



INVESTORS MUTUAL APPLICATION FORM | NEW INVESTORS

ABN 14 078 030 752 | AFSL 229988

Dated 15 August 2024

Issued by Investors Mutual Limited
ABN 14 078 030 752
AFS Licence No. 229988

This application form must not be given to another person unless accompanied by the Investors Mutual Limited (IML) Fund Product Disclosure Statement (PDS) and Target Market Determination (TMD) for the relevant Fund and the current IML Investment Guide (IG), where applicable. The PDS contains important information about investing in the Funds. You should read the PDS together with the TMD and Investment Guide, where applicable, in full before applying for units in any of the Funds (Unit). Upon request, IML will send you a copy of the PDS, TMD and Investment Guide, where applicable, free of charge. If you give another person access to this application form you must at the same time and by the same means give them access to the PDS, TMD, Investment Guide and any updated materials. Information about how we collect information from you can be obtained by referring to the relevant Fund PDS or to the Privacy Policy located on our website at iml.com.au

1. Introduction

Please complete this form if you are a new investor or existing investor opening an account in a different fund. The TMD Questionnaire in Appendix A may also be required to be completed for these investors where you have not received personal financial advice.

Existing investors adding to an existing fund, please complete the Additional Investment Form.

Please indicate: New Investor Existing Investor Investor No.

If you have an existing investment in one of the Investors Mutual Limited Funds and none of the details previously provided in Sections 1.A - 7.B have changed since your initial investment including, your investor details (including tax details), organisation type (if applicable), organisation's tax status classification (if applicable), or contact details - please complete section 8.B onwards. If your details have changed, please start from section 1.A.

1. A) Name of Investor

Account name

1. B) Which Investors Mutual Fund(s) will you be investing in?

Please indicate:	APIR Code:	ARSN Code:
<input type="checkbox"/> Investors Mutual Australian Share Fund	IML0002AU	093 182 695
<input type="checkbox"/> Investors Mutual All Industrials Share Fund	IML0004AU	093 182 195
<input type="checkbox"/> Investors Mutual Concentrated Australian Share Fund	IML0010AU	145 759 879
<input type="checkbox"/> Investors Mutual Equity Income Fund	IML0005AU	107 095 438
<input type="checkbox"/> Investors Mutual Future Leaders Fund	IML0003AU	093 182 828
<input type="checkbox"/> Investors Mutual Australian Smaller Companies Fund	IML0001AU	093 182 471
<input type="checkbox"/> Investors Mutual Small Cap Fund	IML0006AU	122 918 496
<input type="checkbox"/> Investors Mutual Private Portfolio Fund	IML2681AU	624 888 035
<input type="checkbox"/> Investors Mutual Private Portfolio Fund Class B Units	IML7090AU	624 888 035

Have you received personal financial advice in relation to this investment? Yes No

If you have selected 'Yes' to this question, then you may proceed to question 1.C).

If you have selected 'No', please complete the TMD Questionnaire in Appendix A for each Fund. Your application cannot be processed unless the TMD Questionnaire is completed.

1. C) Type of Investor

Please indicate what type of Investor you are. (ALL NEW APPLICANTS MUST COMPLETE SECTION 8)

Please also complete the additional FATCA/CRS form if you are an overseas resident.

Type of Investor	Sections to complete	Page Number/s
<input type="checkbox"/> Individual(s)	2 and 8	Pages 2 to 3, 14 to 20
<input type="checkbox"/> Company	3 and 8	Pages 4 to 7, 14 to 20
<input type="checkbox"/> Fund Individual Trustee	2, 4 and 8	Pages 2 to 3, 7 to 10, 14 to 20
<input type="checkbox"/> Company Trustee	3, 4 and 8	Pages 4 to 7, 7 to 10, 14 to 20
<input type="checkbox"/> Partnership	5 and 8	Pages 10 to 12, 14 to 20
<input type="checkbox"/> Association	2, 6 and 8	Pages 2 to 3, 13, 14 to 20
<input type="checkbox"/> Government Body	7 and 8	Pages 14, 14 to 20

2. Individual(s) / Individual Trustee(s)

Complete this section if you are an Individual(s), Individual Trustee(s) or Sole Trader.

The AML/CTF documentation required for processing this application is outlined on the following page.

It is not compulsory to provide your TFN. However, without your TFN or exemption information, withholding tax will be deducted from our distributions at the highest marginal rate (plus Medicare levy).

How are you investing?

- In my name only (Section 2.A) Jointly with other individual(s) (Section 2.A & 2.B)
- As a sole trader (Section 2.A & 2.C) As an individual trustee(s) for a trust (Section 2.A, 2B & 2.D & Section 4)

If there are additional directors, please provide details as an attachment.

2. A) Individual 1

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Street Number & Name		
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Tax File Number or Exemption Reason	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)			
<input type="text"/>	<input type="text"/>			
Occupation	<input type="text"/>			

2. B) Individual 2

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Street Number & Name		
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Tax File Number or Exemption Reason	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)			
<input type="text"/>	<input type="text"/>			
Occupation	<input type="text"/>			

2. C) Sole Trader (if applicable)

Business name	ABN
<input type="text"/>	<input type="text"/>

2. D) Account Designation (if applicable)

If making this investment as an Individual Trustee(s) on behalf of another person(s), please provide that person(s) name as an account designation.

