

# PRIMARY INVESTMENT BOARD ARSN 618 038 323 CLASS V - FRAME LONG SHORT AUSTRALIAN EQUITY FUND APPLICATION FORM

## Contact Details

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Australia

This Application Form relates to the Product Disclosure Statement dated 10 September 2021 (“Product Disclosure Statement”) issued by Primary Securities Ltd (Australian Financial Services Licence No. 224107) (Primary), for the offer of units in the Primary Investment Board Class V - (“the Class”) whose only investment is in the Frame Long Short Australian Equity Fund. Terms defined in the Product Disclosure Statement have the same meaning in this Application Form. The Product Disclosure Statement contains important information about investing in the Class, and you are advised to read the Product Disclosure Statement before completing this Application Form. It is essential that you receive the Application Form and Product Disclosure Statement in Australia. We may not accept an application from a person who we believe received the documents outside Australia.

This form enables us to create your investment account and provides us with details of the people who are authorised to transact on the account. This form also sets out identification information required from you to enable us to comply with AML Requirements. In this Application Form, “I/we”, “you”, “your” “Unitholder”, “Applicant” and “my/our” refers to the investor/joint investors.

## Five Steps to Make an Investment:

- Step 1** Complete the relevant Sections of this Application Form
- Step 2** Sign and date this Application Form
- Step 3** Collect and certify your identification documents
- Step 4** Transfer your application money to us. Refer to Section G ‘Application payment method’
- Step 5** Once completed, please post this form and identification documents to:

### Primary Securities Ltd

PO Box 732  
Fremantle, WA 6959

**Email:** [registry@primarysecurities.com.au](mailto:registry@primarysecurities.com.au)

**If you are an existing investor please do not use this form. Please complete the Additional Application Form available at [www.framefunds.com.au](http://www.framefunds.com.au).**

Select One	Investor Type	Description	Complete the Following Sections
<input type="checkbox"/>	Individual and Joint investors	A natural person or persons.	Section A Sections G to M
<input type="checkbox"/>	Sole trader	A natural person operating a business under their own name with a registered business name.	Sections A, B Sections G to M
<input type="checkbox"/>	Companies	A company registered as an Australian public company or an Australian proprietary company, or a foreign company.	Section C Sections G to M
<input type="checkbox"/>	Trusts	Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).	Section A (if applicable) Section C (if applicable) Section D Sections G to M
<input type="checkbox"/>	Partnership	A partnership created under a partnership agreement.	Section A (if applicable) Section B (if applicable) Section E Sections G to M
<input type="checkbox"/>	Associations	Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.  The member(s) of the association seeking to open the account will be deemed to be the legal owner of the account.	Sections A, F Sections G to M
<input type="checkbox"/>	Registered co-operative	An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.	Sections A, F Sections G to M

**SECTION A – Investor Details****This Section applies to:**

Individuals and sole traders	The individual must provide their details (each individual for a joint account).
Individual trustee	The individual trustee must provide their details. Where the investing entity has more than one individual trustee, each individual trustee must provide their details. Please use a separate sheet if necessary.
Incorporated or unincorporated associations, and registered co-operatives	Each public officer (if any), chairperson, secretary and treasurer (or equivalent officer) must provide their details. Please use a separate sheet if necessary.

**A.1 Investor 1**

Title:  Given name(s):

Surname:

Date of birth:  /  /

Country of birth:

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

Country of residence:

Country of citizenship:

Tax file number or exemption:

Capacity:  Individual  Secretary  Chairperson  
 Individual Trustee  Sole trader (Go to Section B)  
 Other office-holder (please specify):

Occupation:

**A.2 Investor 2**

Title:  Given name(s):

Surname:

Date of birth:  /  /

Country of birth:

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

Country of residence:

Country of citizenship:

Tax file number or exemption:

Capacity:  Individual  Secretary  Chairperson  
 Individual Trustee  
 Other office-holder (please specify):

Occupation:

**SECTION B – Sole Traders**

**This Section applies to sole traders only.**

B.1 Business name:

B.2 ABN:

B.3 Residential address:   
 State:  Postcode:

B.4 Principal place of business:   
(Note: PO Box is not acceptable)  
 State:  Postcode:



C.8 Please answer all of the following questions:

Description	No	Yes	Description
Are you a foreign registered company?	<input type="checkbox"/>	<input type="checkbox"/>	Name of relevant foreign registration body (if applicable): <input type="text"/>
Are you foreign unregistered company?	<input type="checkbox"/>	<input type="checkbox"/>	Name of relevant foreign registration body (if applicable): <input type="text"/> Identification number (if any): <input type="text"/> Full address of the company in its country of formation/ incorporation/registration: <input type="text"/> Full address of the principal place of business in its country of formation/incorporation/registration: <input type="text"/>
Are you a company licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company?	<input type="checkbox"/>	<input type="checkbox"/>	Regulator name: <input type="text"/> Identification number (if any): <input type="text"/>
Are you an Australian listed company?	<input type="checkbox"/>	<input type="checkbox"/>	Name of market/exchange: <input type="text"/>
Are you a majority-owned subsidiary of an Australian listed company?	<input type="checkbox"/>	<input type="checkbox"/>	Australian listed parent company name: <input type="text"/> Name of market/exchange of parent company: <input type="text"/>

C.9 **Directors** – To be completed for a proprietary company or a private foreign company.

How many directors are there?

Please provide the full name of each director below:

Given Name(s)	Surname
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

If there are more than four directors please provide their details on a separate sheet.

C.10 **Beneficial Owners** (if applicable)

To be completed by:

- (a) proprietary companies that are not licensed and subject to the regulatory oversight of a Commonwealth, state or territory statutory regulator in relation to its activities as a company, and
- (b) foreign private companies.

Please provide details of each individual who is a beneficial owner through one or more shareholdings of 25% or more of the issued capital of the company.

**Shareholder 1**

Title:  Given name(s):

Surname:

Country of birth:

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

Date of birth:  /  /

**Shareholder 2**

Title:  Given name(s):

Surname:

Country of birth:

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

Date of birth:  /  /

**Shareholder 3**

Title:  Given name(s):

Surname:

Country of birth:

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

Date of birth:  /  /

**Shareholder 4**

Title:  Given name(s):

Surname:

Country of birth:

Residential address:   
(Note: PO Box is not acceptable)

State:  Postcode:

Date of birth:  /  /

**SECTION D – Trusts**

**This Section applies to all corporate and individual trustees and superannuation funds.**

- D.1 Full name of trust:
- D.2 Business name of trustee (if applicable):
- D.3 Tax file number or exemption:
- D.4 Country of establishment:
- D.5 Type of trust (select one of the following types of trusts):

<input type="checkbox"/> Self-managed superannuation fund	Specify the SMSF's ABN: <input type="text"/>
<input type="checkbox"/> Registered managed investment scheme	Specify ARSN: <input type="text"/>
<input type="checkbox"/> Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings to which Section 1012E of the Corporations Act 2001 applies	<input type="text"/>
<input type="checkbox"/> Government superannuation fund established by legislation	Specify the name of the legislation establishing the fund: <input type="text"/>
<input type="checkbox"/> Other regulated trust (i.e. registered and subject to the regulatory oversight of a Commonwealth statutory regulator). Provide name of the regulator (e.g. ASIC, APRA, ATO) and the registration / licensing details of the trust.	Name of regulator: <input type="text"/> Registration details / licensing details of the trust: <input type="text"/>

Next – Go to D.9

<input type="checkbox"/> Other trust type	Trust description (e.g. family trust or charitable trust): <input type="text"/>
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D.6 **Beneficiary Details** – Please complete this Section if you have ticked 'other trust type' in D.5.

Do the terms of the trust identify the beneficiaries by reference to a membership of a class?

