

## Application form

### Cor Capital Fund

APIR Code: COR0001AU

ARSN 609 666 042

(the Fund)

**Please use this form if you are a new investor and wish to invest in this fund by making an initial application.**

**1. Read and ensure you understand the Product Disclosure Statement (PDS).**

The PDS is available at [www.corcapital.com.au](http://www.corcapital.com.au) or from your financial adviser. The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS. We will provide on request and without charge a paper or electronic copy of the current PDS and any document which updates the PDS.

**2. Complete all relevant sections of this application form online, then print and sign in the relevant fields using a black pen. If completing the form manually, please write in block letters, using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.**

Individuals: complete section 1, section 2 and then section 5 onwards.

Companies: complete section 1, section 3 and then section 5 onwards.

Trusts/superannuation funds:

- if you are an individual trustee - complete section 1, section 2, section 4 and then section 5 onwards.
- if you are a trust with a company as a trustee - complete section 1, section 3 and then section 4 onwards.

**3. Collect and certify the identification documents.**

Please refer to section 10 'Identification and verification' and complete the relevant identification document attached to this Application Form or at [www.corcapital.com.au](http://www.corcapital.com.au).

**4. Tell us your US tax status.**

Please complete the United States tax status form attached to this Application Form or at [www.corcapital.com.au](http://www.corcapital.com.au).

**5. Send your documents to our Administrator.**

You can return your forms by post to:

Cor Capital Fund

GPO Box 804

Melbourne VIC 3001

**6. Make your payment.**

Please refer to section 6 'Payment of Application Amount'.

Your application cannot be processed until all relevant identification documents and cleared funds are received.

### Legal notices

This Application Form relates to the Product Disclosure Statement (PDS) dated 18 December 2015 relating to units in the Fund. The PDS contains important information about investing in the Fund and you should read it before applying for units.

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (**OneVue**) is the issuer of units in the Fund.

OneVue is committed to ensuring the confidentiality and security of your personal information. We and our unit registry (OneVue Fund Services Pty Limited) handle your personal information in accordance with the Privacy Act 1988 and our respective privacy policies, which can be accessed at [www.onevue.com.au](http://www.onevue.com.au).

Paper application forms should always be accompanied by a paper copy of the current PDS. Electronic application forms (such as downloaded and emailed copies) should always be attached to the current PDS (in the same file). If the PDS is missing, do not complete this form. Instead, contact us or your financial adviser and you will be sent the current PDS. Prior to its completion and signing, this application form must not be handed to any person unless accompanied by the PDS and any supplementary PDS.

Complete all relevant sections of this application form online, then print and sign in the relevant fields using a black pen. If completing the form manually, please write in block letters, using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

**1. Do you have an existing investment in the Cor Capital Fund operated by OneVue?**

No, complete section 2 onwards.

Yes, the account number is

**Please complete from section 5 onwards**

**2. Individuals**

**Please complete if you are investing individually, jointly or you are an individual or joint trustee.**

**Investor 1 - Personal Details**

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)  
 /  /

Usual occupation

**Residential address**

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

**Postal address** (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

**Contact details**

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

**Sole trader?**

No  Yes

If you are a sole trader, what is your business name

ABN

**Tax details – Australian residents**

If you are an Australian resident for tax purposes please provide your Tax File Number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

**Tax details – Non Australian residents**

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.

**Investor 2 – Personal Details**

Title Full given names

Surname

Date of birth (DD/MM/YYYY)

Usual occupation

**Residential address**

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

**If there are more individual trustees, write the full name and address of each trustee down on a piece of paper and attach to this form.**

**Postal address** (if different to residential address)

A PO Box/RMB/Locked Bag is acceptable.

Property name/building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

**Contact details**

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

All correspondence will be sent to the address provided for investor 1.

**Tax details – Australian residents**

If you are an Australian resident for tax purposes please provide your Tax File Number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

Reason for exemption

**Tax details – Non Australian residents**

If you are not an Australian resident for tax purposes, please indicate your country of residence for tax purposes.

### 3. Companies

Please complete if you are investing as a company or as a trust with a company as trustee.

**Note:** You are still required to complete the required Identification Form.

#### Company details

Full name of company (as registered by ASIC if incorporated in Australia)

ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one)

Australian Tax File Number (TFN)

Country of residency (if a foreign company)

If you are a foreign company and have appointed a local agent, what is their name?

#### Registered office address

A PO Box/RMB/Locked Bag is not acceptable. If you are a foreign company that is registered in Australia write your registered Australian address.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

#### Postal address (if different to above)

A PO Box/RMB/Locked Bag is acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

#### Contact person at company

Name

Home number (include country and area code)

Business number (include country and area code)

Mobile number (include country code)

Email address

This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).

