



Please complete Application Form in full in black or blue pen using CAPITAL LETTERS and **X** where appropriate.

Please note: ALL SECTIONS of this form need to be completed. If a box or section does not apply, please place N/A or NOT APPLICABLE in that box rather than leaving it blank. ANY AREAS THAT ARE LEFT BLANK MAY DELAY YOUR APPLICATION.

Investor/Account Holder

Full Name of Individual/Company

Contact Person's Name

Contact Email Address

Professional Investor: Account Designation

Joint accounts – A separate form for each account holder is required.

Company accounts – The form should be in the name of the corporation (not the directors).

Superannuation or Family Trust – The form should be in the name of the “Trustee” not the trust fund.

Person acting as Trustee – A form for each “Trustee”.

Company acting as Trustee – The form should be in the name of the “Corporation”.

Investor/Account Holder acknowledgement and signature

- By completing and signing this form I acknowledge that I have or control gross assets of at least \$10 million (including any assets held by an associate or under a trust the account holder manages).
- I acknowledge that, in being designated as a “professional investor” within the meaning of the Corporations Act 2001 (Cth) (**Corporations Act**), I shall not benefit from the retail protection provisions of the Corporations Act including, without limitation, the provision by NAB of a Financial Services Guide and offer documents such as a Product Disclosure Statement or Prospectus, before providing the services.
- I have not received financial planning, insurance, specific investment advice or a recommendation that takes into account my overall circumstances, needs and objectives, nor whether the investment is appropriate.
- I acknowledge that where I have not obtained personal financial advice from NAB or any related body corporate (**NAB Group**), I risk making a financial commitment to a Financial Product or service that may not be suitable or appropriate to my particular needs, financial situation and objectives and that the NAB Group is in no way responsible for any loss, costs or expenses resulting from the adverse performance of any Financial Product or service, except for any liability, loss, costs or expenses to the extent caused by the NAB Group's mistake, fraud, negligence or wilful misconduct or the mistake, fraud, negligence or wilful misconduct or the NAB Group's employees, officers, contractors or agents.
- NAB may provide client identification details to providers of Financial Products that I invest in, in order for NAB and those entities to meet their obligations under the Anti Money Laundering/Counter Terrorism Financing Act of 2007.
- I may be contacted (including by electronic means) regarding services and products. I can inform NAB if I do not want to receive information.

The information we collect on this form will be used to process your application and provide services to you. This information will be disclosed to our service providers who do something on your behalf (e.g. mailing house or a data processor) and other members of the National Australia Bank Group. If you do not provide your information to us, we may not be able to process your application. You can access the personal information we have collected, if we have retained it, by contacting us on **13 22 65**. You can view our privacy policy at nab.com.au.

Signature

Date

Full name of Individual

Capacity e.g. Director, Secretary, Accountant or Trustee (leave blank if completing an application in respect of an individual)

Controlled Entities (optional)

The investor/account holder above, that also meets the Professional investor criteria, also controls* the following entities (trust or company).

Full name of Entity

Full name of Entity

Full name of Entity

Full name of Entity

Full name of Entity

* Control – referring to having the capacity to determine the outcome of decisions about an entity’s financial and operating policies in accordance with the Corporations Act – Section 50AA.

Investor’s/Account Holder’s signature

Date

Print name

Capacity e.g. Director, Secretary or Trustee (leave blank if completing an application in respect of an individual)

Co-trustee of controlled trust (where applicable)

This section only applies to superannuation funds or family trust with individuals as trustees where not all trustees meet the wholesale criteria and the trustee(s) that does has financial control over the fund or trust. All trustees who do not qualify as wholesale need to sign and date the below declaration in order for the entities to be classified as wholesale.

As co-trustee of the controlled entities named above, I confirm that the individual investor(s) named above has control of the entities and determines the financial outcomes and operation decisions of the entities.

Full name

Signature

Date

Full name

Signature

Date

Full name

Signature

Date