

In this Application Form we provide the following documents necessary to establish your ANZ Cobalt facility:

- 1. Application Form;
- 2. Customer Identification Form;
- 3. CHESS Instruction Form:
- 4. Vested Employee Options Declaration;
- 5. Appendix A: Authorised Representative Certificate;
- 6. Appendix B: Solicitor's Declaration;
- 7. Appendix C: Direct Debit Authority;
- 8. Appendix D: Accountant's Certificate; and
- 9. Appendix E: Transaction Request Form

Having read the Product Disclosure Statement and taken appropriate advice, if you wish to apply for an ANZ Cobalt facility, please carefully complete and sign the relevant sections of the Application Form, attach supporting documentation as required, and send to:

#### **ANZ Cobalt**

ANZ Equity Markets GPO Box 555 Sydney NSW 2001

Or lodge your application with your Financial Adviser.

Terms defined in section 11 of the PDS have the same meanings in this Application Form.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM TO ENTER INTO AN ANZ COBALT TRANSACTION

Applicants must carefully read all sections of the Application Form. Particular attention should be paid to Parts 8, 9 and 10 of the Application Form as these sections contain important information concerning ANZ's and your rights in connection with ANZ Cobalt.

#### A. Individual or Joint Applicants

- Please ensure you complete Parts 1, 4, 5, 7 and 12 of the Application Form.
- Individual applicants should ensure they have signed the relevant section of Part 12 and have their signature witnessed.
- Joint applicants should ensure both applicants have signed Part 12 and have their signatures witnessed.

#### B. Company Applicants

- Please ensure you complete Parts 1, 2, 4, 5, 7, 13 and 14 of the Application Form. Part 14 must include signatures from either:
  - > Two directors of the company or a director and secretary; or
  - > The sole director and sole secretary of the company
- For all company applications, at least one of the directors of the company is required to act as Guarantor for the applicant. Please specify the Guarantor by ticking the relevant box

in Part 1. The Guarantor must sign the Application Form in the specified section in Part 14 in addition to signing in their capacity as director of the applicant in Part 13.

#### C. Trustee Applicants

If you are an individual applying in your capacity as the trustee of a trust, please:

- > Complete Parts 1, 3, 4, 5, 7, 12 and 14; and
- > Fither:
  - Have your solicitor complete the Solicitor's Declaration in Appendix B; or
  - > Attach a certified copy of the dated & stamped trust deed with any subsequent amendments.
- For a trust other than a SMSF, an individual will be required to act as Guarantor for the applicant. Please complete the Guarantor details in Part 1. The Guarantor/s must sign the Application Form in the specified section in Part 14.
- > For SMSFs, all members will be required to act as Guarantors for the applicant. Please complete the Guarantor details in Part 1. The Guarantors must sign the Application Form in the specified section in Part 14.

If you are a company applying in your capacity as the trustee of a trust, please:

- > Complete Parts 1, 2, 3, 4, 5, 7, 13 and 14; and
- > Either:
  - > Have your solicitor complete the Solicitor's Declaration in Appendix B; or
  - > Attach a certified copy of the dated & stamped trust deed with any subsequent amendments.
- > For a trust other than a SMSF, one of the directors of the company will be required to act as Guarantor for the applicant. For a SMSF, all members of the SMSF will be required to act as Guarantors for the applicant. Please complete the Guarantor details in Part 1. The Guarantor/s must sign the Application Form in the specified section in Part 14.

#### D. Direct debit and/or credit

If you wish to provide ANZ with the ability to direct debit and/or credit your nominated bank account for amounts payable by or to you in connection with ANZ Cobalt please complete Part 6 of the Application Form.

#### E. Wholesale Requirements

In order to apply for an ANZ Cobalt facility, ANZ may require that you are a wholesale client (as defined under section 761G of the Corporations Act 2001 (Cth)). If ANZ specifies that you must be a wholesale client, you will need to (unless you have provided one to ANZ within the preceding two years) provide an original Accountant's Certificate to ANZ stating you have:

Ownership of net assets greater than \$2.5 million, or

> Gross income greater than \$250,000 per annum for the past 2 consecutive financial years.

Joint applications and Trusts must (if ANZ requires) provide evidence of Wholsale status for each Individual/Trustee.

A sample Accountant's Certificate is included as Appendix D.

#### F. Assistance with completing these forms

If you require assistance completing these forms or requesting a transaction please do not hesitate to contact ANZ in accordance with the details specified below. Alternatively you may contact your financial adviser.

#### WHAT TO INCLUDE WITH YOUR APPLICATION

#### TRUST APPLICANTS (INCLUDING SMSFS)

A completed Solicitor's Declaration in the form attached to this Application Form or, a certified copy of the dated & stamped trust deed with any subsequent amendments.

#### **All Applicants**

If the Securities are subject to an existing Security Interest, you must provide us with a properly executed deed of release and, evidence of the removal of any financing statement registered in respect of that Security Interest.

If you do not currently hold an ANZ service or product (eg a bank account or mortgage), you will need to provide two Identity Documents - refer page 21.

#### **PAYMENTS**

Payments in connection with ANZ Cobalt (including your Contribution, Loan repayments, Variable Premium Amount, Cash Settlement Amount and interest) can be made by cheque or direct debit.

#### **Cheque Details**

Please make cheques payable in Australian Dollars or, if different, the relevant Option Currency to "ANZ Banking Group Limited".

#### **Direct Debit Authority**

You can arrange for us to draw funds from your nominated bank account by completing the direct debit details in Part 6 of the Application Form.

### **CORRECT FORMS OF REGISTRABLE NAMES**

Note that ONLY legal entities are allowed to hold Securities. Applications must be in the name(s) of natural persons or companies. At least one full given name and the surname is required for each natural person. The name of the beneficiary or any other non-registrable name may be included by way of an account designation if completed exactly as described in the examples of correct forms below.

#### **ENQUIRIES**

Contact your ANZ Private Banker or your financial adviser, or Toll Free: 1800 204 693 email: structuredinvestments@anz.com

TYPE OF INVESTOR	CORRECT FORM OF REGISTRATION	INCORRECT FORM OF REGISTRATION
Individual Use given names in full, not initials	Mrs Katherine Clare Edwards	K C Edwards
Companies Use company's full name, not abbreviations	Liz Biz Pty Ltd	Liz Biz P/L or Liz Biz Co
Joint Holdings Use full and complete names	Mr Peter Paul Tranche & Ms Mary Orlando Tranche	Peter Paul and Mary Tranche
Trusts Individual Trustee: Use the trustee(s) personal name(s)	Mrs Alexandra Smith <alexandra a="" c="" smith=""></alexandra>	Alexandra Smith Family Trust
Corporate Trustee: Use the trustee(s) full name(s)	Liz Biz Pty Ltd <biz a="" c="" family="" trust=""></biz>	Liz Biz P/L Family Trust
Deceased Estates Use the executor(s) personal name(s)	Ms Sophia Garnet Post & Mr Alexander Traverse Post <est a="" c="" harold="" post=""></est>	Estate of late Harold Post or Harold Post deceased
Minor (a person under the age of 18 years) Use the name of the responsible adult with an appropriate designation	Mrs Sally Hamilton <henry a="" c="" hamilton=""></henry>	Master Henry Hamilton
Partnerships Use the partners' personal names	Mr Frederick Samuel Smith & Mr Samuel Lawrence Smith <fred &="" a="" c="" smith="" son=""></fred>	Fred Smith & Son
Long names	Mr Hugh Adrian John Smith-Jones	Mr Hugh A J Smith-Jones
Clubs/unincorporated Bodies/Business names Use office bearer(s) personal name(s)	Mr Alistair Edward Lilley <vintage a="" c="" club="" wine=""></vintage>	Vintage Wine Club
SMSFs Use the name of the trustee of the SMSF	XYZ Pty Ltd <super a="" c="" fund=""></super>	XYZ Pty Ltd Super Fund