If there are more corporate trustees, write the full name and address of each trustee down on a piece of paper and attach to this form.

### 4. Trusts or superannuation funds

Please complete if you are investing as a trust or superannuation fund. Individual or joint trustee(s) must also complete sections 2, while corporate trustees must also complete section 3.

**Note:** You are still required to complete the required Identification Form.

#### Trust or superannuation fund details

Name of trust or superannuation fund

ABN (applicable if you are a trust or a self-managed superannuation fund registered with the Australian Tax Office)

Australian Tax File Number (TFN)

## 5. Investment details

Please specify your initial application amount:

A\$

## 6. Payment of application amount

**Please select your payment method and complete the relevant section if applicable. All payments must be made in AUD.**

I am making my payment by:

- EFT  
 Cheque  
 Direct Debit

### EFT

Account name: OneVue P/L ATF Cor Capital Fund  
Application Account  
BSB: 083-001  
Account number: 677 825 266  
Your reference: [please use the name of the investor]

### Cheque

Please make cheques payable to: OneVue P/L ATF Cor Capital Fund Application Account

### Direct debit authority – Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

By completing and signing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this Request and in your Direct Debit Request Service Agreement, a copy of which is available on [www.onevue.com.au](http://www.onevue.com.au).

Financial institution name

Branch name

BSB number Account number

Account name (no third party accounts)

I/We request and authorise OneVue Fund Services Pty Ltd ABN 18 107 333 308 (User ID 411595) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by OneVue.

## 7. Distribution instructions

Please indicate your choice below. If you do not make an election, distributions will be reinvested.

- Pay to my nominated financial institution account (please complete section 8)  
 Reinvest

## 8. Financial institution account details

**Please provide the Australian financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to an account held in the name of the investor/s. Payments will not be made into third party accounts.**

Financial institution name

Branch name

BSB number Account number

Account name

## 9. Communication

### Automatic online account access

Online access enables you to view details of your investments (account balance, investment details and account statements). We will send you the necessary registration details by post once your application is processed.

### Annual and semi-annual report options

The annual and any semi-annual financial statements of the Fund are available free on our website. If you would like to receive a copy by post or email, please indicate below. (This refers to annual and semi-annual reports only. This will not affect communication instructions regarding general correspondence for your fund)

- By email  By post

### Marketing material

- Please ensure no marketing material is sent to me

## 10. Identification and verification

**Please tick one box only:**

- I have not before invested in the Cor Capital Fund operated by OneVue and will complete the relevant investor identification forms located at the end of this application form.  
 I am already an investor in the Cor Capital Fund operated by OneVue. There is no need to complete the investor identification forms located at the end of this application form.

### Identification and verification

We can put in place arrangements with dealer groups which means that we can rely on the investor identification undertaken by the financial adviser. Financial advisers should contact us for details.

## 11. Financial adviser details

**Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. You can also use this section to authorise us to pay your financial adviser their fees. If you would like your financial adviser to receive copies of your statements by email please enter their email address below.**

Email address

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

### Financial adviser details

Dealer group name

Adviser name

AFSL number    Authorised representative number (if any)

    

### Address

Property name/building name (if applicable)

Unit                      Street number

                      

Street name

Suburb    State

    

Post code              Country

              

**Postal address** (if different to above)

Property name/building name (if applicable)

Unit                      Street number

                      

Street name

Suburb    State

    

Post code              Country

              

Contact details

Business number (include country and area code)

Mobile number (include country code)

Adviser signature

### 12. Acknowledgements

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS,
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association,
- you are not bankrupt or a minor,
- you agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time, and
- you consent to the handling of your personal information in accordance with the Privacy Act 1988 and relevant privacy policies.

### 13. Signatures

#### Signing instructions

**Individual** — where the investment is in one name, the account holder must sign.

**Joint Holding** — where the investment is in more than one name, all of the account holders must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.

**Companies** — where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** — if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director  
 Sole director and company secretary  
 Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director  
 Company secretary  
 Authorised signatory

If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.

Yes     No

**Client Services contact details**

**Phone**

+61 3 9823 6296

**Email**

contact@corcapital.com.au

# United States tax status form for Investors

## Why this form?

The Foreign Account Tax Compliance Act (**FATCA**) is a United States (**US**) regulatory requirement that aims to deter tax evasion by US taxpayers. The Australian and US Governments (through their tax offices) have an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the ATO and in turn to US tax authorities. For more information visit the ATO Website:

<https://www.ato.gov.au/General/New-legislation/In-detail/Other-topics/International/Foreign-Account-Tax-Compliance-Act/>. If you are unsure of any of the answers please contact a legal, accounting or immigration professional.