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

Identification Documentation – Individuals:

The Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation obliges us to collect identification documents and other supporting information from our investors – refer to the AML/CTF section in the relevant Fund’s PDS.

The AML/CTF documentation required for processing this Application Form is outlined below. You must attach the following **CERTIFIED** copies of documents to this Application Form: Please provide documents from Option 1 or Option 2a and 2b.

Option 1:

Please indicate which **one** you are providing:

- A current Australian driver’s licence containing a photograph of the person
- A valid Australian passport (may be expired up to two years)
- A current identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A current foreign government issued passport or similar travel document containing a photograph and signature of the person

NB: If you cannot provide a document listed above, please provide a document from both Option 2a and 2b below.

Option 2a:

Please indicate which **one** you are providing:

- An Australian birth certificate
- An Australian citizenship certificate
- A current pension card issued by Centrelink
- A current foreign drivers’ licence that contains a photograph of the person

AND

Option 2b:

Please indicate which **one** you are providing:

- A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual’s name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual’s name and residential address).
- A National Identity Card issued by a foreign government that contains a photograph signature.

Individual Acting in the Capacity of a Sole Trader

- A business name registration certificate; and
- Documents required for an individual (As in Option 1 or Option 2a, or Option 2b above)

3. Company / Corporate Trustee

Complete this section if you are a Company, or a Company acting as a Trustee for a Trust/Fund.

The AML/CTF documentation required for the processing of this Application Form is outlined on Pages 6 and 7.

It is not compulsory to provide your TFN. However, without your TFN or exemption information, withholding tax will be deducted from our distributions at the highest marginal rate (plus Medicare levy).

- | | |
|--|---|
| <input type="checkbox"/> Public Company (Section 3.A) | <input type="checkbox"/> Foreign Public Company (Sections 3.A, 3.C & 3.D) |
| <input type="checkbox"/> Australian Proprietary Company (licensed & regulated)*
(Sections 3.A & 3.D) | <input type="checkbox"/> Foreign Proprietary Company**
(Sections 3.A, 3.C, 3.D, 3.E & 3.F) |
| <input type="checkbox"/> Australian Proprietary Company (unlicensed & unregulated)
(Sections 3.A, 3.D, 3.E & 3.F) | |

3. A) Company Details

Company name (in full)

Contact name (at Company)

ACN / ABN (if registered in Australia)

Registered address

Suburb

State

Postcode

Country

Australian Tax File Number
or Exemption Reason

Global Intermediary Identification Number (GIIN) / US Taxpayer
Identification Number (TIN) / Foreign Tax Number (if applicable)

Country of tax residence (non-Australian residents)

Business Activity

3. B) Account Designation / Reference

Corporate margin lenders / nominees / custodians, should provide an account designation / reference

3. C) Foreign Companies

Country in which company is incorporated

Identification number issued by the foreign registration body

Name of foreign registration body
(if applicable)

Global Intermediary Identification Number (GIIN) / US Taxpayer
Identification Number (TIN) / Foreign Tax Number (if applicable)

3. D) Director Information

All Proprietary companies and foreign private companies to provide full name of each director of the Company

If there are additional directors, please provide details as an attachment.

*Australian companies licensed and subject to Commonwealth, State or Territory regulatory oversight in relation to its' activities as a company e.g. Self-managed superannuation fund regulated by the ATO.

** Registered or unregistered by ASIC or registered by a relevant foreign body.

3. E) Beneficial Ownership Information – Australian (unlicensed & unregulated) and Foreign Proprietary Companies

Australian (unlicensed & unregulated) and foreign proprietary companies, please provide details of each Beneficial Owner having more than 25% of the Company's issued share capital:

Beneficial Owner 1:

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Street Number & Name or PO Box		
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Tax File Number or Exemption Reason	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)			
<input type="text"/>	<input type="text"/>			
Occupation				
<input type="text"/>				

Beneficial Owner 2:

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Street Number & Name or PO Box		
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Tax File Number or Exemption Reason	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)			
<input type="text"/>	<input type="text"/>			
Occupation				
<input type="text"/>				

Beneficial Owner 3:

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Street Number & Name or PO Box		
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Tax File Number or Exemption Reason	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)			
<input type="text"/>	<input type="text"/>			
Occupation				
<input type="text"/>				

Identification Documentation – Companies:

The Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation obliges us to collect identification documents and other supporting information from our investors – refer to the AML/CTF section in the relevant Fund’s PDS.

The AML/CTF documentation required for the processing for Section 3 of this Application Form is outlined below. You must attach the following **CERTIFIED** copies of documents to this Application Form.

Please indicate which one you are providing:

Australian Companies:

If a proprietary company:

- An ASIC Company Extract showing the company name, ACN, registered office address, the names and addresses of the directors and shareholders; or
- A certified copy of the company’s certificate of registration or incorporation issued by ASIC, and a document setting out the full name and residential address of each director and the full name and residential address of each shareholder who owns, through one or more shareholdings, more than 25% of the company’s issued capital.