Please complete relevant sections if you are: AN INDIVIDUAL OR JOINT BORROWER A COMPANY BORROWER CLIENT APPLICATION FORM CLIENT APPLICATION FORM Part 1 Personal Details for each individual Part 1 Personal Details for each Company Director and each Part 4 Employment Details for each individual Guarantor Part 2 Company Applicant Details Part 5 Tax File Numbers Part 4 Employment Details for each Guarantor Part 6 ANZ Direct Debit Authority Part 7 Statement of Position Part 5 Tax File Numbers Part 6 ANZ Direct Debit Authority Part 12 Individual Signatures: Executed as a Deed Part 7 Statement of Position CUSTOMER IDENTIFICATION FORM Part 13 Company Applicant: Executed as a Deed TRANSACTION REQUEST FORM Part 14 Guarantor: Executed as a Deed CHESS INSTRUCTION FORM CUSTOMER IDENTIFICATION FORM VESTED EMPLOYEE OPTIONS DECLARATION TRANSACTION REQUEST FORM APPENDIX A: AUTHORISED REPRESENTATIVE CERTIFICATE CHESS INSTRUCTION FORM Information you may need to complete this Application APPENDIX A: AUTHORISED REPRESENTATIVE CERTIFICATE - Driver's License Information you may need to complete this Application - ANZ CRN/Credit Card Number - Driver's License - ANZ CRN/Credit Card Number - ABN/ACN AN INDIVIDUAL ACTING AS TRUSTEE CLIENT APPLICATION FORM Part 1 Personal Details for each individual trustee and each A COMPANY ACTING AS TRUSTEE Guarantor CLIENT APPLICATION FORM Part 3 Trust Details Part 1 Personal Details for each Trustee Company's Director(s) Part 4 Employment Details for each Guarantor and each Guarantor Part 5 Tax File Numbers Part 2 Company Applicant Details Part 6 ANZ Direct Debit Authority Part 3 Trust Details Part 7 Statement of Position Part 4 Employment Details for each Guarantor Part 12 Individual Signatures: Executed as a Deed Part 5 Tax File Numbers Part 14 Guarantor: Executed as a Deed Part 6 ANZ Direct Debit Authority CUSTOMER IDENTIFICATION FORM Part 7 Statement of Position TRANSACTION REQUEST FORM Part 13 Company Applicant: Executed as a Deed CHESS INSTRUCTION FORM Part 14 Guarantor: Executed as a Deed APPENDIX A: AUTHORISED REPRESENTATIVE CERTIFICATE CUSTOMER IDENTIFICATION FORM SOLICITOR'S DECLARATION TRANSACTION REQUEST FORM - Not required if providing a certified copy of your trust deed CHESS INSTRUCTION FORM Information you may need to complete this Application APPENDIX A: AUTHORISED REPRESENTATIVE CERTIFICATE - Driver's License SOLICITOR'S DECLARATION - ANZ CRN/Credit Card Number - Not required if providing a certified copy of your trust deed - Certified copy of a Trust Deed Information you may need to complete this Application - Driver's License - ANZ CRN/Credit Card Number - ABN/ACN Certified copy of a Trust Deed



This Application Form must not be distributed unless accompanied by a copy of the ANZ Cobalt Product Disclosure Statement dated 1 April 2016.

ADVISER DETAILS & UNDERTAKING (TO BE COMPLETED BY FINANC	IAL ADVISERS ONLY)		
Adviser Full Name	Dealer Group		
Adviser Company Name	AFSL Number (mandatory)		
Street	Suburb	State	Postcode
Country	Work Phone		
Mobile Phone			
Email Address			
Adviser Option Payment	e from the investor to very in accordance with th	a divactions in th	a valovant
Tick this box if you consent to ANZ making Adviser Option Payment: Transaction Request.	s from the investor to you in accordance with tr	e directions in tr	ie reievant
Adviser Undertaking			
I confirm that:			
1. I hold, or I am an authorised representative of an entity that holds, a cumade or is pending to vary, amend or remove this licence;	urrent Australian Financial Services Licence and	that no application	on has been
2. I hold, or I am an authorised representative of an entity that holds, all a product described in the ANZ Cobalt Product Disclosure Statement;	appropriate licences and authorities and I am ac	credited to sell th	ne financial
3. I am entitled to receive the Adviser Option Payment if this application Option Payment I may receive;	is approved by ANZ and I have disclosed to the	Applicant(s) any	Adviser
4. I have not held myself out to any investor(s) disclosed in this Application or any member of the ANZ Group;	on Form, unless I am entitled to do so by law, as	being a represer	ntative of ANZ
<ol> <li>I have not misrepresented the financial product described in the Produ Form and I have acted honestly, responsibly and lawfully in providing Application Form;</li> </ol>			
6. I certify that the information provided in respect of the Applicant is cons			
7. I have, on behalf of ANZ, provided the investor(s) with the current Prod Australian Taxation Office in respect of ANZ Cobalt, and any suppleme			ssued by the
Adviser Full Name			
Adviser Signature			
Date (DD/MM/VVVV)			
Date (DD/MM/YYYY)			



I/We wish to apply for the ANZ Cobalt facility.

In the Application Form, "I" and "we" means you, the investor(s) or the Guarantor (as applicable) under ANZ Cobalt.

PLEASE PRINT IN BLOCK LETTERS

#### PART 1 — ALL APPLICANTS AND GUARANTORS

This part must be completed by applicants who are individuals or directors of company applicants or of corporate trustee applicants, or individual trustees of trustee applicants and by each Guarantor.

of trustee applicants and by each Guarantor.			
FIRST APPLICANT / DIRECTOR / TRUSTEE			
Title: Mr Mrs Ms Miss Dr Othe	er		
Surname	First Names		
Residential Address	Suburb	State	Postcode
Length of time at address: Years	Months		
Postal Address (If different from above)	Suburb	State	Postcode
Home Phone	Mobile		
Work Phone	Facsimile		
Email			
Date of Birth (DD/MM/YYYY)			

If you do not wish to receive information on other products and services that may be of benefit to you, please tick this box. Please see Section 9.13 of the Product Disclosure Statement for details on privacy and personal information.



Title: Mr Mrs Ms Miss Dr	Other		
Surname	First Names		
Residential Address	Suburb	State	Postcode
ength of time at address: Years	Months		
Postal Address (If different from above)	Suburb	State	Postcode
Home Phone	Mobile		
Work Phone	Facsimile		
:			
Email			
Date of Birth (DD/MM/YYYY)			
sate of Birth (BB/Willy) 1111)			
		. ,	
If you do not wish to receive information on other products and services			
Please see Section 9.13 of the Product Disclosure Statement for details o		13 00%.	
Please see Section 9.13 of the Product Disclosure Statement for details o			uding a SMSF)
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Select one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)	n privacy and personal information.		uding a SMSF)
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Select one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Sitle:  Mr  Mrs  Ms  Miss  Dr  Surname	n privacy and personal information.  Guarantor for Corporate Trust Other		
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Gelect one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Gitle:  Mr  Mrs  Ms  Miss  Dr  Gurname  Residential Address	n privacy and personal information.  Guarantor for Corporate Trust  Other  First Names	ee Applicant (inclu	Postcode
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Select one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Sittle:  Mr  Mrs  Ms  Miss  Dr  Surname  Postal Address  Postal Address (If different from above)	Guarantor for Corporate Trust  Other First Names  Suburb	ee Applicant (inclu State	Postcode
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Gelect one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Gitle:  Mr  Mrs  Ms  Miss  Dr  Gurname  Residential Address  Postal Address (If different from above)  Home Phone	Guarantor for Corporate Trust  Other First Names  Suburb  Mobile	ee Applicant (inclu State	Postcode
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Select one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Stitle:  Mr  Mrs  Ms  Miss  Dr	Guarantor for Corporate Trust  Other First Names  Suburb	ee Applicant (inclu State	Postcode
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Gelect one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Fitle:  Mr  Mrs  Ms  Miss  Dr  Gurname  Residential Address  Postal Address (If different from above)  Home Phone  Work Phone	Guarantor for Corporate Trust  Other First Names  Suburb  Mobile	ee Applicant (inclu State	Postcode
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Gelect one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Fitle:  Mr  Mrs  Ms  Miss  Dr  Gurname  Residential Address  Postal Address (If different from above)  Home Phone  Work Phone	Guarantor for Corporate Trust  Other First Names  Suburb  Mobile	ee Applicant (inclu State	Postcode Postcode
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Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Select one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Fitle:  Mr  Mrs  Ms  Miss  Dr  Surname  Postal Address  Postal Address (If different from above)  Home Phone  Work Phone  Email  Date of Birth (DD/MM/YYYY)	Guarantor for Corporate Trust  Other First Names  Suburb  Mobile	ee Applicant (inclu State	Postcode
Please see Section 9.13 of the Product Disclosure Statement for details of GUARANTOR 1 DETAILS  Gelect one of the following options:  Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant  Fitle:  Mr  Mrs  Ms  Miss  Dr  Gurname  Postal Address  Postal Address (If different from above)  Home Phone  Work Phone	Guarantor for Corporate Trust  Other First Names  Suburb  Mobile	ee Applicant (inclu State	Postcode