D.7 Please describe the class or classes of beneficiaries (e.g. holders of different classes of units, family members or named person):




D.8 If the trust deed names the beneficiaries, please provide details of each beneficiary of the trust:

Beneficiary 1		Beneficiary 2	
Title:	<input type="text"/>	Title:	<input type="text"/>
Given name(s):	<input type="text"/>	Given name(s):	<input type="text"/>
Surname:	<input type="text"/>	Surname:	<input type="text"/>
Beneficiary 3		Beneficiary 4	
Title:	<input type="text"/>	Title:	<input type="text"/>
Given name(s):	<input type="text"/>	Given name(s):	<input type="text"/>
Surname:	<input type="text"/>	Surname:	<input type="text"/>

D.9 **Trustee Details** – Please select the relevant category below

- Individual trustee(s) – Please ensure you have completed Section A for each individual trustee.
- Corporate trustee – Please ensure you have completed Section C for each corporate trustee.
- Trustees comprise individual and corporate trustees – Please ensure you have completed Section A for each individual and Section C for each corporate trustee.

D.10 **Beneficial Owners**

Please provide the full name, address and the date of birth of any beneficial owner of the trust. A beneficial owner of a trust is any individual who has a 25% or more interest in the trust or controls the trust. This includes the appointor of the trust (who holds the power to appoint or remove the trustees of the trust), the settlor of any trust over \$10,000 upon establishment, and beneficiaries with at least a 25% interest in the trust. All beneficial owners will need to provide AML verification documents as per Section K. Please provide beneficial owners as an attachment if there is insufficient space below:

Given Name(s)	Surname	Date of birth
1.	<input type="text"/>	<input type="text"/>
Address		Post Code
<hr/>		
Given Name(s)	Surname	Date of birth
2.	<input type="text"/>	<input type="text"/>
Address		Post Code

**SECTION E – Partnerships****This Section applies to partnerships**

E.1 Full name of partnership:

E.2 Registered business name of partnership (if any):

E.3 Country of establishment:

E.4 ABN:

E.5 Tax file number or exemption:

E.6 Please provide details of one partner in this partnership. (If the partner is an Australian company, please complete Section C instead.)

Title:  Given name(s):

Surname:

Country of birth:

Residential address:

State:  Postcode:

Date of birth:  /  /

E.7 If the partnership is not regulated by a professional association, please go to Section A and provide full names, residential addresses and dates of birth of all partners in the partnership. (If a partner is an Australian company, please complete Section C instead.)

**E. 8 Beneficial Owners**

Please provide the full name, address and the date of birth of any beneficial owners of the partnership or each individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights (including a power of veto) or holds the position of senior managing official (or equivalent). Please provide beneficial owners as an attachment if there is insufficient space below:

Given Name(s)	Surname	Date of birth
1.	<input type="text"/>	<input type="text"/>
Address		Post Code
<input type="text"/>		
Given Name(s)	Surname	Date of birth
2.	<input type="text"/>	<input type="text"/>
Address		Post Code
<input type="text"/>		

**SECTION F – Associations and Registered Co-Operatives**

This Section applies to incorporated and unincorporated associations and registered co-operatives.

Each of the public officer (if any), chairperson, secretary and treasurer (or equivalent officer) of incorporated or unincorporated associations and registered co-operatives must provide their details in Section A of this form.

If applying in your capacity as a member of an unincorporated association Section A must be completed in respect of yourself.

F.1 Entity name:

F.2 ABN:

F.3 Tax file number or exemption:

F.4 Principal place of administration/operations or registered office:  
(Note: PO Box is not acceptable)   
 State:  Postcode:

F.5 Country of establishment:

F.6 For registered co-operatives and incorporated associations:   
Registration number:  State/territory of registration

F.7 Full name of the chairperson, secretary and treasurer or equivalent officer of the association/co-operative:

**F.8 Beneficial Owners**

Please provide the full name, address and the date of birth of any beneficial owners of the association / cooperative, or any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights (including a power of veto), would be entitled on dissolution to 25% or more of the property of the association or cooperative or holds the position of senior managing official (or equivalent).. Please provide beneficial owners as an attachment if there is insufficient space below:

Given Name(s)	Surname	Date of birth
1.		
Address		Post Code
Given Name(s)	Surname	Date of birth
2.		
Address		Post Code

**SECTION G – Investment Details and Payment Method**

The Applicant hereby applies for Units in the Class pursuant to the Constitution:

FUND	TOTAL VALUE OF UNITS APPLIED FOR (A\$)
PRIMARY INVESTMENT BOARD CLASS V - FRAME LONG SHORT AUSTRALIAN EQUITY FUND	
<b>Total</b>	

The minimum initial investment in the Class is \$10,000

Please select your payment method below. All payments are to be made in Australian dollars.

G.1  **Electronic funds transfer payable to:**

Bank's Name: Westpac Banking Corporation  
 BSB: 036 048  
 Account Number: 467 907  
 Account Name: Primary Securities Ltd ARE PIB Class V - Frame Long Short Australian Equity Fund  
 Application Account  
 Reference: Investor surname / company or trust name

G.2  **Cheque**

Made payable to :  
 Primary Securities Ltd ARE PIB Class V - Frame Long Short Australian Equity Fund Application Account

**What is the purpose of investment? (select all applicable options)**

Savings  Growth  Income  Retirement  Business Account

Other (please specify)

**What is the source of your investment amount? (select all applicable options)**

Gainful employment  Inheritance or gift  Financial investments  Superannuation savings  Business activity

Other (please specify)

**SECTION H – Income Payment Instructions & Bank Account Details**

Income from the Units in the Primary Investment Board Class V - Frame Long Short Australian Equity Fund will be automatically reinvested in additional Units in the Class unless you indicate here (or by subsequent notice to Primary) that you wish your income to be paid to you (tick the applicable box).

- Please re-invest my income in additional Units in the Class; or
- Please pay income directly to my bank account (details below).

Please note that the bank account details you provide will be held on record and maintained to pay any future withdrawal proceeds and/or income distributions. This account must be in the name of the investor. We will not pay to a third party bank account.

**If you wish to make any changes to these instructions please complete the Change of Details form available at [www.framefunds.com.au](http://www.framefunds.com.au).**

H.1	Institution:	<input type="text"/>
H.2	BSB:	<input type="text"/>
H.3	Account name:	<input type="text"/>
H.4	Account number:	<input type="text"/>

**SECTION I – Keeping You Informed****I.1 Contact Details – All Investors must complete**

Please provide contact details below that we can use for all communications with you.

Contact name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Home number:	<input type="text" value="( )"/>	Business number:	<input type="text" value="( )"/>
Mobile number:	<input type="text"/>		
Email address (Investor 1):	<input type="text"/>		
Email address (Investor 2):	<input type="text"/>		

**I.2 Method of Communication**

Our preferred method for sending you investor correspondence (such as transaction confirmations, periodic, distribution and tax statements, on-going disclosures and other material) is via email. Please indicate your preference below by ticking one of the boxes:

- Email – I/we consent to receive all investor correspondence from you by email to the email address provided in Section I.1.
- Post – I/we wish to receive all investor correspondence by post to the address provided in Section J.1.

If you do not tick either of the above boxes, we will send investor correspondence to you by email to the address given in Section I.1.