If a public company:

- An ASIC Company Extract showing the company name, ACN, registered office address, the names and addresses of the directors;

Foreign Companies:

If a private company:

- A Company Extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign registration body, registered office address, the names and addresses of the directors and shareholders; or
- A certified copy of the company’s certificate of registration or incorporation issued by the relevant foreign registration body, and a document setting out the full name and residential address of each director and the full name and residential address of each shareholder who owns, through one or more shareholdings, more than 25% of the company’s issued capital.

If a public company:

- A Company Extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign registration body, registered office address, the names and addresses of the directors; or
- A certified copy of the company’s certificate of registration or incorporation issued by the relevant foreign registration body.

3. F) Beneficial Ownership Identification Documentation – Australian (unlicensed & unregulated) and Foreign Proprietary Companies

The Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation obliges us to collect identification documents and other supporting information from the beneficial owners of Australian (unlicensed & unregulated) and foreign proprietary companies – refer to the AML/CTF section in the relevant Fund’s PDS.

The AML/CTF documentation required for the processing for Section 3 of this Application Form is outlined below. You must attach the following **CERTIFIED** copies of documents to this Application Form.

Please provide documents from Option 1 or Option 2a and 2b.

Option 1:

Please indicate which **one** you are providing:

- An Australian driver’s licence containing a photograph of the person An Australian passport
- An identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A foreign government issued passport or similar travel document containing a photograph and signature of the person

NB: If you cannot provide a document listed above, please provide a document from both Option 2a and 2b below.

4. Trust / Superannuation Fund

Complete this section if you are a Trust / Superannuation Fund.

The AML/CTF documentation required for processing this Application Form is outlined on Pages 9-10.

It is not compulsory to provide your TFN. However, without your TFN or exemption information, withholding tax will be deducted from our distributions at the highest marginal rate (plus Medicare levy).

Option 2a:Please indicate which **one** you are providing:

- An Australian birth certificate An Australian citizenship certificate
- A pension card issued by Centrelink A foreign drivers' licence that contains a photograph of the person

AND**Option 2b:**

Please indicate which one you are providing:

- A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address).
- A National Identity Card issued by a foreign government that contains a photograph signature.

4. A) Trust / Superannuation Fund Details

Trust / Superannuation Fund name (in full)

Business name (if applicable, in full)

ABN (if applicable)

Australian Tax File Number or Exemption Reason

Tax residence
(non-Australian residents)Global Intermediary Identification Number (GIIN) / US Taxpayer
Identification Number (TIN) / Foreign Tax Number (if applicable)**4. B) Type of Trust**

Please select the type of Trust and provide the relevant information:

- Registered Managed Investment Scheme Unregistered Managed Investment Scheme Foreign Trust/Fund
- Australian Regulated Trust/Fund (e.g. self-managed superannuation fund, trusts regulated by APRA, ASIC or the ATO)
- Australian Unregulated Trusts (e.g. family trusts, charitable trusts, testamentary trust, other trust not regulated by Commonwealth, state or territory regulator)
- Other – please specify:

Please provide the relevant information below:

Country in which trust was established

ARSN / or applicable foreign registration number

Name of regulator (e.g ASIC, ATO) or foreign regulator

Provide name of legislation establishing the trust (Government Superannuation Fund Only)

4. C) Beneficiary Details

Do not complete if Registered Managed Investment Scheme, Government Superannuation Fund or Regulated Trust/Fund (SMSF)

Does the Trust Deed name the Beneficiaries?

Yes No – please complete either section 4.C (i) or 4.C (ii) below.

4.C (i) Provide the full name of each Beneficiary:

If there are additional beneficiaries, please provide details as an attachment.

4.C (ii) Describe the class of beneficiary (e.g. Unit holders, charitable purposes)

4. D) Beneficial Ownership Information – Australian Unregulated Trusts, Foreign Trusts/Funds and unregistered managed investment schemes (with retail investors)

Australian unregulated trusts, foreign trusts / funds, and unregistered managed investment schemes with retail investors please provide details of each individual who owns (directly or indirectly) 25% or more of the trust, or controls* the trust.

Beneficial Owner 1:

Title	Given name(s)	Surname		
Date of birth	Country of birth	Street Number & Name or PO Box		
DD / MM / YYYY				
Suburb	State	Postcode	Country	
Australian Tax File Number or Exemption Reason	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)			
Occupation				

Beneficial Owner 2:

Title	Given name(s)	Surname		
Date of birth	Country of birth	Street Number & Name or PO Box		
DD / MM / YYYY				
Suburb	State	Postcode	Country	
Australian Tax File Number or Exemption Reason	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)			
Occupation				

Beneficial Owner 3:

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Street Number & Name or PO Box		
<input type="text"/> DD / MM / YYYY	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Tax File Number or Exemption Reason	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)			
<input type="text"/>	<input type="text"/>			
Occupation				
<input type="text"/>				

*Control includes by acting as Trustee, or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees or the ability to appoint or remove the Trustees.

4. E) Beneficial Ownership Identification Documentation – Australian Unregulated Trusts, Foreign Trusts/Funds and unregistered managed investment schemes

The Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation obliges us to collect identification documents and other supporting information from the beneficial owners of Australian unregulated trusts, foreign trusts/funds and unregistered managed investment schemes with retail investors – refer to the AML/CTF section in the relevant Fund’s PDS.