**Investor name** \_\_\_\_\_

**Account number** \_\_\_\_\_

### 1. If you are a super fund

If you can tick this box, you don't need to go past this question other than to sign this form at the end:

unless you have a GIIN, in which case please go to question #2

I am a super fund.

**HELP:** If you can tick this box, you don't need to go past this question other than to sign this form at the end

### 2. If you are trustee of a testamentary trust or the trustee of a registered charity

If you can tick this box, you don't need to go past this question other than to sign this form at the end:

I am a trustee of a testamentary trust or the trustee of a registered charity.

**HELP:** the trustee of a testamentary trust is the person who administers a deceased's estate

### 3. If you are a US individual

Whether investing for yourself or as a trustee, if you are an individual who is a US citizen, or a resident of the US for tax purposes, please give details:

Name		TIN	
Name		TIN	

Not enough room? Write their details clearly and attach them.

Thanks! For you, sign this form at the end and you're done!

**HELP:**

**TIN: THIS IS NOT YOUR TFN.**

It's short for US Taxpayer Identification Number, one of a number of IDs issued by US authorities. It could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or an US Employer Identification Number.

**US citizen or resident of the US for tax purposes:**

- anyone born in the US who hasn't renounced their US citizenship
- a US citizen including persons with dual or multiple citizenships
- US lawful permanent residents e.g. green card holders

### 4. If you are a US company or trust

Only consider this question if you haven't been able to complete question #2 above.

If you are a US company or trust, or if your status is exempt payee, please give details:

if your status is exempt payee, please provide your exemption code.

TIN/Exemption Code	
--------------------	--

Thanks! For you, sign this form at the end and you're done!

**HELP:**

- a company created in the US, established under the laws of the US or which is a US taxpayer
- a trust subject to the laws of the US and controlled by one or more persons that are citizens or residents of the US

# United States tax status form for Investors

## 5. If you are a Financial Institution

If you are:

- a Financial Institution,
- Australian Regulated Trust, or
- a trust whose trustee is a Financial Institution, please give details:

GIIN	
------	--

If you don't have GIIN, tell us your FATCA status:

- Deemed compliant Foreign Financial Institution
- Excepted Foreign Financial Institution
- Registered deemed compliant Foreign Financial Institution
- Non-participating Foreign Financial Institution
- Exempt Beneficial Owner
- GIIN applied for but not yet issued
- Non-reporting IGA Foreign Financial Institution
- Other: please detail

### HELP:

**GIIN:** Global Intermediary Identification Number, a unique ID number issued by US tax authorities to non-US financial institutions when they register for FATCA

### Financial Institution:

- **a depository institution**  
you accept deposits in the ordinary course of a banking or similar business e.g. a bank
- **a custodial institution**  
a substantial portion of your business (20 %+of gross income) is held in financial assets for the account of others e.g. a custodian
- **an investment entity**  
this includes entities that trade in financial assets or that are investing, administering, managing funds, money, or certain financial assets on behalf of other persons e.g. investment companies. Note: if you are a professional trustee, you will usually fall within this category
- **certain prescribed entities** e.g. types of insurance companies that have cash value products or annuities.

More information can be found at: [www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions](http://www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions)

### Australian Regulated Trust:

- ASIC registered management investment schemes
- other trusts which are registered with the ATO or ASIC but excluding self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or Semi-Government Superannuation Funds and pooled super trusts (together Super Entities), unless such Super entities have a GIIN.

## 6. If you are a listed public company or an Australian registered charity

- I am a public company.

Thanks! For you, sign this form at the end and you're done!

### HELP:

Public companies have the status of Active Non-Financial Entity – thanks for letting us know.

## 7. Are you still trying to tell us something?

Only consider this question if you haven't been able to complete any question above.

Commonly, it is proprietary (or Pty) companies or unlisted public companies, whether investing themselves or as a trustee, that make it to this last question.

We need to know whether or not you are a Passive Non-Financial Entity: don't be put off! It's not too complicated...

To work this out, consider whether any of the people listed below are a US citizen or resident of the US for tax purposes:

- anyone that beneficially owns 25% or more of your issued capital?
- anyone that exercises control over you (by way of determining decisions about the financial and operating policy)?
- if you are a trust, any trustee, beneficiary or settlor?

If you ticked any box, please give details:

Full name	Residential address	TIN/Exemption Code
Full name	Residential address	TIN/Exemption Code
Full name	Residential address	TIN/Exemption Code
Full name	Residential address	TIN/Exemption Code

Not enough room? Write their details clearly and attach them. OR

- none of the people listed above are a US citizen or resident of the US for tax purposes

Thanks! Whether you completed this question or left it blank, for you, now simply sign this form and you're done!