Guarantor for Individual Trustee Applicant (including a SMSF)  Guarantor for Company Applicant	Guarantor for Corporate Truste		J
Title: Mr Mrs Ms Miss Dr Surname	Other First Names		
Residential Address	Suburb	State	Postcode
Postal Address (If different from above)	Suburb	State	Postcode
Home Phone  Work Phone  Email	Mobile  Facsimile		
his part must be completed by applicants who are companies. Please ens		Part 1.	
his part must be completed by applicants who are companies. Please ens	ure details of the Guarantor are completed in	Part 1.	
This part must be completed by applicants who are companies. Please ensi			Postcode
This part must be completed by applicants who are companies. Please ensi Company Name Registered Office	ACN		
This part must be completed by applicants who are companies. Please ensi Company Name Registered Office Postal Address (If different from above)	ACN Suburb	State	Postcode
This part must be completed by applicants who are companies. Please ensigned and the companies of the compan	ACN Suburb	State	Postcode
This part must be completed by applicants who are companies. Please ensi Company Name Registered Office Postal Address (If different from above) Contact Persons	ACN Suburb Suburb	State	Postcode
PART 2 — COMPANY APPLICANT  This part must be completed by applicants who are companies. Please ensity  Company Name  Registered Office  Postal Address (If different from above)  Contact Persons  Name  Telephone  Email	ACN Suburb Suburb Position	State	Postcode



PART 3 — TRUSTEE APPLI	ICATIONS (INCLUDING SMSFS)		
	u are applying as the trustee of a trust (inclua ails of company directors and a Guarantor a atails are completed in Part 1.		
Type of Trust			
SMSF	Discretionary/Family	Testamentary	Other
Any Other Trust, Please Spe	ecify		
Name Of Trust		Superannuation Fund	Number
ARSN For Registered Schem	ne		
Country Of Establishment	Australia Other, Please Speci	fy	
, , , , , , , , , , , , , , , , , , , ,	and you intend to borrow from ANZ under r trust deed. Consequently, you must eithe		onfirm your ability to borrow and grant a
a) arrange for your solicitor	to complete the declaration set out in Ap	pendix B, and submit that signe	d declaration with your Application Form; OR
	current copy of your trust deed to ANZ, wl our account specified in Part 6. Please atta	_	ne relevant terms for a fee of up to A\$500, to leed for the trust with any subsequent
If you are an SMSF applic	cant please complete the below acknowl	edgement. If you are unable to	o make the acknowledgement please
	for a Loan under the ANZ Cobalt Facility I to all Loan Transactions under the ANZ C		that the combined purchase price of all nore than two thirds of the net assets of my



PART 4 — EMPLOYMENT DETAILS (INDIVIDUAL APPLICANTS, INDIVIDUAL TRUSTEE APPLICANTS AND ALL GUARANTORS)			
Individual 1		Individual 2	
Please tick this box if you a a government pension/be	re a student, unemployed, receiving nefit or are a retiree.		ou are a student, unemployed, receiving /benefit or are a retiree.
Occupation		Occupation	
Employer's Name		Employer's Name	
Employer's Phone Number		Employer's Phone Numbe	r
How long have you worked fo	r your current employer?	How long have you worke	d for your current employer?
Years	Months	Years	Months
Income Details (Gross Annual)		Income Details (Gross Annua	al)
Base Salary		Base Salary	
\$		\$	
Other income		Other income	
\$		\$	
Description of other income (e	.g. rent, overtime, bonus etc.)	Description of other incon	ne (e.g. rent, overtime, bonus etc.)
Investment income (e.g. renta	l and dividend income)	Investment income (e.g. re	ental and dividend income)
\$		\$	
Total yearly income		Total yearly income	
\$		\$	

#### Verification of income:

Please ensure that you attach the relevant supporting documentation to your application as outlined below.

#### For PAYG Income Earners:

Verification of salary confirming amount and employer for a period of three months by providing:

- > Payslips for a period of three months confirming income and employer details;
- > Transaction history from a bank account showing salary payments;
- > Most recent PAYG Payment Summary; or
- > Most recent tax return (but must not be more than 18 months old).

#### For Self Employed Applicants:

The following information is required for loan applications up to AUD1,000,000:

- > Tax return or ATO Assessment Notice for the past 12 months; and
- > Accountant's Certificate verifying current net asset position and income position for the previous year.

The following information is required for loan applications greater AUD1,000,000:

- > Tax return or ATO Assessment Notice for the past 24 months; and
- > Accountant's Certificate verifying current net asset position and income position for the previous two years.

#### For Business and Trust Applicants:

The following information is required for loan applications up to AUD1,000,000:

- > Tax return or ATO Assessment Notice for the past 12 months; and
- > Accountant's Certificate verifying current net asset position and income position for the previous year.

The following information is required for loan applications greater AUD1,000,000:

- > Tax return or ATO Assessment Notice for the past 24 months; and
- > Accountant's Certificate verifying current net asset position and income position for the previous two years.

ANZ reserves the right to request, at its discretion, any further supporting documentation as required for any application.



#### PART 5 — TAX FILE NUMBERS (ALL APPLICANTS)

You may be asked to provide your Tax File Number (TFN), Australian Business Number (ABN) or exemption details to various entities in connection with your ANZ Cobalt facility.

By providing your TFN/ABN or exemption details in this Application Form, you request and authorise ANZ to provide your TFN/ABN or exemption details to such entities on your behalf in the conduct of your affairs during the term of your ANZ Cobalt facility.

FIRST APPLICANT (INDIVIDUAL)
TFN
Or, exemption details / reason for exemption
SECOND APPLICANT (INDIVIDUAL)
TFN
Or, exemption details / reason for exemption
COMPANY APPLICANT
ABN
Or, exemption details / reason for exemption
The collection and use of TFNs is strictly regulated by the tax laws and the Privacy Act 1988 (Cth). You are not required by law to provide your TFN. However, if you do not supply your TFN or a valid exemption (or in certain cases an ABN), tax may be withheld from any income earned on your investment and remitted to the Australian Taxation Office.
PART 6 — FACTA SELF CERTIFICATION
The self certification provided herein is to enable ANZ to meet its obligations in relation to the U.S. Foreign Tax Compliance Act ("FACTA").
Individual
I certify that:
Yes, I am a US tax resident or US citizen
No, I am not a US tax resident or US citizen
Entity (which includes incorporated bodies as well as partnerships, trusts ect)
We certify that:
• our place of incorporation or establishment is [Specifiy country, not suburb or city];
• our "Nature of Business" listed in the Customer Details section above generates at least 50% of our gross income; and
we will promptly notify ANZ if any of our details change.

#### PART 7

If you hold/will hold US securities as part of your ANZ Cobalt facility, ANZ is required to collect US Internal Revenue Service (IRS) W series forms (e.g. W8-BEN, W8-BEN-E, W8-ECI, W8-EXP, W8-IMY & W9). These forms are used to represent your US tax status and to provide the information necessary to comply with US tax information reporting rules.

Please visit the IRS website (https://www.irs.gov/Forms-&-Pubs) where you will find the downloadable W series forms as well as the official IRS instructions to assist in completion of the appropriate W series form.



#### PART 8 — ANZ DIRECT DEBIT AUTHORITY (ALL APPLICANTS)

ANZ will direct debit monies due under your Loan from the bank account specified below if and when your application is accepted.

Direct debits are expected to be processed within two weeks from the date your application is accepted but may be processed on any other date in accordance with the terms of the Direct Debit Authority.

An amount sufficient to cover your total payment obligations must be in the specified account.

PLEASE NOTE THAT YOU CANNOT SUPPLY A THIRD PARTY BANK ACCOUNT. THIS MEANS THAT THE BANK ACCOUNT BELOW MUST BE IN THE NAME OF THE INVESTOR MAKING THIS APPLICATION.

#### REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY ANZ

Request and Authority to debit				
Applicant Name	ACN ("You")			
request and authorise ANZ to arrange, through its own financial instibe debited through the Bulk Electronic Clearing System from an account to the terms and conditions of the Direct Debit Request Service Agre have notified you or your financial adviser of the amount payable by writing.	ount held at the financial instit ement. ANZ will only arrange	tution identified be for funds to be dek	elow and paid to pited from your	o ANZ subject r account if we
Insert the name and address of financial institution at which acco Financial Institution Name	unt is held			
Address	Suburb		State	Postcode
Insert details of account to be debited				
Name of account	BSB number:	A/C Number:		
Acknowledgment By signing this Direct Debit Request you acknowledebit arrangements between you and ANZ as set out in this Request this Application Form).  Insert your signature and address  All persons in the account name must sign. If using a joint account be with one signature.	and in your Direct Debit Requ	iest Service Agreen	nent (refer to A	appendix C of
debit arrangements between you and ANZ as set out in this Request this Application Form).  Insert your signature and address  All persons in the account name must sign. If using a joint account be	and in your Direct Debit Requ	iest Service Agreen ven if you have autl	nent (refer to A	appendix C of
debit arrangements between you and ANZ as set out in this Request this Application Form).  Insert your signature and address  All persons in the account name must sign. If using a joint account be with one signature.	and in your Direct Debit Requotes the signatures are required, ex	iest Service Agreen ven if you have autl	nent (refer to A	appendix C of
debit arrangements between you and ANZ as set out in this Request this Application Form).  Insert your signature and address  All persons in the account name must sign. If using a joint account be with one signature.  Full Name (please print)	and in your Direct Debit Requotes are required, expenses are required, expenses are required, expenses pring the second control of t	iest Service Agreen ven if you have autl	nent (refer to A	appendix C of
debit arrangements between you and ANZ as set out in this Request this Application Form).  Insert your signature and address  All persons in the account name must sign. If using a joint account be with one signature.  Full Name (please print)	and in your Direct Debit Requotes are required, expenses are required, expenses are required, expenses are required. Signature	iest Service Agreen ven if you have autl	nent (refer to A	appendix C of
debit arrangements between you and ANZ as set out in this Request this Application Form).  Insert your signature and address  All persons in the account name must sign. If using a joint account be with one signature.  Full Name (please print)  Signature	and in your Direct Debit Requotes are required, expenses are required, expenses are required, expenses are required. Signature	iest Service Agreen ven if you have autl	nent (refer to A	appendix C of



#### PART 9 — STATEMENT OF POSITION (INDIVIDUAL APPLICANTS, INDIVIDUAL TRUSTEE APPLICANTS AND ALL GUARANTORS)

To help us assess your personal circumstances and approve your requested limit, we require some details about your financial circumstances and obligations. For Joint Applications, please combine financial details.