The AML/CTF documentation required for the processing for Section 4 of this Application Form is outlined below. You must attach the following CERTIFIED copies of documents to this Application Form.

Please provide documents from Option 1 or Option 2a and 2b.

Option 1:

Please indicate which **one** you are providing:

- An Australian driver’s licence containing a photograph of the person An Australian passport
- An identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A foreign government issued passport or similar travel document containing a photograph and signature of the person

NB: If you cannot provide a document listed above, please provide a document from both Option 2a and 2b below.

Option 2a:

Please indicate which **one** you are providing:

- An Australian birth certificate An Australian citizenship certificate
- A pension card issued by Centrelink A foreign drivers’ licence that contains a photograph of the person

AND

Option 2b:

Please indicate which **one** you are providing:

- A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual’s name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual’s name and residential address).
- A National Identity Card issued by a foreign government that contains a photograph signature.

4. F) Settlor of Trust

Do not complete if Registered Managed Investment Scheme, Government Superannuation Fund or Regulated Trust/Fund (SMSF)

The settlor is the person who made the initial contribution to the trust. Please select one of the following:

- The settlor is deceased The initial contribution was less than \$50,000
 If the same as 'Individual 1' in section 2.A. If the same as 'Individual 2' in section 2.B.
 None of the above: Please provide the name of the settlor below and the identification documentation as per section 4E.

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

4. G) Trustee Details – Individuals

Details must be provided for **AT LEAST ONE** of the individuals appointed as Trustee for the Trust/Superannuation Fund. Please complete **Section 2** of the Application Form.

4. H) Trustee Details – Company

Please complete **Section 3** of the form to provide details of the Corporate Trustee for the Trust.

Identification Documentation – Trusts/Superannuation Funds:

The AML/CTF legislation obliges us to collect identification documents and other supporting information from our investors – refer to Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) section in the relevant Fund's PDS. The AML/CTF documentation required for the processing for **Section 4** of this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form.

For Registered Managed Investment Schemes or Regulated Trust (SMSF)

- A copy of search results from ASIC or Relevant Regulator Website (e.g. Superfund lookup at www.abn.business.gov.au)

For Government Superannuation Fund

- A copy of relevant extract of the Legislation establishing the Government Superannuation Fund

For Other Trusts

- A letter from a solicitor or qualified accountant that confirms the name of the trust, OR
 An original or certified copy of the trust deed or extract or equivalent, OR
 A notice issued by the ATO within the last 12 months

Please also provide the following trustee information:

- If the trustee is an individual, please provide the identification documentation required for individuals (section 2)
 If the trustee is a company, please provide the identification documentation required for companies (section 3)

5. Partnership

Complete this section if you are a Partnership.

The AML/CTF documentation required for processing this Application Form is outlined on page 12.

It is not compulsory to provide your TFN. However, without your TFN or exemption information, withholding tax will be deducted from our distributions at the highest marginal rate (plus Medicare levy).

5. A) Partnership Details

Partnership name (in full)	Business name (if applicable, in full)
<input type="text"/>	<input type="text"/>
ABN (if applicable)	Country in which Partnership was established
<input type="text"/>	<input type="text"/>
Australian Tax File Number or Exemption Reason	Tax residence (non-Australian residents)
<input type="text"/>	<input type="text"/>
Street Number & Name (or PO Box)	Suburb
<input type="text"/>	<input type="text"/>
State	Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)
Postcode	<input type="text"/>
Country	<input type="text"/>
<input type="text"/>	

5. B) Partner Details

AML/CTF legislation requires details of one Partner to be provided and the details of any partner who is a beneficial owner who owns or controls (directly or indirectly) 25% or more of the partnership.

The Partner detailed in this section is required to provide the 'Partner Identification Documents' stated on page 12 and will be verified for AML/CTF purposes.

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Street Number & Name (or PO Box)		
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

5. C) Regulation Information

Is the Partnership regulated by a Professional Association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Association's name (in full)	Association's website address (if any)	
<input type="text"/>	<input type="text"/>	
Partnership's membership number / reference	If no, you are required (under AML/CTF legislation) to provide the full name and residential address of every other Partner in the Partnership.	
<input type="text"/>		

Partner 2:

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country of birth	Street Number & Name (or PO Box)			
<input type="text"/>	<input type="text"/>			
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Partner 3:

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country of birth	Street Number & Name (or PO Box)			
<input type="text"/>	<input type="text"/>			
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Partner 4:

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country of birth	Street Number & Name (or PO Box)			
<input type="text"/>	<input type="text"/>			
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

If there are additional Partners, please provide details as an attachment.

6. Association

A) Association Details

Complete this section if you are an Association.

The AML/CTF documentation required for processing this Application Form is outlined below. For Unincorporated Associations, members should also complete the Individual AML/CTF requirements in section 2 of this Application Form.

It is not compulsory to provide your TFN. However, without your TFN or exemption information, withholding tax will be deducted from our distributions at the highest marginal rate (plus Medicare levy).

