

Application Form

1 July 2008

FREEDOM OF CHOICE PORTFOLIO SERVICE

Please use BLOCK letters and tick appropriate boxes.



This Application Form is part of the Freedom of Choice Portfolio Service Guide ("The Guide"). This form and accompanying cheque should be completed in BLOCK letters and sent to: Freedom of Choice, Level 2, 575 Bourke Street, Melbourne VIC 3000

New application Existing member - Member number

Section 1 - Investor Details

Applicant 1

Title Surname

Given names Date of birth / /

Address *(all account correspondence will be sent to this address)*

Town/Suburb State Postcode

Home/Mobile telephone Business telephone Fax

Email *(home preferred)*

Applicant 2

Title Surname

Given names Date of birth / /

Address *(all account correspondence will be sent to this address)*

Town/Suburb State Postcode

Home/Mobile telephone Business telephone Fax

Email *(home preferred)*

Equity Trustees Limited, ABN 46 004 031 298 AFSL No. 240975

Freedom of Choice Portfolio Service Level 2, 575 Bourke Street Melbourne VIC 3000 Mailing: GPO Box 2945 Melbourne VIC 3001
Telephone 1800 806 013 Facsimile (03) 8623 5385 Email: enquiries@freedomofchoice.com.au Website: www.freedomofchoice.com.au

Section 1 - Investor Details *continued*

Company/superannuation fund/partnership/trust

Name

Contact person

ABN

Address

Town/Suburb

State

Postcode

Telephone

Fax

Type of entity

Email

Section 2 - Initial Deposit Amount

Amount to be deposited \$. (min **(\$5,000)** including transferred investments).

Section 3 - Tax File Number (TFN)

Applicant (1) or company TFN

or Exemption

Applicant (2) TFN

or Exemption

*If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (e.g. age pension).

Section 4 - Regular Investment Plan

My/Our initial deposit to open the Regular Investment Plan is \$. (min **\$1,000**)

I/We wish to invest \$. per Month Quarter Half Year Year

The minimum contribution is **\$100**. Monthly contributors should complete the Direct Debit Request form accompanying the Guide to enable automatic deductions from your financial institution.

Section 5 - Adviser Authority

Do you authorise your financial adviser to act as your authorised representative in regard to those account transactions as are specified in the 'How Your Account Works' section. By selecting 'Yes', you agree to be bound by the terms and conditions (as applicable) detailed in the 'Declarations' section of the Guide? (✓)

Yes No

Section 6 - Regular Income Plan (Min \$500 per payment)

Please pay \$. per Month Quarter Half Year Year

Bank/building society

Branch/BSB number

 -

Branch name

Branch Address

State

Post code

Account name

Account number

Section 7 - Cash Account Sweep Facility

Do you wish to have surplus Cash Account funds automatically invested on a half yearly basis? (✓) Yes No

If no selection is made, the default will be no automatic sweeping funds.

Your Cash Account surplus will be invested in accordance with your most recently lodged Investment Strategy Form. If your strategy contains an investment that is closed or not available you must provide a new Investment Strategy Form otherwise your cash surplus will not be allocated.

Section 8 - Gearing Facility

Please establish the following borrowing arrangements on my behalf:

Amount to be borrowed \$. I/We understand that further documentation will be required and that my/our account may be subject to further terms and conditions as may be required by my nominated lender.

Section 9 - Fax And Email Instructions

If you would like to give account transaction instructions by fax or email, please select the method you would like to use. (✓)

Fax facility Email facility (Please ensure you have included your contact details in Section 1).

Section 10 - Selected Fee Choice

Please tick (✓) your selected fee choice. Details of each fee choice are set out in the 'Fees and Charges' section of the Guide.

Contribution Fee/Entry Fee (refer to the 'Fees and Charges' section of the Guide).

I/We approve: The deduction of % (not to exceed 1.1% p.a.) of the value of my/our account as a strategy review fee payable in quarterly instalments to my financial adviser.

OR

The deduction of \$. payable annually to my/our financial adviser as a strategy review fee.

Section 11 - Signatures

I/We acknowledge each of the Declarations (applicable to applicants) as set out in the 'General Information' section of the Guide.

Signature

Date

Signature

Date

- Checklist**
- Freedom of Choice Application Form completed and signed
 - Copies of certified customer identification proofs as given to your Adviser
 - Investment Strategy Form completed and signed
 - Direct Debit Request Form completed and signed (if applicable)
 - Gearing Facility Application Form (if applicable)
 - Power of Attorney form enclosed (if applicable)
 - Cheque attached

Company Seal (if applicable)

Section 12 - To Be Completed By Financial Adviser

Adviser's name

Adviser code

Adviser's business name

Adviser's postal address

Suburb

State

Postcode

Dealer group/Licensee

Adviser's email address

Telephone

Mobile

Fax

Adviser's Stamp

Before an applicant signs this application, the following rebate entitlement, if applicable should be completed.

Rebate % of the Contribution Fee/Entry Fee to the applicant as an additional investment (eg 50%, 100%).

Rebate ongoing remuneration (✓) 25% 50% 75% 100% other

I acknowledge each of the Declarations (applicable to advisers) as set out in the 'General Information' section of the Guide.

Signature

Date