

La Trobe Australian Credit Fund Application Form



La Trobe Australian Credit Fund ARSN 088 178 321. Product Disclosure Statement dated 8 November 2016.
LTC0001AU La Trobe Australian Credit Fund – Classic 48 hour Account, LTC0002AU La Trobe Australian Credit Fund – 12 Month Term Account
La Trobe Financial Asset Management Limited ABN 27 007 332 363 AFSL 222213 is the issuer of this PDS.

Please refer to section 14 of the PDS for guidance with completing the Application Form.

If you are an existing Investor please insert your Investor number:

La Trobe Financial Authorised Representative Details (if applicable)

Number:

Name:

SECTION A – Individual Investor details

	Applicant 1	Applicant 2
Investor Type (circle/tick)	Individual Joint Company Director Trustee Partner	Individual Joint Company Director Trustee Partner
Title		
Surname		
Given Names		
Any other names known by		
Date of Birth		
Occupation		
Country of citizenship/s		
Tax File Number or Exemption Reason		
Tax Residence Country (non Australian residents)		
US citizen or resident of the US for tax purposes	US Taxpayer Identification Number (TIN)	US Taxpayer Identification Number (TIN)

If TIN provided, please complete the FATCA Details form available on latrobefinancial.com and submit with your Application Form.

If there are more than two (2) applicants, including trustees or company directors, please provide their full details on a separate page.

Address & Contact Details		<input type="checkbox"/> Tick if address is same as Applicant 1	
Residential Street Address			
City, State, Province & Postcode			
Country (if not Australia)			
PO Box or Postal Address (if different to residential address)			
Contact person			
Phone (home)		Phone (work)	
Mobile		Fax	
Email			
Communication Preference	<input type="checkbox"/> Email <input type="checkbox"/> Post		

SECTION B – Organisation/Trust details

If you are investing in the name of a company, trust, partnership or other entity, you must complete both sections A & B

Entity Type (circle/tick)	Company Trust Superannuation Fund Partnership Sole Trader Association Other		
Full Name of Entity			
Nature of business/type of trust			
Corporate Trustee Name			
ACN/ARBN		ABN	
Tax File Number or Exemption Reason		Tax Residence Country (non Australian residents)	
A company, partnership, trust or association established under the laws of the US or a US taxpayer	Entity's US Taxpayer Identification Number (TIN)	If TIN provided, please complete the FATCA Details form available on latrobefinancial.com and submit with your Application Form.	
Associations/Other Governing legislation/ jurisdiction		Registration Number	
Individuals who hold 25% or more of the company, trust or partnership.	Individual 1	Individual 2	
	Individual 3	Individual 4	
Address details	Registered Office	Principal Place of Business <input type="checkbox"/> Same as Reg. Office	
Street Address			
City, State, Province & Postcode			
Country (if not Australia)			

SECTION C – Account Authorities

Authorisation for account changes and redemptions (circle/tick) One signatory | All signatories | Other (please specify)

SECTION D – Investment details

	Initial/Subsequent Investment Amount		
Classic 48 hour Account	\$	Payment Method (circle/tick)	Cheque Direct Debit BPAY EFT Other (please specify)
12 Month Term Account	\$		
Select Investment Account/High Yield Investment Account	\$	Regular Access Cycle (12 Month Term Account Only) (circle/tick)	Monthly Quarterly Half Yearly
TOTAL	\$		

SECTION E – Income Distribution details

Income Distribution (circle) Reinvest to Classic 48 hour Account Reinvest to 12 Month Term Account Credit to bank account

Bank Account details – must be provided in all cases

Account Name			
BSB		Account Number	
Bank/Branch			

SECTION F – Online Access

Online Access to your account Yes No

SECTION G – Financial Adviser details (Australian Advisers only)

Information relating to your investment is provided to your Financial Adviser. You may wish to provide further authority for your Financial Adviser to transact on your account. See Section I below.