**SECTION J – Declaration and signatures****Each Applicant agrees and acknowledges and declares that:**

- (a) The Applicant will be bound by the Constitution of Primary Investment Board, as amended from time to time.
- (b) The Applicant agrees to be bound by the Privacy Act 1988 (Cth) and the Spam Act 2003 (Cth) notices and consents contained in the Product Disclosure Statement.
- (c) The Applicant has received and read a copy of the Product Disclosure Statement for the Class dated 10 September 2021 and agrees to be bound by the terms of the Product Disclosure Statement.
- (d) The Applicant agrees to the collection, use and disclosure of their personal information as set out in the Product Disclosure Statement. The Trustee, FFM and the Administrator (the "Entities") are required to obtain certain information to enable compliance with AML requirements and the Applicant undertakes to provide such additional information or documentation as requested of it from time to time to ensure the Entities' compliance with any laws relating to anti-money laundering and counter terrorism financing ('AML/CTF') or any other law, including the Foreign Account Tax Compliance Act ('FATCA') and OECD Common Reporting Standard ('CRS'). The Entities may also be required to report this information to regulatory or law enforcement agencies, including AUSTRAC.
- (e) Should the Applicant fail to provide any information or documentation requested, their application may be refused.
- (f) The Applicant understands the risks associated with an application and holding Units in the Class including the risks as they are outlined in the Product Disclosure Statement.
- (g) Primary reserves the right to reject any application or to allocate to any Applicant a lesser number or total issue price of Units than that applied for.
- (h) The Applicant is not aware of any liquidation or bankruptcy proceedings that have been commenced or are intended to be commenced by any person against them or which are intended or anticipated by them.
- (i) None of Primary, FFM or any of their related bodies corporate, principals, officers, employees or agents makes any recommendation as to the suitability of the Class or any application for Units by the Applicant and the Product Disclosure Statement does not contain personal investment or taxation advice. The Applicant has to the extent that they consider necessary sought their own financial, investment and taxation advice before applying to invest in the Class and making an application.
- (j) Applications and investment in the Class are not deposits with or other liabilities of Primary, FFM or any other person and are subject to investment risk, including possible loss of income and capital invested. None of the Primary, FFM or any other person guarantees any particular rate of return or the performance of the Class, nor do they guarantee the repayment of capital from the Class.
- (k) All information provided as part of this application is true and correct.
- (l) Where this Application Form is sent by fax, the Applicant must also send the original signed Application Form to the address specified above. None of Primary, Administrator, FFM or any of their duly appointed agents will be responsible to an Applicant for any loss resulting from the non-receipt or illegibility of any application sent by fax or for any loss caused in respect of any action taken as a consequence of such fax believed in good faith to have originated from properly authorised persons.
- (m) Information supplied on this Application Form and otherwise in connection with the application of the Applicant may be held by Primary and the Administrator and will be used for the purposes of processing the application and completion of information on the register of unitholders, and may also be used for the purpose of carrying out instructions or responding to any enquiry purporting to be given by the Applicant or on behalf of the Applicant, dealing in any other matters relating to the holding of the Applicant including the mailing of reports or notices, forming part of the records of the recipient as to the business carried on by the Applicant, observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which any recipient of the data is subject). All such information may be retained after the termination of the Fund or the transfer of the holding of the Applicant.
- (n) Primary and the Administrator may, subject to the requirements of applicable law relating to personal information, disclose and transfer such information to the auditors and FFM including any of their employees, officers, directors and agents and/or their affiliates or to any third party employed to provide administrative, computer or other services or facilities to any person to whom data is provided or may be transferred as aforesaid and/or to any regulatory authority entitled thereto by law or regulation (whether statutory or not) in connection with investment in the Class by the Applicant, which persons may be persons outside Australia including the United States of America, the Republic of Ireland and the Cayman Islands.
- (o) The Applicant confirms that the investment is for their own account (for individuals/companies not acting as nominee).
- (p) All investors have the right of access to, and to update, all their records (whether held on computer files or manually) held by Primary and the Administrator. A copy of such record will be provided to an investor who requests it, upon the payment of a modest administration charge to cover the costs of complying with such request. Requests should be made in writing to the Administrator.
- (q) If signed under power of attorney, the attorney encloses a certified copy of the power of attorney and declares that he/she has not received notice of revocation of that power.

## Signatures

By signing below, this document is executed by you as a deed.

Investor Type	Who Should Sign
Individual	Where the investment is in one name, the investor must sign
Joint investors	Where the investment is in more than one name, all investors must sign
Company	Two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	Each trustee must sign or, if a corporate trustee, then as for a company
Partnership	Each partner
Association or registered co-operative	Each office bearer
Government body	Relevant principal officer/authorised signatory
Power of Attorney	If signing under a Power of Attorney, please attach the identification documents listed in Section K.6. of the Application Form.