#### 9.1 — YOUR CURRENT MONTHLY FINANCIAL COMMITMENTS

Real estate loan payment/rent	\$
Other investment loan repayments	\$
Lease and personal loan payments	\$
Other financial commitments	\$
Living/other expenses	\$
(this should include day-to-day expenses such as food, petro	ol etc)
Your total monthly financial commitments	\$

#### 9.2 - YOUR CURRENT STATEMENT OF POSITION

#### Assets

1 :- |- : | : | : - -

Real estate value (main residence)	\$
Other real estate (land and building)	\$
Shares	\$
Other investment assets (not including superannuation)	\$
Cash	\$
(include all cash or cash-based assets such as term deposits of	or high yield accounts)
Vour total accets	¢

Your total assets	\$
-------------------	----

Liabilities		Name of credit provider(s)
Real estate loans(s) (main residence)	\$	
Other real estate loans	\$	
Other investment loans	\$	
Other personal loans	\$	
(e.g. car loans and other personal loan com	mitments)	
Credit cards (total credit limit)	\$	
Your total liabilities	\$	



#### PART 10 — POWER OF ATTORNEY AND OFFER OF SECURITY INTEREST

#### PART 10.1 — POWER OF ATTORNEY

This part of the Application Form comprises a deed, made by the applicant(s) on the day specified at the end of this Application Form.

- 1. Each applicant described in Part 1, Part 2 or Part 3 of the Application Form ("I/we") for valuable consideration irrevocably appoints Australia and New Zealand Banking Group Limited and each of its related bodies corporate (as defined in the Corporations Act) and each of their respective directors, secretaries or officers (attorneys) jointly and each of them severally as its true and lawful attorneys.

  Any attorney may appoint sub-attorneys.
- 2. The attorneys may do in my/our name everything necessary or expedient to:
  - (a) do all such things required to sign and deliver on my/our behalf all of the documents in respect of ANZ Cobalt;
  - (b) do all such things that are required for the conversion of any of my/our Securities to the CHESS system;
  - (c) if I/we are a company, to complete, sign and date any document required to register the Security Interest contained in the ANZ Cobalt Terms on the Personal Property Securities Register;
  - (d) date and to complete any blanks which may be left in any documents;
  - (e) do anything which I/we can do or are obliged to do as owner of the Secured Property (including completing blanks in any of those documents, executing agreements, signing any off market transfer, authorising, instructing or requesting the amendment of your details as necessary, authorising and instructing a person to accept directions in respect of the Secured Property) or do anything which I/we can do in respect of the transactions contemplated by those documents; and
  - (f) do all things necessary to sign and deliver on my/our behalf all of the documents needed to enter into ANZ Cobalt Transactions and any subsequent transactions in relation to my/our ANZ Cobalt Transaction.
- 3. I/we declare that a person (including but not limited to a firm, body corporate, an incorporated association or authority) who deals with any of the attorneys in good faith may accept a written statement signed by any of the attorneys to the effect that this power of attorney has not to their knowledge been revoked as conclusive evidence of that fact.
- 4. I/we declare that anything the attorneys do in exercising the powers granted to them under this power of attorney will be as binding on me/us and anyone else as if I/we had done the act myself/ourselves. I/we agree to ratify and confirm whatever an attorney does under and in accordance with this power of attorney.
- 5. I/we indemnify the attorneys against liability, loss or costs they suffer or incur in exercising powers under this power of attorney.
- 6. I/we authorise the attorneys to exercise the powers under this power of attorney even if this involves a conflict of duty or the attorneys (or a person known to them) have a personal interest in doing so.

#### PART 10.2 — OFFER OF SECURITY INTEREST

Each applicant described in Part 1, Part 2 or Part 3 of the Application Form (other than an applicant that is a SMSF Investor, or all applicants in respect of Transactions over International Securities) that applies for:

- > a Loan; or
- > a Sold Call Option, a Capped Purchase Put Option or a Capped Put Spread Option,

irrevocably offers to give a Security Interest to us on the terms and conditions in Part G of the Terms.

If we accept a Transaction Request for a Loan, a Sold Call Option, a Capped Purchase Put Option or a Capped Put Spread Option, we will accept the offer for a Security Interest by oral communication to you (by telephone) or by our conduct (for example, in the case of a Loan by advancing a Loan to you) and such acceptance will, without any further action by us, create a binding Security Interest on the terms and conditions in Part G of the Terms.

Each applicant described in Parts 1, 2 or 3 acknowledges that, if they are a SMSF Investor and they enter into:

- (a) a Loan, the applicant authorises the grant of the Nominee Security Interest and acknowledges that the relevant Securities held on its behalf on trust by the Nominee are held subject to the Nominee Security Interest described in Part H of the Terms contained in the PDS; or
- (b) a Sold Call Option, a Capped Purchase Put Option or a Capped Put Spread Option, the applicant gives an irrevocable direction to the Nominee concerning the relevant Securities as described in Part C of the Terms contained in the PDS.

Each applicant described in Parts 1, 2 or 3 acknowledges that, if they are a Non-SMSF Investor and they enter into a Loan, a Sold Call Option, a Capped Purchase Put Option or a Capped Put Spread Option over International Securities, the applicant authorises the grant of the Nominee Security Interest and acknowledges that all Secured Property held on its behalf on trust by the Nominee is held subject to the Nominee Security Interest described in Part H of the Terms contained in the PDS



#### PART 11 — DECLARATIONS AND RISK DISCLOSURE

By signing the Application Form below:

#### I/we declare that:

- > all the information I/we have given in this Application Form or otherwise to ANZ is correct;
- > no proceedings are current, pending, or to my/our knowledge, threatened which could affect my/our financial position adversely;
- > I/we have read and understood the entire Product Disclosure Statement including the Terms set out in Section 10 of the Product Disclosure Statement and that I/we will comply with those provisions;
- > I/we have taken such independent financial, legal and taxation advice as I/we think fit prior to entering into this Agreement, and I/we have relied upon my/our own judgement or of that of my/our advisers in deciding whether to enter into an ANZ Cobalt Transaction.

#### I/we understand that:

- > if my/our application is approved, I/we have appointed an attorney (pursuant to a power of attorney) to execute any necessary documents on my/our behalf; and
- > if my/our application is approved, I/we will be bound by all of the Terms of ANZ Cobalt; and
- > if my/our application for a Loan, a Sold Call Option, a Capped Purchase Put Option or a Capped Put Spread Option is approved and the offer to give a Security Interest is accepted in accordance with Part 8.2, I/we secure to ANZ the Secured Property, including any Securities which are placed in a CHESS account with the Sponsoring Participant, ANZ or its nominee or lodged with ANZ (unless I am a SMSF Investor or the Transaction relates to International Securities);
- > If I am/we are a SMSF Investor, for each:
  - (a) Loan I/we enter into, the relevant Securities held on my/our behalf on trust by the Nominee are held subject to the Nominee Security Interest described in Part H of the Terms contained in the PDS; and
  - (b) Sold Call Option, Capped Purchase Put Option or Capped Put Spread Option I/we enter into, I/we give an irrevocable direction to the Nominee concerning the relevant Securities as described in Part C of the Terms contained in the PDS
- > If I am/we are a Non-SMSF Investor and I/we enter into a Loan, a Sold Call Option, a Capped Purchase Put Option or a Capped Put Spread Option over International Securities, all Secured Property held on my/our behalf on trust by the Nominee is held subject to the Nominee Security Interest described in Part H of the Terms contained in the PDS.
- > ANZ may pay the fees and costs of the Sponsoring Participant and, if applicable, the Nominee, in connection with an ANZ Cobalt Transaction; and
- > If more than one individual is applying for ANZ Cobalt, the obligations of each individual under the Terms set out in Section 10 of the Product Disclosure Statement are joint and several and ANZ may enforce its rights under the Terms against any one individual without reference or action against the other.