Full name of Association		
<input type="text"/>		
ID number issued on Incorporation (if any)	TFN	Country of Residence for Tax Purposes
<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Address (this must not be a PO Box)		
<input type="text"/>		
<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and full residential address of the Chairman or equivalent officer		
Full Name		
<input type="text"/>		
Registered Address (this must not be a PO Box)		
<input type="text"/>		
<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and full residential address of the Secretary or equivalent officer		
Full Name		
<input type="text"/>		
Registered Address (this must not be a PO Box)		
<input type="text"/>		
<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and full residential address of the Treasurer or equivalent officer		
Full Name		
<input type="text"/>		
Registered Address (this must not be a PO Box)		
<input type="text"/>		
<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

B) Identification requirements

Please provide one of the following documents.

Please tick to indicate that you are providing:

- Certified copy of a certificate of registration of association; or
- Certified copy of a certificate of incorporation of association issued by relevant commonwealth or state registration body.

7. Government Bodies

A) Government Body Details

Full name of Government Body	
<input type="text"/>	
Principal Place of Operations	
<input type="text"/>	
Please tick one category:	
<input type="checkbox"/> Commonwealth of Australia Government Body	
or	
<input type="checkbox"/> Australian State or Territory Government Body	State <input type="text"/>
or	
<input type="checkbox"/> Foreign Country Government Body	Country <input type="text"/>

B) Identification Documentation

Please provide one of the following documents.

Please tick to indicate that you are providing:	
<input type="checkbox"/> Certified copy of certificate/document confirming existence of body; or	
<input type="checkbox"/> Certified copy of register of government bodies including applicant body; or	
<input type="checkbox"/> Certified copy or extract of legislation establishing body obtained from reliable and independent source, such as a government website.	

8. Applicants / Investors

ALL NEW INVESTORS MUST COMPLETE THIS SECTION.

8. A) Contact Details

Title	Given name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Number & Name or PO Box			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address*			
<input type="text"/>			
Phone number (mobile)*	Phone number (home)	Facsimile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

*Access to the Investors Mutual Client Portal will be set up if email address and mobile number are provided

8. B) How much to Invest

Please indicate the fund you would like to invest in and the amount you wish to invest.

Fund	Minimum Initial Investment	APIR Code	Initial Investment Amount
<input type="checkbox"/> Investors Mutual Australian Share Fund	\$50,000	IML0002AU	\$ <input type="text"/>
<input type="checkbox"/> Investors Mutual All Industrials Share Fund	\$50,000	IML0004AU	\$ <input type="text"/>
<input type="checkbox"/> Investors Mutual Concentrated Australian Share Fund	\$50,000	IML0010AU	\$ <input type="text"/>
<input type="checkbox"/> Investors Mutual Equity Income Fund	\$50,000	IML0005AU	\$ <input type="text"/>
<input type="checkbox"/> Investors Mutual Future Leaders Fund	\$50,000	IML0003AU	\$ <input type="text"/>
<input type="checkbox"/> Investors Mutual Australian Smaller Companies Fund	\$50,000	IML0001AU	\$ <input type="text"/>
<input type="checkbox"/> Investors Mutual Small Cap Fund	\$50,000	IML0006AU	\$ <input type="text"/>
<input type="checkbox"/> Investors Mutual Private Portfolio Fund	\$50,000	IML2681AU	\$ <input type="text"/>
<input type="checkbox"/> Investors Mutual Private Portfolio Fund Class B Units	To be negotiated with RE	IML7090AU	\$ <input type="text"/>

What is the purpose of the investment? (Select all applicable options)

Savings Growth Income Retirement Business Business Account Other (specify)

Details of the source of your investment amount? (Select all applicable options)

Savings Growth Income Retirement Business Business Account Other (specify)

Please indicate how your investment amount will be made:

Payment Method: EFT Bank Deposit Transfer of units

EFT / Direct Deposit – Payment should be credited to the following account

Bank: Citibank, N.A. (Sydney Branch)

BSB: 242 000

Account Number: 209 802 007

Account Name: IML AS RE - Applications A/c <Name of Investor>

8. C) Politically Exposed Persons

A “politically exposed person” (PEP) is an individual who holds a prominent public position or function in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members or close associates.

Please provide the name of anyone that is named in this Application Form as a PEP or is an immediate family member or close associate of a PEP.

8. D) Distributions

Please indicate how you would like to receive fund distributions

Re-invested as additional units in the applicable Fund

Paid in cash to my/our account (Please provide your financial institution account details in Part 8.E).

If no election is made distributions will be re-invested. Your distribution election will apply to your entire unitholding in each Investors Mutual Fund and cannot apply to only part of your holding. Investors Mutual may suspend or discontinue distribution re-investment at its discretion.

8. E) Account Details

Account name	BSB
<input type="text"/>	<input type="text"/>
Name of Institution	
<input type="text"/>	
Address	Account No.
<input type="text"/>	<input type="text"/>

If no election is made, distributions will automatically be reinvested

8. F) Investor Communications

Investor Correspondence

We will periodically send to you transaction confirmations, statements and other material. Please indicate (by ticking one box) your preference for receiving these communications, noting that some communications may only be able to be distributed by mail. Please ensure you have supplied your email address and postal address in Section 8.A.

