



Account Application Form



ASIC

Australian Securities & Investments Commission

WWW.UPFUNDS.AU

Term Deposit Application Form

Please complete the fields below accurately and to the best of your ability. Your responses will help us understand your personal and financial circumstances, investment objectives, risk tolerance, and experience. Based on this information, we can recommend suitable investment options. Please contact us if you have questions or need assistance.

I/We would like to open a new corporate account.

I/We would like to open a new retail account.

APPLICATION NUMBER

1 REGISTRATION DETAILS Fields marked with an asterisk (*) are mandatory. (Please refer to Application Note A)

1A INVESTOR DETAILS

1st Investor Minor Investor Other, please specify Title: Mr. Mrs. Ms. Other, please specify

Investor's parent(s) or guardian(s) must complete section 1B.

* First Name(s) <input type="text"/>		* Last Name(s) <input type="text"/>	
* Address <input type="text"/>		* City/Town <input type="text"/>	
* Postcode <input type="text"/>	* Country <input type="text"/>	* Nationality <input type="text"/>	
* Country of Birth <input type="text"/>	* Place of Birth <input type="text"/>	* Date of Birth (DD/MM/YYYY) <input type="text"/>	
* Passport / ID Number <input type="text"/>	* Country of Issue <input type="text"/>	* Passport Expiration Date (DD/MM/YYYY) <input type="text"/>	
* Country of Tax Residence <input type="text"/>		* Tax File Number <input type="text"/>	
* Country of Tax Residence <small>If tax resident in multiple countries, please provide the additional details below:</small> <input type="text"/>		* Tax File Number <input type="text"/>	
* Mobile / Cell Number <input type="text"/>	Telephone (Home) <input type="text"/>	Telephone (Daytime) <input type="text"/>	Fax <input type="text"/>
* Email Address <input type="text"/>			

(You will automatically be enrolled to receive e-Documents. Submitting email instructions will be possible only if you provide your email address. Email instructions will be accepted from one recorded email address only. By providing your email address you are consenting to operational email communications.)

* Profession (If you are a retiree, please indicate your last profession. Please ignore if you are a minor.)

*Please tick only one of the boxes below to confirm the source of wealth/funds for this investment: (Please ignore if you are a minor.)

Income Inheritance Sale of Property Sale of Business Savings

* Beneficial Owner declaration:

I confirm that the Investor is the beneficial owner of the Term Deposit being purchased.

I confirm that the Investor is not the beneficial owner of the Term Deposit being purchased.

If you are the only Investor and you are aged over 18, please now complete section 3 onwards.

1B INVESTOR 2 DETAILS Only complete this section for a second Investor or if you are the parents/legal guardian of the Minor Investor named above. Please also ensure you complete section 2 below.)

2nd Investor 1st Legal Guardian Other, please specify Title: Mr. Mrs. Ms. Other, please specify

Investor's parent(s) or guardian(s) must complete section 1B.

* First Name(s) <input type="text"/>		* Last Name(s) <input type="text"/>	
* Address <input type="text"/>		* City/Town <input type="text"/>	
* Postcode <input type="text"/>	* Country <input type="text"/>	* Nationality <input type="text"/>	
* Country of Birth <input type="text"/>	* Place of Birth <input type="text"/>	* Date of Birth (DD/MM/YYYY) <input type="text"/>	
* Passport / ID Number <input type="text"/>	* Country of Issue <input type="text"/>	* Passport Expiration Date (DD/MM/YYYY) <input type="text"/>	

* Country of Tax Residence

* Tax File Number

* Country of Tax Residence If tax resident in multiple countries, please provide the additional details below:

* Tax File Number

* Mobile / Cell Number

Telephone (Home)

Telephone (Daytime)

Fax

* Email Address

(You will automatically be enrolled to receive e-Documents. Submitting email instructions will be possible only if you provide your email address. Email instructions will be accepted from one recorded email address only. By providing your email address you are consenting to operational email communications.)

* Profession (If you are a retiree, please indicate your last profession.)

* Please tick only one of the boxes below to confirm the source of wealth/funds for this investment:

Income Inheritance Sale of Property Sale of Business Savings

* Beneficial Owner declaration:

I confirm that the Investor 2 is the beneficial owner of the Term Deposit being purchased.

I confirm that the Investor 2 is not the beneficial owner of the Term Deposit being purchased.

Please provide additional shareholder information on a separate sheet and turn in with completed application

1C COMPANIES, PARTNERSHIPS, TRUSTS & OTHER ENTITIES

* Full Name of Entity

Registration Number

* Type of Entity (company, partnership, trust etc.)

