholesale Global Equity - Value Fund	NMFM WGEV	Westpac	033-230	401038
Wholesale Australian Equity - Value Fund	NMFM WAEV	Westpac	033-230	200199

Please ensure the full name of the investor is provided and use the Fund name as reference.

Cheques

Postal address for cheques

AMP Capital Investors Limited
GPO Box 2780
Melbourne VIC 3001

A separate cheque must be provided for each Fund in which you apply for units.

Cheques should be crossed 'Not Negotiable' and made payable to NMFM Ltd and:

- Wholesale Cash Management Trust - <Investor name>
- Wholesale Global Equity - Growth - <Investor name>
- Wholesale Global Equity - Value - <Investor name>
- Wholesale Australian Equity - Value - <Investor name>

SECTION 3 – DISTRIBUTIONS

Distributions are to be (please tick one box):

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

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

Account details

Account name

Name of financial institution

BSB

 -

Account Number

Branch address

SECTION 4 – CLIENT ADVICE FEE

Client advice fee? Yes No

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

1. Client advice fee – ongoing Yes No

Monthly deduction

Quarterly deduction

% of account balance* %

OR

\$ p.a. \$

Start date

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

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

Fund name from which fee is to be deducted

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

2. Client advice fee - additional Yes No

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

% of account balance* %

OR

\$ p.a. \$

Dollar amount based on a calculation of:

% of contribution %

Contribution = \$

Dollar amount \$

Fund name from which fee is to be deducted

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

* **Note:** Account balance is the sum of all Wholesale Fund units.
Client advice fees are treated as a redemption and are subject to all the terms and conditions concerning redemptions.

SECTION 5 – LENDER'S INTEREST

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

Lender's name (please print)

Lender's address

Street number and name

Town/Suburb

State

Postcode

Country

Contact person (if known)

Mr Mrs Miss Ms Other (please specify)

Surname (please print)

Given names

Position

Telephone

SECTION 6 – ACKNOWLEDGEMENTS AND SIGNATURE(S)

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

1. I/we have received and read the current PDS and any Supplementary PDS and understand that this application is made subject to the terms and conditions of that PDS. I/we agree to be bound by the terms of that PDS.
2. This application is made subject to the Fund's constitution as amended from time to time.
3. If my/our application is not accepted in full, I/we agree to accept the number of units issued to me/us.
4. To the maximum extent permitted by law I/we release, discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the facilities and options offered.
5. If any action is taken or payment is made in accordance with the conditions of any facility or option offered, and that action or payment is later found not to have been authorised by me/us or my/our authorised representative, neither I nor anyone claiming through me can claim against the responsible entity.
6. Additional applications are subject to the terms and conditions of the current PDS and application form.
7. My personal details being provided to my financial adviser and their agents.
8. Privacy (applicable to personal investors only): I/we have read and understood the privacy disclosure statement contained in the PDS and agree to information about me/us being collected, used and disclosed as referred to under 'Your privacy' in the PDS (or in the 'Incorporated information' document if available), including for marketing purposes or in connection with any other product or service. I/we acknowledge that I/we can opt out from receiving direct marketing by telephoning 131 737.

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

INDIVIDUALS ONLY (APPLICANT OR ATTORNEY)

Signature

Date

Signature

Date

Signature

Date

Account operating instructions for joint applicants:

any applicant to sign

all applicants to sign

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

COMPANIES ONLY

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

Signature

Date

Print name

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

Signature

Date

Print name

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

Please post your completed form to:

AMP Capital Investors Limited
GPO Box 2780
MELBOURNE VIC 3001

SECTION 7 – ADVISER USE ONLY

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

Copy of ID document(s):

Not attached

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

Attached

Please provide either:

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

Financial adviser's name

Telephone

AFS licensee name

Adviser number

Financial adviser signature

Date

CONTACT DETAILS

Mailing address

AMP Capital Investors Limited
GPO Box 2780
Melbourne VIC 3001

Investors

T: 131 737
8.30am - 5.30pm Sydney time
Monday to Friday
F: 03 8688 5796
E: client.enquiry@amp.com.au
W: www.ampcapital.com.au

Financial advisers

T: 1800 655 655
8.30am - 5.30pm Sydney time
Monday to Friday
W: www.ampcapital.com.au