Email Mail

8. G) Adviser & Dealer Group Details

Adviser Name

Dealer Group Name

AFSL Number

Adviser Address – Street Number & Name (or PO Box)

Suburb

State

Postcode

Phone

Email address

Adviser Stamp

Adviser Signature

Date

8. H) Foreign Tax Details

MANDATORY EXCEPT FOR REGULATED SUPERANNUATION FUNDS

Foreign Tax Details – FATCA – Foreign Account Tax Compliance Act/CRS – Common Reporting Standard.

Regulated Superannuation Funds such as Self-Managed Superannuation Funds, APRA Regulated Super Funds, Government Super Funds or Pooled Superannuation Trusts do not need to complete this section.

Are you a US citizen or a tax resident of another country?

Yes No (please tick appropriate box).

If you have ticked 'Yes', then I/we understand the tax consequences of such an investment. I/we agree to provide Investors Mutual Limited with such additional tax information as it may request from time to time, including completing the FATCA/CRS Form.

The completed FATCA/CRS Form is attached.

8. I) Declaration and Signatures

I/we declare and agree that:

- All details in this Application Form are true and correct;
- I/we have received, read and understood the PDS and IG, where applicable, for the relevant Fund to which my/our application relates (as may be updated from time to time) and agree to be bound by the terms of the PDS and IG, where applicable, and by the constitution of the relevant Fund (as amended from time to time);
- I/we understand that this Application Form does not form part of the PDS, TMD and/or IG, where applicable;
- I/we am/are an individual over 18 years of age, or I am a duly incorporated body;
- I/we have received, read and understood the Target Market Determination document for the relevant Fund to which my/our application relates (as may be updated from time to time);
- If this Application Form is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form);
- If signing on behalf of a company as a sole signatory, that I am signing as a sole director and sole secretary of the company; and
- If investing as trustee, on behalf of a superannuation fund or trust, that I/we am/are acting in accordance with my/our designated powers and authority under the applicable trust deed. In the case of a superannuation fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Superannuation) Act 1993.

8. I) Declaration and Signatures (continued)

I/we acknowledge that:

- Neither Investors Mutual, its related bodies corporate or associates nor any other person guarantees the repayment of capital or the performance of the Funds or any particular rate of return from the Funds;
- Unit holdings are subject to investment risks, including loss of income and principal invested and possible delays in payment of redemptions;
- Investors Mutual is authorised to apply the TFN or ABN provided and it will be applied to all future applications for Units, including reinvestments, unless I/we advise Investors Mutual otherwise;
- Investors Mutual reserves the right to not accept any Application Form in its absolute discretion, including in respect of whether I/we fit within the target market for the relevant Fund;
- Investors Mutual may delay the issue of Units in the relevant Fund based on my/our responses in respect of the questionnaire at section 1.B) and/or Appendix A (including if my/our responses are incomplete) and further information is required to process my/our application;
- I/we have considered the appropriateness of investment in the relevant Fund in light of my/our investment objectives and needs (including by seeking financial advice as required) and have not received personal advice from Investors Mutual;
- Where I/we have answered 'Yes' at section 1.B) of this Application Form, I/we acknowledge that I/we have received personal financial advice in relation to my/our investment in the relevant Fund;
- If my/our Application Form is incomplete or monies are dishonoured, Investors Mutual will not process my/our Application Form and will notify me/ us. I acknowledge that a completed Application Form comprises a valid Application Form, Investor Identification Documentation and cleared Funds in Investors Mutual's Bank Account;
- I/we have read the information on privacy and personal information contained in the PDS and IG, where applicable, and consent to my/our personal information being collected, used and disclosed in accordance with the PDS, IG and Investors Mutual's Privacy Policy;
- Application monies will be held in a bank account until invested in the Fund or returned to me/us. Any interest paid on that account will be paid to Investors Mutual and not to applicants regardless of whether the Application Form is accepted or rejected;
- Investments in the Funds are subject to investment risk, including possible delays in repayment and loss of income and capital invested. None of Investors Mutual Limited or its related bodies corporate, affiliates, associates or officers of any of the above entities guarantees any particular rate of return or the performance of the Funds, nor do they guarantee repayment of capital from the Funds;
- Investments in the Funds are not deposits with or other liabilities of Investors Mutual Limited or related bodies corporate, affiliates, associates or officers of any of the above entities; and
- We have the option of whether I/we receive unit holder statements, periodical statements and disclosure documents electronically. If we have selected to receive this information electronically in Section 8.F), we have provided our consent to receive this information electronically.

I/we warrant that:

- I/we will comply and will continue to comply with applicable anti-money laundering and counter-terrorism financing laws and regulations, including but not limited to the law and regulations of Australia in force from time to time (AML/CTF Law);
- I/we am/are not aware and have no reason to suspect that the moneys used to fund my/our investment have been or will be derived from or related to any money laundering, terrorism financing or similar activities that are illegal under applicable laws or regulations ('illegal activity'); or that the proceeds of my/our investment in a Fund will be used to finance any illegal activities;
- I/we will provide Investors Mutual Limited with all additional information and assistance it may reasonably require in order for it to comply with any AML/CTF Law;
- I/we am/are not a 'politically exposed' person or organisation for the purposes of any AML/CTF Law and where I/we are PEPs, this has been disclosed in Section 8.C); and
- For New Zealand investors, I/We understand that the PDS and IG, where applicable, is not an investment statement under New Zealand law and that there are likely to be differences between the information provided in a PDS and IG, where applicable, as compared to an investment statement under New Zealand law. I/We have read and understand the 'important additional information for New Zealand investors' section in the PDS and IG, where applicable, which are located on IML's Website.