To be completed by your Financial Adviser – International Advisers please contact La Trobe Financial

La Trobe Financial Adviser Number	
Name	
Company	
Dealer Group	
Contact Name	Contact Telephone
Email	

Identity verification declaration

In accordance with the Financial Services Council/Financial Planning Association Industry Guidance Note 24, I confirm that customer identification has taken place under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ('Act') and that I will provide La Trobe Financial with access to the records as required, or that the industry agreed 'Customer Identification Form' confirming compliance is attached. I also agree to forward these documents to La Trobe Financial if I ever become unable to retain the documents. I understand and agree that La Trobe Financial is authorised to conduct random audits of these records in accordance with its obligations under the Act.

Signature of Financial Adviser	Date
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SECTION H – PAYMENTS TO YOUR INVESTMENT REFERRER

Payments to your Investment Referrer (optional to be completed by the Investor)

You may instruct us to make certain payments to your Investor Referrer as follows:

<input type="checkbox"/> Upfront payment: % (Paid upon initial investment from your investment capital)	<input type="checkbox"/> Repeat payment for subsequent investments
<input type="checkbox"/> Ongoing payments: % p.a. Please refer to page 44 for further explanation.	

I instruct La Trobe Financial to deduct the Upfront payment amount from my account following my investment/s and/or deduct the Ongoing payment on a regular basis.

Signature of Investor	Signature of Investor
Date	Date

SECTION I – INVESTOR REPRESENTATIVE

Optional to be completed by the Investor

You may wish to further provide authority for your Investor Representative to transact on your account. Please select your preferred option for access.

Full name of Investor Representative	Signature of Investor Representative
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<input type="checkbox"/> I/We authorise you as my/our Investor Representative to transact on my/our account as if they were the legal and beneficial owner of the account including making further investments in, transfers within or withdrawals from my/our account.
<input type="checkbox"/> I/We authorise account enquiry access to my/our investment account for the person named below. NB - Your authorisation allows this person to receive information from us in relation to your investment and discuss your investments in the Fund. Your authorisation does not give this person the power to make new investments or change existing investments or to withdraw funds from or transact with your account.

Declaration

I/We have read the section on Third Party Access to my/our account in the PDS and agree to its terms and conditions. I/We wish to appoint our Investor Representative as noted on this Application Form to represent and deal with my account(s). I/We hereby release, discharge and agree to indemnify La Trobe Financial and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon the instructions of my/our Investor Representative.

Signature of Investor	Signature of Investor
Date	Date

SECTION J – Declaration and Signature

1. I/We hereby apply for registration in the La Trobe Australian Credit Fund (“the Fund”).
2. I/We declare that I/we have received a paper or electronic copy of the PDS dated 8 November 2016 and read this PDS in full before completing this Application Form and the details in the Application Form are true and correct.
3. I/We agree to be bound by the provisions of the Fund Constitution dated 24 December 2004 as amended from time to time, a copy of which is available for my/our inspection and acknowledge the terms of La Trobe Financial's privacy policy available at **latrobefinancial.com**.
4. I/We authorise the disclosure to my/our Financial Adviser or Authorised Representative and their licensee and/or other service provider of any information in relation to this application or my/our investment (“personal information”) and I/we consent to the payment of fees to the Financial Adviser or Authorised Representative as set out in this PDS or subsequent disclosure.
5. I/We understand and agree that La Trobe Financial may disclose information about me/us to courts, tribunals or as required by law, including to verify my/our identity as necessary for La Trobe Financial to comply with its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act.
6. I/We understand that La Trobe Financial may use my/our personal information for marketing to me/us products and services offered by it and organisations with which it is affiliated or which it represents. I/We have the right not to receive marketing material by contacting you.
7. I/We understand and agree that La Trobe Financial may provide personal information to an external organisation that provides information technology services.
8. I/We hereby irrevocably appoint La Trobe Financial, and any Director, agent, attorney or substitute nominated by it and the Investment Manager to be my/our attorney for the purpose of performing its duties under the Fund's Constitution in relation to any investment which I/we make.
9. I/We hereby acknowledge that neither La Trobe Financial nor its Authorised Representatives has provided me/us with any financial product advice, made any representation or given any guarantee as to the Fund performance, the maintenance of capital or any particular rate of Investor return.
10. I/We acknowledge and agree to the instructions by fax and email provisions contained in this PDS.
11. If signed under a power of attorney, I/we declare that I/we have no knowledge of the revocation of that power of attorney.