Business Activity

* Country of Establishment

* Creation Date

* Address

* City/Town

* Postcode

* Country

* Country of Tax Residence

* Tax File Number

Telephone (Business)

Fax Number

* Email Address

(You will automatically be enrolled to receive e-Documents. Submitting email instructions will be possible only if you provide your email address. Email instructions will be accepted from one recorded email address only. By providing your email address you are consenting to operational email communications.)

* Please tick only one of the boxes below to confirm the source of wealth/funds for this investment:

Income Inheritance Sale of Property Sale of Business Wealth generated through the activities of the company

Applications submitted by a Company, Partnership, Trust or Other Entities need to be accompanied by a completed:

1) Self-Certification Form for Entity, 2) Self-Certification Forms for ALL Controlling Persons, where applicable, 3) W-8BEN-E Form (or other applicable US tax form).

*Beneficial Owner declaration: Pursuant to Article 1(7) of the Australian law of 12 November 2004 on the fight against money laundering and terrorist financing, as amended Up Funds must identify any beneficial owner(s) for any legal entity. A beneficial owner shall, in accordance with this law, mean any natural person(s) who ultimately own(s) or control(s) the Legal Entity (the "Beneficial Owner"). If you are a Beneficial Owner of the Legal Entity indicated in section 1C, please fill and attach the Appendix A - Beneficial Owner Declaration Form (mandatory).

2 AUTHORISATION

Legal guardians: We declare we will represent the minor

Separately or Jointly

Joint holders: We declare that holders may sign transactions instructions

Separately or Jointly

3 CORRESPONDENCE DETAILS

Please enter your preferred address for all correspondence. This can be left blank if the preferred mailing address is the same as in sections 1A and 1C *

First Name(s) / Company* Last Name(s)

* Address

* City/Town

* Postcode

* Country

I/We prefer to receive correspondence in the following language (tick one): English French German

4 ONLINE ACCESS

- 1st Investor: I require access to the online system of Up Funds Investments. Please use my email address in section 1B for the registration.
- 2nd Investor: I require access to the online system of Up Funds Investments. Please use my email address in section 1B for the registration.
- COMPANIES, PARTNERSHIPS, TRUSTS & OTHER ENTITIES:** I/we require access to the online system of Up Funds Investments.
- Please use the email address in section 1C for the registration. Please note that the e-mail address in 1A-1C must be different.

5 INVESTMENT DETAILS

I/We would like to invest in the following Term Deposit(s) of Up Funds

Term Deposit Name	Term Deposit Term	Term Deposit Yield	Investment Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We wish to receive details of our investments in our chosen currency

6 DIVIDEND POLICY

- Please tick the box if you prefer to have income paid out to your bank account detailed in section 8 below, otherwise profits will be compounded.

7 REGULAR WITHDRAWAL PLAN (Please refer to T & C's Minimum capital of \$25,000 AUD or equivalent required).

Effective from (date of first withdrawal):

Term Deposit Name	Term Deposit Number	Withdrawal Sum in Currency	Payment Currency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Frequency of withdrawal: Monthly Quarterly Compounded Annually

Regular withdrawals will be paid out to your bank account provided in section 8.

8 BANK ACCOUNT DETAILS

Please provide your bank account details below for any withdrawal payments. Payment will be made in your chosen settlement currency indicated below.

Payments to another party other than the Investor(s) are not permitted. If you wish to provide us with additional bank account details for your regular withdrawal plan or for payments in other currencies, please attach a separate list signed by all Investors.

Account Name	<input type="text"/>	Settlement Currency	<input type="text"/>
Account Number / IBAN	<input type="text"/>	BSB / BIC / SWIFT	<input type="text"/>
Bank Name	<input type="text"/>		
Bank Address	<input type="text"/>		

9 TERMS & CONDITIONS

If the product you have chosen is a Term Deposit, where the Terms of Conditions are located in the Term Deposit Prospectus, we require you to tick the box. By ticking the box, you are confirming that you fully understand and agree to the Terms and Conditions set out in our Term Deposit prospectus.

- I/We agree and accept the Terms of Business.

10 FOR POLITICALLY EXPOSED PERSONS (PEP) OR THEIR REPRESENTATIVES ONLY

We conduct additional 'Know Your Client' investigations and other checks on PEPs. These checks sometimes involve our collecting or use of information about you as a PEP, including your political opinions, religious or philosophical beliefs. You can read about our use of this information in our Privacy and Cookie Notice. Please tick this box if you consent to such use. If you do not consent, we may not be able to proceed with your application or continue to provide our services to you.