Name of Investor 1:	Name of Investor 2 (If Joint Investors, both MUST sign)
<input type="text"/>	<input type="text"/>
Signature of Investor 1	Signature of Investor 2
<input type="text" value="X"/>	<input type="text" value="X"/>
Title of Signatory: eg Director, Trustee, Power of Attorney	Title of Signatory: eg Director, Trustee, Power of Attorney
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>
Number of signatories required to instruct on this investment:	
1 <input type="checkbox"/> 2 <input type="checkbox"/> Other <input type="checkbox"/>	
Please specify	<input type="text"/>

9. Appointment of Authorised Nominee

You may appoint an Authorised Nominee to act on your behalf, on the terms set out in the PDS or Investment Guide, where applicable, by completing this section. An authorised nominee must be at least 18 years of age.

Strike out the following if not applicable

1. I / We hereby appoint:

Full Name of Authorised Nominee

PO Box / Street Address

State

Postcode

as my/our Authorised Nominee to do the following things in respect of my/our investment in the:

- | | |
|---|---|
| <input type="checkbox"/> Investors Mutual Australian Share Fund and/or | <input type="checkbox"/> Investors Mutual Australian Smaller Companies Fund, |
| <input type="checkbox"/> Investors Mutual All Industrials Share Fund and/or | <input type="checkbox"/> Investors Mutual Small Cap Fund and/or |
| <input type="checkbox"/> Investors Mutual Concentrated Australian Share Fund and/or | <input type="checkbox"/> Investors Mutual Private Portfolio Fund and/or |
| <input type="checkbox"/> Investors Mutual Equity Income Fund and/or | <input type="checkbox"/> Investors Mutual Private Portfolio Fund Class B Units and/or |
| <input type="checkbox"/> Investors Mutual Future Leaders Fund and/or | |

- provide investment instructions in respect of the Fund/s;
- prepare, sign and provide requests to redeem units in the Fund/s;
- give directions in relation to payment of distributions;
- advise of changes to my/our details in respect of my/our investment in the Fund/s; and
- obtain information about my/our investment in the Fund/s.

Applicant 1

Signature

Date

Applicant 2 (If there is no Applicant 2, please strike out this section)

Signature

Date

Strike out if not applicable

I agree to be bound by the provisions set out in the relevant PDS and Section 4 of the current PDS or Investment Guide, where applicable, under the heading "Appointment of authorised nominee" and I understand the terms of the Authorisation hereby given to me.

Authorised Nominee

Signature

Date

Identification Documentation – Authorised Nominees:

The Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation obliges us to collect identification documents and other supporting information from Authorised Nominees – refer to the AML/CTF section in the relevant Fund’s PDS.

The AML/CTF documentation required for processing this Application Form is outlined below. You must attach the following **CERTIFIED** copies of documents to this Application Form: Please provide documents from Option 1 or Option 2a and 2b.

Option 1:

Please indicate which **one** you are providing:

- A current Australian driver’s licence containing a photograph of the person
- A valid Australian passport (may be expired up to two years)
- A current identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
- A current foreign government issued passport or similar travel document containing a photograph and signature of the person

NB: If you cannot provide a document listed above, please provide a document from both Option 2a and 2b below.

Option 2a:

Please indicate which **one** you are providing:

- An Australian birth certificate
- An Australian citizenship certificate
- A current pension card issued by Centrelink
- A current foreign drivers’ licence that contains a photograph of the person

AND

Option 2b:

Please indicate which **one** you are providing:

- A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual’s name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual’s name and residential address).
- A National Identity Card issued by a foreign government that contains a photograph signature.

10. How to certify a document

To comply with our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), we must collect certain information about each investor. In some cases, this information must be supported by a “certified copy” or “certified extract” of an identification document.

Details of a Certifier

Name

Address

State

Postcode

Phone Number

Category of Certifier (refer to list below)

Each document provided with this form must be certified by an acceptable certifier. We will not accept photocopies or facsimiles of a certification. A certified copy is a document that has been certified as a true and correct copy of an original document.

A certified extract is an extract that has been certified as a true copy of the relevant information contained in the original document.

For documentation certified in Australia

- Copies can be certified by any one of the following:
- an officer with, or authorised representative of a holder of an AFSL, having two or more continuous years of service with one or more AFSL holders
- an officer with two or more continuous years of service with one or more finance companies or financial institutions
- a permanent employee of Australia Post with two or more years of continuous service who is employed in an office supplying postal services to the public
- an agent of Australia Post who is in charge of an office supplying postal services to the public
- a justice of the peace
- a person who is enrolled on the roll of the Supreme Court of an Australian state or territory, or the High Court of Australia, as a legal practitioner (however described)
- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- an Australian police officer
- an Australian consular or diplomatic officer
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership
- a notary public.