Unless notified in writing, ANZ assumes that any of the individuals named in Parts 1 or 2 of this Application Form are authorised to operate ANZ Cobalt and make Transaction Requests.

#### I/we acknowledge that:

- > I/we are prepared to accept the risk outlined in this statement and all other risks associated with ANZ Cobalt;
- > if I/we were introduced to ANZ by my/our financial planner or adviser, my/our financial planner or adviser may require that all communications go through them, in which case I/we authorise ANZ to deal with my/our financial planner or adviser only and I/we agree that ANZ have no obligation to contact me/us directly whatsoever, including in the event that an ANZ Cobalt Transaction is terminated or varied;
- > I/we have authorised ANZ to collect, use and disclose information about me/us as described in clause 33.18 and 33.19 of the Terms. Where I/we have provided information about any other individual, I/we will make that individual aware of the provisions of clause 33.18 and 33.19 of the Terms;
- > ANZ may disclose information relating to my/our application as required by law;
- > I/we authorise the appointment of the Sponsoring Participant under Part H of the Terms;
- > I/we confirm the representations and warranties in clause 12 of the Terms are true and correct as at the date I/we sign this application form; and
- > I/we have not relied on any statement made or purported to be made by ANZ or its related entities or their employees, agents or professional advisers in relation to the applicant's investment in the ANZ Cobalt, other than the information in the Product Disclosure Statement and acknowledge that ANZ has not made any representations about the suitability or otherwise of ANZ Cobalt for the applicant's personal circumstances.



#### **GUARANTOR**

By signing the Application Form below:

#### Each Guarantor declares and acknowledges that:

- > the Guarantor has read and understood the risks that an applicant for ANZ Cobalt must consider and understands that by providing a Guarantee for ANZ Cobalt, the Guarantor is guaranteeing all the money which the applicant owes under the ANZ Cobalt Transaction and therefore the Guarantor will also bear those risks;
- > before signing the Application Form, the Guarantor:
  - received the Product Disclosure Statement; and
  - had an opportunity to seek and obtain independent legal advice about ANZ Cobalt and the risks of providing a Guarantee and [obtained independent advice]/[after carefully considering the risks of not obtaining advice]/[decided not to obtain legal advice]; (delete as applicable)
- > the representations and warranties given by the Guarantor under clause 12 of the Terms are true and correct as at the date of signing the Application Form;
- > the Guarantor has not relied in any way whatsoever on any statements made by or purported to be made by ANZ or its related entities or any of their servants, agents, employees or professional advisors other than the information contained in the Product Disclosure Statement;
- > ANZ has not made any promise or inducement about, or been party to any conduct material to, the Guarantor's decision to enter into the Guarantee. ANZ does not want the Guarantor to rely on any such promise or inducement and excludes liability for any such promise or inducement to the fullest extent permitted by law; and
- > the information about the Guarantor contained in the Application Form is in all respects complete and correct and is not misleading, by omission or otherwise.

#### PART 12 — CREDIT INFORMATION

Please note that for the purpose of this declaration, "I/we" includes a company, its directors, secretary and any other officer.

I/we agree that ANZ may use the information provided by me/us in connection with ANZ Cobalt, and obtain information about me/us, in the following ways, and for the duration of my/our ANZ Cobalt Transaction:

- (a) ANZ may collect, use and disclose about me/us as described in clauses 33.18 and 33.19 of the Terms;
- (b) ANZ may give any person I/we are using, or seek to use, as a Guarantor the information ANZ has about me/us, personal and commercial credit history and standing, including any notices ANZ has sent to me/us;
- (c) ANZ may ask for any additional information about me/us at any point in time.

#### PART 13 — DECLARATION OF BUSINESS OR INVESTMENT PURPOSE UNDER THE NATIONAL CREDIT CODE

You should only apply for ANZ Cobalt if you plan to use the funds for business or investment purposes, other than investment in residential property. By signing Part 12 or 13 below, you make the following declaration:

I/We declare that the credit to be provided to me/us by Australia and New Zealand Banking Group Limited is to be applied wholly or predominantly for business purposes or investment purposes other than investment in residential property.

#### **IMPORTANT**

YOU SHOULD ONLY SIGN THIS DECLARATION IF THIS LOAN IS WHOLLY OR PREDOMINANTLY FOR BUSINESS PURPOSES OR INVESTMENT PURPOSES OTHER THAN INVESTMENT IN RESIDENTIAL PROPERTY. BY SIGNING THIS DECLARATION YOU MAY LOSE YOUR PROTECTION UNDER THE NATIONAL CREDIT CODE.

I/we acknowledge that ANZ's obligations in relation to ANZ Cobalt are not deposit liabilities, and they are not guaranteed by any party. They are unsecured contractual obligations which will rank equally with ANZ's other unsecured contractual obligations and with ANZ's unsecured debt (other than liabilities mandatorily preferred by law). Neither ANZ nor any member of the ANZ group of companies guarantees the performance of ANZ Cobalt or any Transaction under it.



PART 14 — INDIVIDUAL SIGNATURES: EXECUTED AS A  Date of Signing (DD/MM/YYYY)	DEED (INDIVIDUAL APPLICANTS AND INDIVID	UAL TRUSTEE APPLI	CANTS)
FIRST APPLICANT			
Signed, Sealed And Delivered By: Signature of Applicant	Name of Applicant (please print) Surname		
	First Names		
In the Presence of: Signature of Witness	Name of Witness (please print) Surname		
	First Names		
Address of Witness	Suburb	State	Postcode
SECOND APPLICANT (IF APPLICABLE)			
Signed, Sealed And Delivered By: Signature of Applicant	Name of Applicant (please print) Surname		
	First Names		
In the Presence of: Signature of Witness	Name of Witness (please print) Surname		
	First Names		
Address of Witness	Suburb	State	Postcode



DADT 15 COMPANY APPLICANT, EVECUTED AS A DEED (COMPAN)	V ADDITION OF THE TOTAL AND CORDONATE TOTAL FOR ADDITIONAL CONTROL	
PART 15 — COMPANY APPLICANT: EXECUTED AS A DEED (COMPAN) Signed, Sealed And Delivered By: Name of Company	Y APPLICANTS AND CORPORATE TRUSTEE APPLICANTS)	
		LIMITED
BY:		
Signed, Sealed And Delivered By: Signature of Director/ Sole Director and Sole Secretary (delete as applicable)	Name of Director/ Secretary	
Signature of Director/ Secretary (delete as applicable)	Name of Director/ Secretary	



Signed, Seaded And Delivered By: Signature of Guarantor Signature of Guarantor Signature of Guarantor Signature of Witness In the Presence of: Signature of Witness Suburb State Postcode  Date of Signing (DD/MM/YYYY)  GUARANTOR 2 Signed, Sealed And Delivered By: Signature of Guarantor Signature of Guarantor  First Names  Name of Guarantor (please print) Surname  First Names  Name of Guarantor (please print) Surname  First Names  Name of Surname  First Names  Name of Witness (please print) Surname  First Names  Name of Witness (please print) Surname  First Names  Address of Witness Date of Signing (DD/MM/YYYY)  BANK USE ONLY  Application Number:  Account Number:	GUARANTOR 1			
In the Presence of: Signature of Witness  Suburb  State  Postcode  Date of Signing (DD/MM/YYYY)  GUARANTOR 2  Signed, Sealed And Delivered By: Signature of Guarantor  First Names  In the Presence of: Signature of Witness  Suburb  State  Postcode  Name of Witness (please print) Surname  First Names  First Names  Address of Witness  Suburb  State  Postcode  BANK USE ONLLY  Application Number:  Account Number:	Signed, Sealed And Delivered By:			
Signature of Witness  Address of Witness  Suburb  State  Postcode  Date of Signing (DD/MM/YYYY)  GUARANTOR 2  Signed, Sealed And Delivered By: Signature of Guarantor  First Names  In the Presence of: Signature of Witness  In the Presence of Witness  First Names  First Names  Address of Witness  Suburb  State  Postcode  BANK USE ONLY  Application Number:  Account Number:		First Names		
Address of Witness  Suburb  State  Postcode  Date of Signing (DD/MM/YYYY)  GUARANTOR 2  Signed, Sealed And Delivered By:  Signature of Guarantor  First Names  In the Presence of:  Signature of Witness  Sumame  First Names  Address of Witness  Suburb  State  Postcode  BANK USE ONLY  Account Number:				
Date of Signing (DD/MMYYYY)  GUARANTOR 2  Signed, Sealed And Delivered By: Signature of Guarantor Surname  First Names  In the Presence of: Signature of Witness Surname  First Names  Address of Witness Suburb State Postcode  BANK USE ONLY  Application Number:  Account Number:		First Names		
GUARANTOR 2  Signed, Sealed And Delivered By: Signature of Guarantor  First Names  In the Presence of: Signature of Witness  First Names  First Names  Address of Witness  Suburb  State  Postcode  BANK USE ONLY  Application Number:  Account Number:	Address of Witness	Suburb	State	Postcode
Signed, Sealed And Delivered By: Signature of Guarantor Surname  First Names  In the Presence of: Signature of Witness Surname  First Names  Surname  First Names  BADE OF Signing (DD/MM/YYYY)  Application Number:  Account Number:				
In the Presence of:  Signature of Witness  Surname  First Names  Address of Witness  Suburb  State  Postcode  BANK USE ONLY  Application Number:  Account Number:	Signed, Sealed And Delivered By:			
Signature of Witness  First Names  Address of Witness  Suburb  State Postcode  Date of Signing (DD/MM/YYYY)  BANK USE ONLY  Application Number:  Account Number:		First Names		
Address of Witness  Suburb  State Postcode  Date of Signing (DD/MM/YYYY)				
Date of Signing (DD/MM/YYYY)  BANK USE ONLY  Application Number:  Account Number:		First Names		
BANK USE ONLY  Application Number:  Account Number:	Address of Witness	Suburb	State	Postcode
Application Number: Account Number:	Date of Signing (DD/MM/YYYY)			
Application Number: Account Number:				
Application Number: Account Number:				
	BANK USE ONLY			
HIN:	Application Number:	Account Number:		
	HIN:			