### SIGNATURE 1

Signature:

X

Name:

Date:

□□ / □□ / □□□□

Title:

- Investor 1 (individual)  
  Director  
  Secretary  
  Sole director & secretary  
 Non-corporate trustee  
  Partner

Company seal (if applicable)

### SIGNATURE 2

Signature:

X

Name:

Date:

□□ / □□ / □□□□

Title:

- Investor 2 (individual)  
  Director  
  Secretary  
  Sole director & secretary  
 Non-corporate trustee  
  Partner  
 Other office bearer or attorney (please specify)

□□□□□□□□

If there are more than two trustees, partners or office bearers, please provide their signature and details on a separate sheet.





**SECTION K – Investor Identification Documents****K.1 Individuals, sole traders, individual trustees or individual governing member of an association or registered co-operative.**

This Section is to be completed by individual investors, including both investors if a joint holding, sole traders, individual trustees or an individual governing member of an association or registered co-operative. Please complete either Option 1, Option 2 or Option 3 and attach an original or certified copy of the applicable document(s). Note that, for an applicant that is a natural person, a document produced by you must not have expired (other than in the case of a passport issued by the Commonwealth that expired within the preceding two years).

Select One	Option	Supporting Documentation
<input type="checkbox"/>	Option One	Both Primary <i>Photographic</i> Identity Documents
<input type="checkbox"/>	Option Two	One Primary <i>Photographic</i> Identity Document and one Secondary <i>Non-Photographic</i> Identity Document
<input type="checkbox"/>	Option Three	One Primary <i>Non-Photographic</i> Identity Document and one Secondary <i>Non-Photographic</i> Identity Document

**Supporting Documentation**

Select One	Primary Photographic Identity Documents
<input type="checkbox"/>	Driver's license or permit under a State/Territory government or an equivalent authority of a foreign country
<input type="checkbox"/>	Australian passport (that is current or expired within the last two years)

Select One	Primary Non-Photographic Identity Document
<input type="checkbox"/>	Australian birth certificate or birth extract
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Foreign citizenship certificate
<input type="checkbox"/>	Foreign birth certificate
<input type="checkbox"/>	A Centrelink Pension card or a Centrelink Healthcare card
<input type="checkbox"/>	Proof of age card issued by a State/Territory government

Select One	Secondary Non-Photographic Identity Document
<input type="checkbox"/>	A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains the name and address of the individual
<input type="checkbox"/>	Notice of Australian Tax Office recording a debt; payable by or to ATO
<input type="checkbox"/>	A local government notice (e.g. council rates) or utilities notice (e.g. electricity, gas or phone bill) issued within the last 3 months
<input type="checkbox"/>	Statement from bank or building society (within last 3 months)
<input type="checkbox"/>	Household/motor insurance certificates (within the last 12 months)

**K.2 Company, Corporate Trustees and Custodians.**

If a company or corporate trustee please attach at least one identification document which verifies the identity of the company.

**For Australian Companies (if a proprietary company):**

Select One	Identity Document
<input type="checkbox"/>	An ASIC Company Extract showing the company name, ACN, registered office address, the names and addresses of the directors and shareholders; or
<input type="checkbox"/>	A certified copy of the company's certificate of registration or incorporation issued by ASIC, and a document setting out the full name and residential address of each director and the full name and residential address of each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.

**For Australian Companies (if a public company):**

Select One	Identity Document
<input type="checkbox"/>	An ASIC Company Extract showing the company name, ACN, registered office address, the names and addresses of the directors

**For Foreign Companies (if a private company):**

Select One	Identity Document
<input type="checkbox"/>	A Company Extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign registration body, registered office address, the names and addresses of the directors and shareholders; or
<input type="checkbox"/>	A certified copy of the company's certificate of registration or incorporation issued by ASIC, and a document setting out the full name and residential address of each director and the full name and residential address of each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.

