

**To be completed and forwarded to:  
Reply Paid 247  
MELBOURNE VIC 8060**

The information below is required for National Australia Trustees Limited to satisfy its obligations under the Financial Transactions Report Act (FTRA) 1988. This information is not required if the account is to be held by a Superannuation Fund, the Commonwealth, a State or Territory, the Government, a public authority or a local Government body.

**Instructions**

1. Please provide the name and **residential address** of all Trustees for Trust accounts, excluding Trusts to be held by the parties listed above, on this form below. This information will be recorded in your Trust Deed or other Trust documents.
2. On page 2 of this form, please provide the names of the beneficiaries or a description of the class of beneficiaries for Trust accounts, excluding Trusts to be held by the parties listed above.

**Section 1 Investor Details**

Account Number (if known)

Account Name (please print)

**Section 2 Trust Information**

Please provide us with the name and address of the Trustees that apply to the above account. If there are more Trustees that apply to this account, please print out an additional form and attach it to this one.

**Trustee 1**

Title Surname (please print)

Given name(s) (please print)

Residential Address

Postcode

**Trustee 2**

Title Surname (please print)

Given name(s) (please print)

Residential Address

Postcode

**Trustee 3**

Title Surname (please print)

Given name(s) (please print)

Residential Address

Postcode

**Trustee 4**

Title Surname (please print)

Given name(s) (please print)

Residential Address

Postcode

### Section 3 Beneficiary Details

Please provide us with the name of the beneficiaries **OR** a description of the class of beneficiaries that apply to this account.

#### Name of beneficiaries

##### Beneficiary 1

Title	Surname (please print)	Given name(s) (please print)
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### Beneficiary 2

Title	Surname (please print)	Given name(s) (please print)
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### Beneficiary 3

Title	Surname (please print)	Given name(s) (please print)
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### Beneficiary 4

Title	Surname (please print)	Given name(s) (please print)
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### Beneficiary 5

Title	Surname (please print)	Given name(s) (please print)
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### Beneficiary 6

Title	Surname (please print)	Given name(s) (please print)
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Description of the class of beneficiaries

<input type="text"/>
<input type="text"/>
<input type="text"/>

### Section 4 Declaration

I confirm that where information is provided on behalf of beneficiaries and trustees that the beneficiaries and trustees:

- have read and understood the particulars which have been completed in this form and states that those particulars are true, complete and correct;
- have authorised me to give the declaration, acknowledgements and authorities set out in the Product Disclosure Statement, including those outlined in the section headed "Your personal information and privacy".

Signature	Date
<input type="text"/>	<input type="text"/>

Signature	Date
<input type="text"/>	<input type="text"/>

If Company, please affix your seal here (if applicable) and sign.

<input type="text"/>
Date:    /    /

Please send completed forms to:

**National Australia Trustees Ltd**  
**Reply Paid 247**  
**Melbourne VIC 8060**

If you have any questions please call the Common Fund Call Centre on **1800 036 171** between 9am and 6pm Eastern Standard Time during any business day.