### ANZ COBALT CUSTOMER IDENTIFICATION FORM



To comply with Anti Money-laundering and Counter-Terrorism Financing Legislation (AML/CTF), ANZ has a Customer Identification Process for customers seeking banking services.

**Note**: If you currently hold an ANZ service or product (bank account, mortgage), you may not be required to complete the Customer Identification Process.

#### WHAT'S REQUIRED?

- 1. The standard requirement is for a person to provide 2 Identity Documents (ID) which are acceptable in a number of limited combinations.
- 2. The relevant ID should be copied and then certified by an 'Australian Authorised Person".

#### WHAT TYPES OF DOCUMENTS CAN I USE?

Option A: 1 primary photographic ID.

Option B: 2 secondary photographic IDs.

Note: All documents must be current unless specified. All documents may be Australian or Foreign except where otherwise specified.

#### Primary Photographic IDs - Government - issued photographic ID

- > Australian Driver Licence or Learner Permit
- > Australian Passport (current or expired less than 2 years) or Foreign Passport
- > One of the following types of other photo ID:
  - Proof of age card
  - Government issued national identification card
  - Army, Navy or Air Force identification card
  - Dept. of Defense identification card
  - Police Officer identification card
  - Firearms/shooting Licence
  - Explosive Licence
  - Waterways/Boat Licence

**Note**: It is not acceptable to produce two forms of the same ID type (e.g. Australian Passport and an overseas Passport) or from the same issuer.

#### Secondary Photographic IDs

- > Government issued birth certificate, birth card, birth extract
- > Citizenship certificate
- > Foreign drivers licence
- > Australian Centrelink pension card including:
  - Health and Veterans Affairs cards
  - Pensioner Concession cards (including interim cards)
- Notice issued by the Australian Tax Office (ATO) within preceding 12 months recording debt payable/ refund due by/to the person at the stated address
- Notice issued within last 3 months by a local government body or a utility provider (Electricity, Gas, Water, Telephone) containing the name of the individual and their residential address recording provision of services to that address or person
- > Notice issued by an Australian approved aged care facility detailing the residents name and residential address
- Notice issued within last 12 months by Australian Commonwealth, State or Territory, recording provision of financial benefits to person at the stated address
- Letter issued by the Australian Electoral Commission within the last 3 months confirming name and residential address
- > Another Australian bank account statement issued within last 3 months. (The bank must be a member of Australian Banking Association)
- > Bank statement issued by an ANZ point of representation within the last 3 months
- > Australian Medicare card
- > Australian ImmiCards
- > Evidence of Immigration Status (EIS) ImmiCard
- > Permanent Resident Evidence (PRE) ImmiCard
- > Residence Determination ImmiCard (RDI)



#### WHO IS AN 'AUSTRALIAN AUTHORISED PERSON'?

The following is a list of persons authorised to certify a copy. An Authorised Person must be either be an Australian Citizen or Permanent Resident of Australia.

- A person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia as a legal practitioner (however described).
- 2. A judge of a court.
- 3. A magistrate.
- 4. A chief executive officer of a Commonwealth court.
- 5. A registrar of deputy registrar of a court.
- 6. A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- 8. A Police officer.
- 9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.

- 10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- 11. An Australian consular office or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
- 12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993).
- 13 A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993).
- 14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licences.
- 15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

### A. INDIVIDUAL'S DETAILS Where more than on applicant is required to provide identification, please make additional copies of this form. Dr Title: Mr Mrs Ms Miss Other Surname First Names **Residential Address** Suburb State Postcode Date of birth (DD/MM/YYYY) Occupation If the address is not an Australian address, please state the reason for seeking a banking relationship in Australian Citizenship **B. COMPANY DETAILS** Company Name Type of Company: Private Public **Nature of Business Directors of the Company** Please provide the full names, dates of birth and addresses of all directors of the company. **Full Name** Date of Birth Address

#### ANZ COBALT CUSTOMER IDENTIFICATION FORM



#### **Beneficial Owners of the Company**

Please provide the full names, dates of birth and addresses of all beneficial owners (e.g. shareholders) of the company who have 25% or more of ultimate ownership. For EACH beneficial owner, please complete Section A above with details of the individual beneficial owner.

Full Name	Date of Birth	Address
C. TRUST DETAILS (INCLUDING SMSF	S)	

Please attach certified copy of Trust Deed.

Name of Trust

Nature of Business

#### Settlor of the Trust (not applicable for SMSF)

Please provide the full name of the settlor of the trust.

#### **Beneficial Owners of the Trust**

Please provide the full names, dates of birth and addresses of all individual beneficial owners of the trust. Please provide full names and addresses of all non-individual beneficial owners. For EACH individual, please complete section A above with the details of the beneficial owner.

Full Name	Date of Birth	Address

#### **Trustees of the Trust**

Please provide the full names, dates of birth and addresses of all individual trustees of the trust. Please provide the full names and addresses of all non-individual trustees. For ONE trustee, if an individual, please complete Section A above with details of the individual trustee, if a company, please complete Section B above with details of the company trustee.

Full Name	Date of Birth	Address

#### **Beneficiaries of the Trust**

 $Please\ provide\ the\ full\ names,\ dates\ of\ birth\ and\ addresses\ of\ all\ individual\ beneficiaries\ of\ the\ trust.$ 

Full Name	Date of Birth	Address

## ANZ COBALT CUSTOMER IDENTIFICATION FORM



D. DOCUMENTS CERTIFIED – ENSURE CERTIFIED COPIES ARE ATTACH	HED TO THIS FORM		
Please provide these documents for each individual that must be identified beneficiaries as outlined above.	ed including company directors, compa	ny shareholders, tr	ustees or
Primary Photographic ID			
Type of Document			
Secondary Photographic IDs			
Type of Documents			
<b>Warning</b> : It is an offense under Part 12 of the Anti-Money Laundering and misleading information, produce a false or misleading document or forge			
Guidance Notes for Certified Copies  Certified copy means a document that has been certified as a true copy of certified copy, you should make photocopy of the original document and		•	produce a
E. DETAILS OF AUSTRALIAN AUTHORISED PERSON			
Full name of Australian Authorised Person (no initials).			
Title: Mr Mrs Ms Miss Dr	Other		
Surname	First Names		
Name of Organisation			
Address of Organisation	Suburb	State	Postcode
Phone Number	Professional Membership Number		
	· ·		
Signature	Date (DD/MM/YYYY)		

#### ANZ COBALT CHESS INSTRUCTION FORM



This form should be completed if you are applying for: - A Loan; or - A Sold Call Option, a Capped Purchase Put Option or a Capped Put Spread Option, in respect of Australian listed securities that you already hold Send to: **ANZ Cobalt ANZ Equity Markets** GPO Box 555 Sydney NSW 2001 These instructions are given to ANZ and my existing margin lender or sponsoring participant, details of which are as follows: Name of Holder **Facility Number** I/we authorise the Sponsoring Participant (or the relevant registrar of an issuer-sponsored sub-register) to deliver the quantity of Securities below, to my account with ANZ Securities Limited (PID 22353), AFS licence number 237531 or to the Nominee after ANZ has accepted my application for ANZ Cobalt, and to provide ANZ with any information regarding the Securities of any of my accounts with the Sponsoring Participant as its affiliates. **SPONSORSHIP DETAILS** ASX Code **Number of Securities** HIN / SRN **Broker Name** Note: Securities with automatic DRP will not be accepted If your Securities are CHESS sponsored, please provide your Holder Identification Number (HIN). If your Securities are issuer sponsored, please provide your Shareholder Reference Number (SRN). If the Securities have an optional dividend reinvestment plan, we authorise and instruct you to elect on our behalf not to participate in such dividend reinvestment plan. Full Name\* Full Name\* Signature Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

<sup>\*</sup> If signing on behalf of a company either 2 directors of the company or a director and the company secretary must sign this form

#### ANZ COBALT VESTED EMPLOYEE OPTIONS DECLARATION



Are you exercising options using this facility? If yes, complete all sections in this form If no, complete the Chess Instruction Form

Send to: ANZ Cobalt

ANZ Equity Markets GPO Box 555 Sydney NSW 2001

Dear Sir / Madam

We refer to our application for ANZ Cobalt offered under the Product Disclosure Statement dated 1 April 2016.