For documentation certified in a foreign country

Copies can be certified by either of the following:

- an Australian consular officer, or
- a notary public.

Documents written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Information to be provided on certified copies

Certifier's Details

The person signing the copy of any document must include the following details on each certified copy:

- the date of certification
- full name in block capital letters
- address
- telephone number
- the capacity (as noted above) in which certifier is signing, and
- an official stamp/seal of the certifier's organisation, if applicable.

Certifier's Declaration

Certifiers must include the following declarations, as appropriate, on each certified copy: On the front page of every document

- For all copies:

"I certify that I have seen the original documentation and this copy (or, this and the following pages,) is a complete and accurate copy of that original".

- For photographic documents:

"I certify that I have seen the original documentation and that the photograph is a true likeness and this copy (or, this and the following pages,) is a complete and accurate copy of that original".

Appendix A - Target Market Determination Questionnaire

This Appendix A is only required to be completed if you have selected 'No' to receiving personal financial advice in relation to the investment(s) in Question 1.B) above.

Before completing the TMD Questionnaire, please ensure that you have read and considered the PDS and TMD for the Fund(s) that you would like to invest in as indicated in section 1.B) above. TMDs, which include definitions for all key terms mentioned in the questionnaire below, are available from IML's website: <https://iml.com.au/funds/iml7090au/#documents>. Please complete a separate TMD Questionnaire for each Fund below.

Fund Name 1

Please respond to every question below by placing a cross or tick against your response. Please only select ONE response for each question otherwise the questionnaire will be invalid, and your application may be delayed or cancelled.

(i) What is your primary investment objective?

Capital Growth Capital Preservation Income Distribution

(ii) What is your intended use of this investment in your investment portfolio?

Solution/Standalone (up to 100%) Major Allocation (up to 75%) Core Component (up to 50%)
 Minor Allocation (up to 25%) Satellite Allocation (up to 10%)

(iii) What is your intended investment timeframe?

Minimum investment timeframe: 1-3 years Minimum investment timeframe: 4+ years
 Minimum investment timeframe: 5+ years Minimum investment timeframe: 6+ years

(iv) What is your tolerance for risk (your ability to bear loss)?

Low Medium High Very high Extremely high

(v) What do you anticipate your withdrawal needs may be?

Within one week of request Within one month of request
 Within three months of request Within one year or more of request

Fund Name 2

Please respond to every question below by placing a cross or tick against your response. Please only select ONE response for each question otherwise the questionnaire will be invalid, and your application may be delayed or cancelled.

(i) What is your primary investment objective?

Capital Growth Capital Preservation Income Distribution

(ii) What is your intended use of this investment in your investment portfolio?

Solution/Standalone (up to 100%) Major Allocation (up to 75%) Core Component (up to 50%)
 Minor Allocation (up to 25%) Satellite Allocation (up to 10%)

(iii) What is your intended investment timeframe?

Minimum investment timeframe: 1-3 years Minimum investment timeframe: 4+ years
 Minimum investment timeframe: 5+ years Minimum investment timeframe: 6+ years

(iv) What is your tolerance for risk (your ability to bear loss)?

Low Medium High Very high Extremely high

(v) What do you anticipate your withdrawal needs may be?

Within one week of request Within one month of request
 Within three months of request Within one year or more of request

Fund Name 3

Please respond to every question below by placing a cross or tick against your response. Please only select ONE response for each question otherwise the questionnaire will be invalid, and your application may be delayed or cancelled.

(i) What is your primary investment objective?

Capital Growth Capital Preservation Income Distribution

(ii) What is your intended use of this investment in your investment portfolio?

Solution/Standalone (up to 100%) Major Allocation (up to 75%) Core Component (up to 50%)

Minor Allocation (up to 25%) Satellite Allocation (up to 10%)

(iii) What is your intended investment timeframe?

Minimum investment timeframe: 1-3 years Minimum investment timeframe: 4+ years

Minimum investment timeframe: 5+ years Minimum investment timeframe: 6+ years

(iv) What is your tolerance for risk (your ability to bear loss)?

Low Medium High Very high Extremely high

(v) What do you anticipate your withdrawal needs may be?

Within one week of request Within one month of request

Within three months of request Within one year or more of request

Where do I send my Application Form?

Completed Application Forms and identification documentation (where applicable) should be mailed to:

Investors Mutual Limited
C/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001

Application Checklist

Use the below checklist to ensure you have provided us with a complete Application Form:

- Completed **ALL** relevant sections of the Application Form (according to your Investor Type – outlined on page 1)
- Completed Appendix A - Target Market Determination Questionnaire, if applicable
- Read the Product Disclosure Statement and the Target Market Determination for the relevant Fund
- Enclosed the certified identification documentation (depending on your Investor Type)

Further Assistance or Information

If you require assistance with completing the Application Form, please call Investors Mutual on:

1300 551 132 or +61 2 9232 7500 (for overseas callers)

Further information regarding our funds can be found on our website: iml.com.au

IML sends regular emails which include investment insights and invitations to events and webinars. Please advise if you wish to receive investment communications from IML (if you do not nominate No, we will include you on emails and you can unsubscribe at any time).

Yes No