**For Foreign Companies (if a public company):**

Select One	Identity Document
<input type="checkbox"/>	A Company Extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign body, registered office address, the names and addresses of the directors; or
<input type="checkbox"/>	A certified copy of the company's certificate of registration or incorporation issued by the relevant foreign registration body.

**K.3 Trust or Partnership.**

If an individual trustee please attach documentation as listed in Section K.1 and for a corporate trustee as listed in Section K.2. Please attach at least one identification document which verifies the identity of the trust.

Select	Individual or corporate identity document
<input type="checkbox"/>	Individual trustee or partner – Attach documentation as listed in Section K.1
<input type="checkbox"/>	Corporate trustee – Attach documentation as listed in Section K.2

Select One	Trustee/Trust or Partner/Partnership Identity Document
<input type="checkbox"/>	A certified copy of the trust deed or a certified copy of an extract or extracts from the trust deed that identifies the name of the trust, the name(s) of the trustee(s), the place of establishment of the trust and the identity of the beneficiaries
<input type="checkbox"/>	A certified copy or certified extract of a current partnership agreement or minutes of a partnership meeting. Either copy must include the full name of the partnership; the registered business name; the country in which the partnership was established; and the full name and residential address of each partner
<input type="checkbox"/>	A certificate issued to the trust by ASIC or other regulator
<input type="checkbox"/>	Other (please specify) <input type="text"/>

#### K.4 Associations and Registered Co-Operatives

Please attach at least one identification document which verifies the association or co-operative. If you are an unincorporated association please attach documentation listed in Section K.1 for all the individual governing members.

Select One	Association and Registered Co-Operatives Identity Document
<input type="checkbox"/>	A certified copy of the constitution or rules of the association or register maintained by the co-operative
<input type="checkbox"/>	A certificate issued to the association or co-operative by ASIC or other regulator
<input type="checkbox"/>	A certified copy of the minutes of an association or co-operative meeting
<input type="checkbox"/>	Other (please specify) <input type="text"/>

Select	Individual Governing Members Identity Document
<input type="checkbox"/>	If you are an unincorporated association please attach documentation listed in Section K.1 for all the individual governing members

#### K.5 Government body

Please attach at least one identification document which verifies the identity of the government body

Select One	Government Body Identity Document
<input type="checkbox"/>	A certified copy of the constitution or rules of the association or co-operative
<input type="checkbox"/>	A certificate issued to the association or co-operative by ASIC or other regulator
<input type="checkbox"/>	Other (please specify) <input type="text"/>

#### K.6 Power of Attorney

Please complete this Section if one or more attorneys are completing and signing this form under Power of Attorney and attach the applicable documents.

Select	Proof of Identity and Attorney's Authority to Act
<input type="checkbox"/>	A certified copy of the Power of Attorney's driver's licence, passport or other photo graphic identification which confirms the full name and the residential address and contains your signature
<input type="checkbox"/>	Certified copy of the Power of Attorney which confirms that any attorney completing and signing this form is authorised to do so under the power of attorney. If the power of attorney does not contain a sample of each attorney's signature, please also provide a list containing the name of each attorney and a sample of each attorney's signature

**All foreign language documents must be accompanied by an English translation prepared by an accredited translator.**

**SECTION L – Checklist****Before sending this form, make sure you have:**

- Completed each Section that applies to you
- Signed and dated the form (Section J.6)
- Provided all applicable certified identification documents (Section K.)

**Once completed**

Please post and email this form and identification documents to:

**Primary Securities Ltd**

PO Box 732  
Fremantle, WA 6959

**Email:** [registry@primarysecurities.com.au](mailto:registry@primarysecurities.com.au)

Should you require any assistance completing this form or require any further information, please contact:

**Frame Funds Management Pty Ltd**

Suite 25, Level 6, 58 Pitt Street  
Sydney, NSW 2000

**Ph:** +61 2 8668 4877

**Email:** [admin@framefunds.com.au](mailto:admin@framefunds.com.au)