Signature of Investor	Signature of Investor
Date	Date
Name (please print)	Name (please print)
Capacity to execute (circle/tick): Applicant Director Power of Attorney Trustee	Capacity to execute (circle/tick): Applicant Director Power of Attorney Trustee

Please do not use this Application Form unless accompanied by the PDS.

La Trobe Financial is not responsible for the return on any investment nor does it make any recommendation of any investment. You and your financial adviser are responsible for the suitability of any investment selected by you.

Application Checklist

Ensure that you have:

- Completed all relevant sections of the Application Form;
- Signed all relevant sections in the Application Form;
- Completed the Direct Debit Request Authorisation (if applicable) or cheque enclosed (if applicable); and
- Enclosed certified copies of your identification documents.

Post or email your application to:

La Trobe Financial
GPO Box 2289
MELBOURNE Victoria 3001 AUSTRALIA

For individual Investors please email: **investor@latrobefinancial.com.au**

For Financial Advisors please email: **advisorsupport@latrobefinancial.com.au**

Direct Debit Request Authorisation

I/We hereby authorise and request La Trobe Financial (User IDs 404708 (Classic 48 hour Account) or 405155 (12 Month Term Account)) to debit the nominated financial institution account registered with you through the Bulk Electronic Clearing System (BECS) and credit the payment amount to my/our account with the La Trobe Australian Credit Fund in either the Classic 48 hour Account or 12 Month Term Account, as instructed.

Payment Details	
Classic 48 hour Account	\$
12 Month Term Account	\$
Total	\$



Nominated financial account details as noted in the Application Form

Account Name			
BSB		Account Number	
Bank/Branch			

Direct Debit Request Service Agreement

This authority covers La Trobe Financial Asset Management Limited ABN 27 007 332 363 (La Trobe Financial) using APCA User IDs 404708 (Classic 48 hour Account) or 405155 (12 Month Term Account) as the Responsible Entity for the La Trobe Australian Credit Fund ARSN 088 178 321 (the Fund) in which I/we are an investor. I/We acknowledge that:

1. This request is for a once only direct debit. The direct debit must be made from the nominated financial institution account registered with La Trobe Financial. The details of the nominated financial institution account must be re-confirmed on this Direct Debit Request to comply with Australian Payment Clearing Association requirements.
2. When the payment date is not a business day in Victoria, the direct debit may be processed on the next business day in Victoria. If I/we are unsure as to when the debit will be processed, I/we can confirm with my/our financial institution.
3. I/We can cancel, defer or amend the Direct Debit Request up to and including the day prior to the payment date by contacting La Trobe Financial's Investor team on 1800 818 818. Alternatively, I/we can cancel the Direct Debit Request by contacting my/our financial institution. La Trobe Financial cannot amend the Direct Debit Request without authorisation from me/us, although it may decline to process the Direct Debit Request.
4. Direct debit, through BECS, is not available for all financial institution accounts. I/We am/are responsible for checking that my/our nominated financial institution account is available through BECS and checking that the account details match a recent bank statement.
5. It is my/our responsibility to ensure that there are sufficient cleared funds in the nominated financial institution account, by the payment date, to allow for the debit of the payment amount. Where there are insufficient funds and the debit request is returned unpaid (ie dishonoured), we acknowledge that a dishonour fee will be charged to our account with the Fund in accordance with the current Product Disclosure Statement (PDS). I/We understand my/our financial institution may also charge a dishonour fee.
6. I/We may contact either our financial institution or La Trobe Financial to dispute a debit. Initial queries should be made by contacting La Trobe Financial's Investor team on 1800 818 818. La Trobe Financial's process for dispute resolution is outlined in the Fund's PDS.
7. My/Our account details will be maintained in accordance with the privacy requirements outlined in the Fund's PDS, subject to the provision of any information required by a financial institution in relation to a claim of alleged incorrect or wrongful debit.
8. I/We can notify you in writing via the lodgement addresses below about anything in this agreement and you may respond either electronically or by ordinary post to the email or postal addresses registered with La Trobe Financial. Any notice is deemed to have been received on the third business day in Victoria after emailing or posting.

Acknowledgement

By signing this Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and La Trobe Financial as set out in the above Direct Debit Request Service Agreement.

Signature of account holder	Signature of account holder
Date	Date