Name of PEP

11 AML VERIFICATION REQUIREMENTS

We must confirm the identity of all prospective clients and co-account holders (if applicable) before we can transfer funds to you. To complete this process, please provide one document from Group A and one from Group B. For Bank Statements and Utility Bills, make sure they are no older than three months.

- Group A Valid Passport Valid Driving Licence Birth Certificate Medicare Card
- Group B Bank Statement Utility Bill Local Authority Document

12 SIGNATURES AND DECLARATIONS (Please refer to Terms & Conditions)

1.I/We apply for Term Deposit(s) indicated, subject to the Articles of T & C's and its prospectus supplemented by country specific annexes, if any. If applicable in my jurisdiction, I/we confirm having received, read and understood the Terms of Business within the Important Information Guide.

2.I/We understand that my/our application is subject to receipt and acceptance by Up Funds

3. I/We hereby confirm that I/we are aware that the Term Deposit yield is guaranteed.

4.I/We declare that the Term Deposit is NOT being applied for or acquired directly or indirectly or on behalf of a US person (as defined in the prospectus) or by or on behalf of any person in any other jurisdiction that would be restricted or prohibited from applying for or acquiring the Term Deposit and that I/we will not sell, transfer or otherwise

dispose of such Term Deposit directly or indirectly, to or for the account of any US person or in the US or in or for the account of any person in such other jurisdiction.

5.I/We declare that no payments for funding investments into Up Funds is directly or indirectly derived from activities that may contravene applicable anti- money laundering and counter terrorist financing laws and regulations or any tax laws.

6.I/We declare that I am/we are over 18 years of age and have full capacity to subscribe, hold and/or otherwise deal in the Term Deposit/s.

7.I/We declare and agree that any further application for Term Deposit by me/us shall be made and/or deemed to be made in accordance with the currently applicable Important Information Guide.

8.I/We agree to the acceptance and processing of applications (except initial applications), sales, switches sent by facsimile and/or email and/or electronic instructions without subsequent written confirmation; I/we agree that Up Funds will not be held liable for any action taken following receipt of facsimile and/or email and/or electronic instructions and any loss caused.

9.I/We have read the data protection clause in the Application Notes and Up Funds Privacy and Cookie Notice, available at www.upfunds.au/privacy.

10. I/We undertake to immediately inform Up Funds when the person(s) designated as beneficial owners(s) change.

11.I/We hereby confirm that the information contained in the application form is complete and accurate and I/we hereby agree to forward any changes in my/our personal data as soon as possible. I/We hereby confirm acceptance to indemnify Up Funds or any other entity of Up Funds or any of their directors, officers, employees or agents for any damage, loss or other expenses they may incur in consequence of any wrong or misleading statement or omission.

12.I/We hereby authorise Up Funds, with registered office in Australia, to disclose to my/our financial adviser which name and address is mentioned in my/our application form, any information regarding my/our account (including my/our account statements) and discharge Up Funds of any liability in respect of such disclosure.

13.I/We individually accept the terms and conditions detailed in the Important Information Guide.

14.I/We acknowledge that the present application form as well as any transaction relating to Term Deposit of Up Funds are governed by and construed in accordance with the laws of Australia.

15.I/We accept to receive information on Up Funds products. Please tick here if you do not wish to receive such information.

16.I/We undertake to advise Up Funds within 30 days of any change in circumstances which affects the Investor's tax residency status. I/We acknowledge that Up Funds (Australia) may, in accordance with the Australian - U.S. Intergovernmental Agreement for tax compliance with FATCA, the EU Directive 2014/107/EU in relation to automatic exchange of financial information, and other International Tax Agreements concluded by the Australia, communicate to the competent Australian tax authorities the registration details as stated above, including country of tax residence, Tax File Number, client reference numbers, account balances and payments made in relation to the account and including such details in relation to beneficial owners of the account. The Australian Tax Authorities may transfer this data automatically on an annual basis with the relevant tax authorities of the U.S, EU member states or other countries in accordance with International Tax Agreements.

17.I/We undertake to advise Up Funds (Australia) within 30 days of any change in circumstances which affects the Investor's tax residency status.

Please read the notes at the end of this form. All joint Investors must sign.

SIGNATURE 1ST INVESTOR/GUARDIAN/AUTHORISED PERSON

* First & Last Name(s) / Company Name

* Today's Date (DD/MM/YYYY)

* Signature

SIGNATURE 2ND INVESTOR/GUARDIAN/AUTHORISED PERSON

* First & Last Name(s) / Company Name

* Today's Date (DD/MM/YYYY)

* Signature



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