#### **VESTED EMPLOYEE OPTIONS DECLARATION**

#### 1. Employee Declaration:

I wish to use a Loan under ANZ Cobalt, to exercise Vested Employee Options which have been issued to me by the Listed Entity below which I am entitled to.

l:

- 1. confirm that once those options have been exercised, I will be entitled to hold the Securities free of encumbrance, Security Interest and the rights of others and will be entitled to enter into the ANZ Cobalt Transaction under the Terms of ANZ Cobalt;
- 2. authorise the Sponsoring Participant (or the relevant registrar of an issuer-sponsored sub-register) to deliver the quantity of Securities in the Listed Entity as indicated to ANZ PID 22353; and
- 3. give irrevocable notice to ANZ to exercise the options in respect of fully paid ordinary shares in:

#### **VESTED EMPLOYEE OPTIONS DETAILS**

Options	Number of Options	Exercise Price per Option	Total Payable	Maturity Date

#### LOAN TRANSACTION REQUEST

Loan Amount requested	Fixed or variable	Repayment Date i.e. Maturity Date

#### ANZ COBALT TRANSACTION REQUEST

Nominated Approved Securities — Exchange Code	Number of Securities	Protection Level (\$ or %)	Cap Level (\$ or %) (if any)

## ANZ COBALT VESTED EMPLOYEE OPTIONS DECLARATION



Signature Of Employee	Full Name Of Employee
	Date (DD/MM/YYYY)
Complete this section if a company holds the options:	
Signed By:	
	LIMITED
BY:	
Signature of Director/ Sole Director and Sole Secretary	Name of Director
Single of Single (Single )	No. 11 (St. 11) (St. 11)
Signature of Director/ Secretary	Name of Director/ Secretary
This section should be completed by the listed entity which has issued your	Vested Employee Options
LISTED ENTITY ACKNOWLEDGEMENT	
We confirm that: (Please write name of Employee)	
<ol> <li>is the registered holder of the employee options referred to in the Em set out above has been made, the Employee will be entitled to the Se The Securities will be free from any encumbrances and the rights of o</li> </ol>	
	he total exercise amount referred to above, the Securities will be fully paid
Name Of Listed Entity	
Single of A. the field Bernard of China I Fath	
Signature Of Authorised Representative Of Listed Entity	
Full Name and Constitu	
Full Name and Capacity	
Date (DD/MM/YYYY)	

## APPENDIX A AUTHORISED REPRESENTATIVE CERTIFICATE



AUTHORISED REPRESENTATIVE CERTI	FICATE		
Name of applicant			
	("Applica	nt")	
To Australia and New Z	ealand Banking Group Limited		
[I]/[We] refer to the Application Form to vand the Applicant.	which this Appendix A is attached, the	at constitutes the Agreement (the "A	greement") between the ANZ
Terms used in this certificate that are def Agreement.	ined in the Agreement have, unless th	ne context otherwise requires, the sa	me meanings as in the
[I am]/[We are]/[a director]/[directors]/[ a	director and a company secretary]/[o	f] the Applicant.	
The schedule and attachments to this ce	rtificate are complete and up to date	copies of:	
1. A list of the Applicant's Authorised Rep beside their name.	oresentatives with the signature, or a	copy of the signature, of each Autho	rised Representative appearing
2. In the case of company applicants, the	certificate of incorporation of the Ap	olicant.	
[I]/[We] certify that [each of] the above de	ocument[s] is complete, correct, fully	in force and not subject to amendm	ent
(A) SCHEDULE			
List of Authorised Representatives			
Name (Printed)	Position (Printed)	Signature	Date of birth
Dated (DD/MM/YYYY)	Si	gned on behalf of	by
Dated (DD/MM/YYYY)  Signature of Individual		gned on behalf of nt full name of individual	by
			by
			by
	Pr		by
Signature of Individual	Pr	nt full name of individual	by
Signature of Individual	Pr	nt full name of individual	by
Signature of Individual	Pr Pr	nt full name of individual	
Signature of Individual Signature of Director	Pr Pr	nt full name of individual nt full name of Director	
Signature of Individual  Signature of Director	Pr Pr	nt full name of individual nt full name of Director	

## APPENDIX B SOLICITOR'S DECLARATION



This form sho	uld be completed if you are a trustee applying for ANZ Cobal	and you are not providing a certified copy of your trust deed
Name of Trus	it	
	("	Trust")
Name of Trus	·	
Name of Trus		Trustee")
This form mus	st be provided to ANZ by you together with your Application I	Form if you are applying for ANZ Cobalt as a Trustee of a Trust.
Send to:	ANZ Cobalt ANZ Equity Markets GPO Box 555 Sydney NSW 2001	
Dear Sir / Ma	dam,	
	or holding a current unrestricted practicing certificate. I had be establish, and relating to, the Trust.	ve examined the documents constituting the Trust ("the Trust Documents")
1. The Trust	appears from the Trust Documents to have been validly o	onstituted and is subsisting at the date of this opinion.
2. The Trust	Documents comprise all of the documents constituting the	ne Trust and there has been no other amending document.
3. The Trust	ee appears to have been properly appointed as trustee an	d is the sole trustee of the Trust.
	ee is empowered and authorised by the terms of the Trust Do ated by the Terms of ANZ Cobalt and the Product Disclosure	ocuments examined by me to enter into and bind the Trust to the transactions Statement dated 1 April 2016.
to satisfy	any liability to Australia and New Zealand Banking Group s trustee of the Trust arising out of the transactions conter	he right of the Trustee to be fully indemnified out of the assets of the Trust Limited (or any of its related bodies corporate) properly incurred by the nplated by the Terms of ANZ Cobalt and the Product Disclosure Statement
		tee is a company, of any of its directors, which would preclude the Trustee obalt and the Product Disclosure Statement dated 1 April 2016.
Name of Soli	ritor	Solicitor's Firm
Name of Som	LILOI	Solicitor STITIII
Address of So	olicitor's Firm	Suburb State Postcode
Telephone		Facsimile
Тегерпопе		Tuestime.
Email Addres	S	
Signature Of	Colicitor	
Signature Or	Solicitor	
Date (DD/MN	M/YYYY)	

## APPENDIX C ANZ DIRECT DEBIT REQUEST – CUSTOMER SERVICE AGREEMENT



#### **OUR COMMITMENT TO YOU.**

#### **Drawing arrangements:**

We will advise you, in writing, the details of the ANZ direct debit drawing arrangements at least 2 calendar days prior to the first drawing.

Where the due date falls on a non-business day, we will draw the amount on the next business day.

We will not change the amount or frequency of drawings arrangements without giving you at least fourteen (14) days written notice.

We reserve the right to cancel the ANZ direct debit drawing arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.

We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

#### Your rights:

You may terminate the direct debit drawing arrangement or stop payment of a drawing under the ANZ direct debit drawing arrangement at any time by giving written notice directly to us, or through your nominated Financial Institution. Notification of your intention to terminate the direct debit drawing arrangements must be received at least 7 business days prior to the due date.

You may request changes to the drawing arrangements by contacting us and advising your requirements no less than 7 business days prior to the due date.

Where you consider that a drawing has been initiated incorrectly (that is, outside the ANZ direct debit drawing arrangements) you may take the matter up directly with us, or lodge a Direct Debit Claim through your nominated Financial Institution.

#### YOUR COMMITMENT TO US,

#### Your responsibilities:

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.

It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the ANZ direct debit drawings is transferred or closed.

It is your responsibility to arrange with us a suitable alternate payment method if the ANZ direct debit drawing arrangements are cancelled either by yourselves or the nominated Financial Institution.

