

# Registered Signatory Form

## All funds

This form is to be used to apply new signatories to an existing account(s).

**Section 1** - Investor details.

**Section 2** - Authorise changes to updated signatures listed in section 3.

**Section 3** - Please list ALL signatories you would like registered on your account on page 2.

**Section 4** - Declarations and acknowledgments.

Please supply evidence of appointment of new signatories (i.e. minutes of meeting, signed delegation of authority, etc).

**Section 5 & 6** - Identification of document types and who can certify documents.

### 1. Investor details

List all accounts to which this change is related to (see page 4 if you have additional accounts ).

Investor number

Investor name

Investor number

Investor name

Investor number

Investor name

### 2. Authorise change to updated signatories listed in section 3

This section must be completed by at least two existing account signatories.

#### Authorisation of Signatory 1/ Investor 1

Full Given Name

Family Name

Signature

Date DD / MM / YYYY

#### Authorisation of Signatory 2/ Investor 2

Full Given Name

Family Name

Signature

Date DD / MM / YYYY

### 3. Full list of proposed signatories

#### Signatory 1

Full Given Name  Family Name

Position

Date of Birth DD / MM / YYYY  
 /  /

Residential address (PO Box not accepted)

Suburb  State  Postcode

Mobile number  Other phone number

Email address

By signing below, I acknowledge the declarations in section 4

Date DD / MM / YYYY  
 /  /

#### Signatory 3

Full Given Name  Family Name

Position

Date of Birth DD / MM / YYYY  
 /  /

Residential address (PO Box not accepted)

Suburb  State  Postcode

Mobile number  Other phone number

Email address

By signing below, I acknowledge the declarations in section 4

Date DD / MM / YYYY  
 /  /

#### Signatory 2

Full Given Name  Family Name

Position

Date of Birth DD / MM / YYYY  
 /  /

Residential address (PO Box not accepted)

Suburb  State  Postcode

Mobile number  Other phone number

Email address

By signing below, I acknowledge the declarations in section 4

Date DD / MM / YYYY  
 /  /

#### Signatory 4

Full Given Name  Family Name

Position

Date of Birth DD / MM / YYYY  
 /  /

Residential address (PO Box not accepted)

Suburb  State  Postcode

Mobile number  Other phone number

Email address

By signing below, I acknowledge the declarations in section 4

Date DD / MM / YYYY  
 /  /

## 4. Authorised registered signatories

### **I/we acknowledge:**

All details provided as a registered signatory are true and correct.

### **I am/we are aware and give consent for U Ethical to use or disclose personal information in accordance with its Privacy Policy in order to\*:**

- Manage my/our accounts;
- Communicate with me/us about my investment;
- Provide loans;
- Meet statutory and taxation requirements.

\*For more detailed information about how we collect, secure, use and disclose your personal information, please read our Privacy Policy at [www.ueethical.com/Privacy](http://www.ueethical.com/Privacy).

### **For any additional amounts invested:**

I agree that before making an additional investment into a U Ethical Trust or Fund I/we will obtain the current version of the related Product Disclosure Statement (PDS), Information Memorandum (IM), Offer Document (OD) or Additional Information Booklet (AIB) by downloading the most recent version from the website or by contacting U Ethical for a copy to be sent to me/us.

### **I/we have read all the terms and conditions contained in the PDS, IM, OD or AIB and understand and acknowledge the following:**

U Ethical has the right to refuse a future investment, or switches without assigning a reason.

All information provided in this Form is true and correct.

Neither Uniting Ethical Investors Limited or U Ethical or any of its associates, related body corporates or subsidiaries guarantees the repayment of capital or the performance of the Fund(s).

### **Important declarations: Signatories authorising changes**

#### **I/we acknowledge:**

Registered signatories listed will be able to make changes to my/our account, including amending distribution instructions, contact/company details and direct debit details.

Registered signatories will be able to redeem funds of any amount. These redemptions may be made at varying intervals of time.

Registered signatories may use U Ethical electronic/telephone services to manage my/our account, even though I/we do not use them ourselves.

U Ethical is not responsible for any loss, liabilities and costs directly or indirectly incurred as a result of the appointment of a registered signatories listed.

Registered signatories are authorised on my/our account until further notice or until a revised Registered Signatories Form is submitted.

Authorised signatories may not give other third party access or authority on my/our account.

## Additional investor numbers

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## 5. Identification of document types

To comply with Anti-money Laundering and the Counter-Terrorism Financing legislation, all applications and signatories must provide certified copies of personal identification according to either option A or B.

Provide one **current** primary photographic identification document. Documents must include your photograph. The document must either be issued in English, or be accompanied by an English translation prepared by an accredited translator.

<p><b>Option A</b> Provide one <b>current</b> primary photographic identification document. Documents must include your photograph.</p>	<p><b>Option B</b> Provide one <b>current</b> primary and one current secondary non-photographic identification document.</p>
<ul style="list-style-type: none"> <li>• Australian or overseas driving licence or permit</li> <li>• Australian passport</li> <li>• International passport</li> <li>• Proof of Age Card (government issued)</li> </ul>	<p><b>Primary non-photographic identification documents</b></p> <ul style="list-style-type: none"> <li>• An Australian or foreign birth certificate or birth extract</li> <li>• An Australian or foreign citizenship certificate</li> <li>• A Centrelink pension or health card</li> </ul>
	<p><b>Secondary non-photographic identification documents</b> Document must include your current residential address.</p> <ul style="list-style-type: none"> <li>• A utility bill (issued within the last three months)</li> <li>• A property rates notice (issued within the last three months)</li> <li>• A taxation notice (issued by the ATO within the last 12 months)</li> <li>• A Centrelink statement (issued within the last 12 months)</li> <li>• In relation to a person under the age of 18 years of age, a notice by a school principal (issued within the last three months)</li> </ul>

## 6. Who can certify documents?

- 1) Accountant (where a member of a recognised association or institute)
- 2) Agent in charge of an Australian Post Office supplying postal services to the public.
- 3) Building Society officer with 2 or more years of continuous service.
- 4) Chiropractor\*
- 5) Dentist\*
- 6) Finance industry officer (including Bank, Credit Union or Finance Company) with 2 or more years of continuous service.
- 7) Officer with, or authorised representative of, the holder of an Australian Financial Services licence, having 2 or more years of continuous service with one or more licences
- 8) Justice of the Peace
- 9) Judge or Master of a Federal, State or Territory court
- 10) Legal practitioner\*
- 11) Magistrate
- 12) Marriage celebrant registered under Subdivision C or Division 1 of the Part IV of the Marriage Act 1961
- 13) Medical practitioner\*
- 14) Member of Chartered Secretaries Australia
- 15) Member of Engineers Australia, other than at the grade of student
- 16) Member of Parliament (Commonwealth, State or Territory legislature or Local government)
- 17) Member of the Australian Defence Force who is
  - a) An officer
  - b) A non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 more years of continuous service
  - c) A warrant officer within the meaning of that Act
- 18) Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- 19) Notary public
- 20) Nurse\*
- 21) Optometrist\*
- 22) Patent attorney\*
- 23) Permanent Employee of a Post Office supplying postal services to the public with 2 or more years of continuous service.
- 24) Permanent employee of the following With 2 or more years of continuous service:
  - a) The Commonwealth or a Commonwealth authority
  - b) A State or Territory or a State or Territory authority;
  - c) A local government authority
- 25) Pharmacist\*
- 26) Physiotherapist\*
- 27) Police officer
- 28) Psychologist\*
- 29) Teacher employed on a full-time basis at a school or tertiary education institution
- 30) Trademarks attorney\*
- 31) Veterinary surgeon\*

\* Additional categories of prescribed person may be obtained from the Statutory Declarations Regulations 1993. These persons must be licenced or registered to practice in this occupation under Australian State or Territory law.