## APPENDIX D ACCOUNTANT'S CERTIFICATE



Asset and income declaration for wholesale investors
I, (insert full name of qualified accountant)
am member of one or more of the following professional bodies:
> Australian Society of Certified Practicing Accountants, entitled to use the post-nominals "CPA" or "FCPA";
Member number:
> Institute of Chartered Accountants in Australia, entitled to use the post-nominals "CA", "ACA" or "FCA";
Member number:
> National Institute of Public Accountants, entitled to use the post-nominals "AIPA", "MIPA" or "FIPA"
Member number:
and am subject to and comply with the continuing professional development requirements of the above bodies (as applicable), hereby certify that using the assessment criteria contained within Section 708 and Section 761G of the Corporations Act (Cth) 2001
(insert full name of applicant)
(i) net assets to the value of at least AUD\$2.5 million
and/or
(ii) $\square$ gross income for each of the last 2 financial years of at least AUD\$250,000
Signature of qualified accountant
Dated (DD/MM/YYYY)

This declaration is only valid for 24 months from the date of signing. ANZ and its related companies (including subsidiaries) is collecting information to verify the status of the client. The Corporations Act 2001 requires ANZ to verify this status with information supplied by a qualified accountant. You may request access to your information at any of our branches, and if it is inaccurate, request that it be corrected. Your information will be treated in accordance with ANZ's privacy policy available at www.anz.com

## APPENDIX E TRANSACTION REQUEST FORM



I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. We have the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser.	ANZ Equity Markets GPO Box 555 Sydney NSW 2001  Dear Sir / Madam  This is a Transaction Request under the Terms of ANZ Cobalt.  Lwish to apply for a:  Loan		ins form if you	i ai c illakilig a rialisa	ction Request in writir	ng				
This is a Transaction Request under the Terms of ANZ Cobalt.    wish to apply for a:	This is a Transaction Request under the Terms of ANZ Cobalt.    wish to apply for a:   Loan	Send to:	ANZ Cobalt ANZ Equity I GPO Box 555	Markets 5	,	J				
Loan	Loan	Dear Sir / Mada	ım							
LOAN DETAILS  Loan Term	Loan   Options Only – I do not wish to apply for a Loan    LOAN DETAILS   Loan Term	This is a Transa	action Reque	st under the Terms o	of ANZ Cobalt.					
LOAN DETAILS  Loan Term	LOAN DETAILS  Loan Term   1 Year   2 Years   3 Years   4 Years   5 Years  or Maturity Date (DD/MM/YYYY)  Interest Rate   Fixed for the term of the Loan   Reset annually  TRANSACTION DETAILS - LOAN APPLICATION  My Transaction will consist of:   Securities I already own (existing Securities)   New Securities  I wish to have the following existing/new Parcels of Securities included in my Transaction.  Exchange   Number or initial   Loan   Protection   Level (\$ or Cap Level (\$ or %))   Parcel 1  Parcel 2  Parcel 3  Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as magent in respect of the Adviser Option Payment to my nominated adviser. When	I wish to apply	for a:							
Loan Term	Loan Term   1 Year   2 Years   3 Years   4 Years   5 Years  or Maturity Date (DD/MM/YYYY)	Loan		Options Only	ı − I do not wish to ap	ply for a Loan	١			
or Maturity Date (DD/MM/YYYY)  Interest Rate   Fixed for the term of the Loan   Reset annually  TRANSACTION DETAILS - LOAN APPLICATION  My Transaction will consist of:   Securities I already own (existing Securities)   New Securities  I wish to have the following existing/new Parcels of Securities included in my Transaction.  Exchange   Number or initial   Loan   Value of Securities   Amount   Contribution   Level (S or Cap Level (S or %))   Cap Level (S or %)    Parcel 1  Parcel 2  Parcel 3  Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  Ihereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment to my nominated adviser. Wi	or Maturity Date (DD/MM/YYYY)	LOAN DETAILS	S							
Interest Rate	Interest Rate	Loan Term		1 Year	2 Years	3 Years	_ 4	Years	5 Years	
TRANSACTION DETAILS – LOAN APPLICATION  My Transaction will consist of: Securities I already own (existing Securities) New Securities  I wish to have the following existing/new Parcels of Securities included in my Transaction.    Number or initial	TRANSACTION DETAILS - LOAN APPLICATION  My Transaction will consist of:	or Maturity Dat	te (DD/MM/Y)	YYY)						
My Transaction will consist of: Securities I already own (existing Securities) New Securities  I wish to have the following existing/new Parcels of Securities included in my Transaction.    Number or initial value of Securities   Amount (S or %)   Protection   Level (\$ or Cap Level (\$ or %)	My Transaction will consist of: Securities I already own (existing Securities) New Securities  I wish to have the following existing/new Parcels of Securities included in my Transaction.    Rechange	Interest Rate		Fixed for the	term of the Loan	Reset a	nnually			
My Transaction will consist of: Securities I already own (existing Securities) New Securities  I wish to have the following existing/new Parcels of Securities included in my Transaction.    Number or initial value of Securities   Amount (S or %)   Protection   Level (\$ or Cap Level (\$ or %)	My Transaction will consist of: Securities I already own (existing Securities) New Securities  I wish to have the following existing/new Parcels of Securities included in my Transaction.    Rechange	TRANSACTION	N DETAILS – I	LOAN APPLICATION	ı					
I wish to have the following existing/new Parcels of Securities included in my Transaction.    Number or initial value of Securities   Loan Amount   Contribution   Level (\$ or Cap Level (\$ or %))	I wish to have the following existing/new Parcels of Securities included in my Transaction.    Rectange   Security Name   Number or initial   Loan   Amount   Contribution   Level (\$ or   Cap Level (\$ or %))					Securities)		lew Securities		
Exchange Code Security Name In Parcel Loan Contribution Level (\$ or Cap Level (\$ or %))  Parcel 1  Parcel 2  Parcel 3  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment to my nominated adviser. Wi	Rumber or initial Loan Contribution Level (\$ or Cap Level (\$ or %))  Parcel 1  Parcel 2  Parcel 3  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as magaent in respect of the Adviser Option Payment to my nominated adviser. When	·						iew securities		
Exchange Code Security Name  value of Securities (\$ or %)  (\$ or %)  (\$ or %)  Parcel 1  Parcel 2  Parcel 3  Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment to my nominated adviser. Wi	Exchange Code Security Name value of Securities Amount (\$ or %) (\$			J					Destantia	
Parcel 2  Parcel 3  Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. Will	Parcel 2  Parcel 3  Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as m agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. When			Security Name	value c	f Securities	Amount		Level (\$ or	•
Parcel 3  Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. We	Parcel 3  Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as m agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. When	Parcel 1								
Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. Will applied to the Adviser Option Payment to my nominated adviser.	Parcel 4  Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as magent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. When	Parcel 2								
Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. Will apply the Adviser Option Payment to my nominated adviser.	Parcel 5  Total Loan Limit requested  ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as magent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. When	Parcel 3								
ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. Will advise the Adviser Option Payment to my nominated adviser.	ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as magent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. When	Parcel 4								
ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$ be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. W	ADVISOR OPTION PAYMENT FACILITY  Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as magent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. When									
Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. We	Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as magent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. When	Parcel 5								
Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transact under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as agent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. We	Please complete the below if you agree to pay your adviser an amount ("Adviser Option Payment") in connection with entering into a Transaction under the Cobalt Facility  I hereby request and direct that \$  be paid to my adviser as an Adviser Option Payment. I hereby appoint ANZ to act as magent in respect of the Adviser Option Payment and authorise and direct ANZ to pay the Adviser Option Payment to my nominated adviser. When		mit requested	1						
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		Total Loan Lir  ADVISOR OPT  Please complet	TION PAYMEN	NT FACILITY	ur adviser an amoun	t ("Adviser Op	otion Payment"	) in connection w	vith entering ir	nto a Transaction
		Total Loan Lir  ADVISOR OPT  Please complet under the Coba I hereby reques agent in respec	TION PAYMEN te the below i alt Facility st and direct t ct of the Advis	NT FACILITY  If you agree to pay you  that \$ ser Option Payment a	be paid to and authorise and dir	my adviser as ect ANZ to pa	an Adviser Op y the Adviser C	tion Payment. I h	ereby appoint o my nominat	ANZ to act as my



Option

Transaction 6

#### **OPTION TRANSACTIONS - OPTIONS ONLY APPLICATION**

Option

Transaction 1

I wish to enter into the Option Transactions below.

Note: If you wish to access either the Sold Call Option, the Capped Purchase Put Option or the Capped Put Spread Option then ANZ will require you to own the underlying Securities and to transfer their CHESS sponsorship to ANZ Securities or into the Nominee.

If you do not own the underlying Securities, you can authorise ANZ Securities to purchase the underlying Securities on your behalf.

Option

Transaction 2

If you wish to access the Purchase Put Option, Purchase Call Option or Put Spread Option this can be undertaken without you owning the underlying securities over which the options relate.

Option

**Transaction 3** 

Option

**Transaction 4** 

Option

Transaction 5

Exchange Code				
Name				
No. of Securities				
Option Type (e.g. Sold Call Option)				
Strike Level (\$ or %)				
Protection Level (\$ or %)				
Cap Level (\$ or %)				
Floor Level (\$ or %)				
Full Name*		Full Name*		
Signature		Signature		