### HELP:

A Passive Non-Financial Entity is broadly where someone involved with you is caught by the US tax system. A US citizen or resident of the US for tax purposes is defined above.

Signature

Signature



**Client Services contact details**  
**Phone**  
+61 3 9823 6296  
**Email**  
contact@corcapital.com.au

## Instructions: identification forms

**Cor Capital Fund**  
APIR Code: COR0001AU  
ARSN 609 666 042  
(the **Fund**)

<b>Which form?</b>	There are three forms which follow: one each for individuals, companies and trustees. Choose the form which is applicable to you. If you are a partnership, an incorporated association, a co-operative or a Government body, then contact us and we will send a more appropriate form to you.
<b>Copies or originals?</b>	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
<b>Certifying copies</b>	<p>You must have someone <b>certify the copies</b> you send to us. The following people can be the certifier:</p> <p><b>your financial adviser</b>  so long as they are an officer with, or authorised representative of, a holder of an Australian financial services licence (or foreign equivalent), having 2 or more continuous years of service with one or more licensees, or</p> <p><b>your accountant</b>  so long as they are a member of the Institute of Chartered Accountants in Australia, CPA Australia or the Australian National Institute of Accountants (or foreign equivalent) with 2 or more years of continuous membership, or</p> <p><b>your lawyer</b>  so long as they are a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court, of Australia or foreign country, as a legal practitioner (however described), or</p> <p><b>an Australian justice of the peace, notary public or a police officer</b>  or <b>foreign equivalent</b>, or</p> <p><b>a post office worker</b>  so long as they are in charge of a Post Office or are a permanent employee with 2 or more years of continuous service, or</p> <p><b>a bank or financial institution officer</b>  so long as they are an officer with 2 or more continuous years of service with one or more financial institutions or companies, or</p> <p><b>a consular officer</b>  so long as they are a consular officer or diplomatic officer, or</p> <p><b>a judge, magistrate, chief executive officer of a court, or registrar or deputy registrar</b></p>
<b>What should the person certifying write?</b>	"I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialed by the person certifying your documents.
<b>Not in English?</b>	Documents not in English must be accompanied by an English translation prepared by an accredited translator (contact us if you need guidance on accredited translators).

**Client Services contact details**

**Phone**

+61 3 9823 6296

**Email**

contact@corcapital.com.au

## Identification form – Individuals

**Cor Capital Fund**

APIR Code: COR0001AU

ARSN 609 666 042

(the **Fund**)

**Please complete this form if you have not invested previously in the Cor Capital Fund operated by OneVue. A separate form is required for each investor in the case of joint holdings. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.**

**If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts & Trustees instead.**

1. Please complete this identification form in block letters and using a black pen.
2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

### Legal notices

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (**OneVue**) is the issuer of units in the Fund.

OneVue is committed to ensuring the confidentiality and security of your personal information. We and our unit registry (OneVue Fund Services Pty Limited) handle your personal information in accordance with the Privacy Act 1988 and our respective privacy policies, which can be accessed at [www.onevue.com.au](http://www.onevue.com.au).

### 1. Personal details

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)  
 /  /

#### Please select the source and origin of funds being invested:

- savings,
- investment,
- superannuation contributions,
- commission,
- donation/gift,
- inheritance,
- normal course of business,
- asset sale, OR
- other – write the source and origin of funds below:

### 2. Verification procedure – individual investor

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

#### Group 1

Provide a certified copy of one of these:

- Australian driver's licence**  
showing your photo, and please copy the front and back **OR**
- foreign driver's licence**  
showing your date of birth, signature and photo **OR**
- Australian passport**  
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **OR**
- foreign passport**  
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card**  
showing your date of birth, signature and photo **OR**
- foreign Government issued ID card**  
showing your date of birth, signature and photo.

### Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate OR**
- Australian or foreign government issued citizenship certificate OR**
- Centrelink pension or health card**  
please copy the front and back.

**PLUS** provide a certified copy of one of the following:

- a Government issued notice**  
one which shows your name and residential address, not more than 12 months old **OR**
- a rates or utilities notice**  
one which shows your name and residential address, not more than 3 months old **OR**
- ATO notice**  
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

### 3. Signature

Signature

Date (DD/MM/YYYY)  
 /  /

**Client Services contact details**

**Phone**

+61 3 9823 6296

**Email**

contact@corcapital.com.au

## Identification form – Australian & Foreign companies

**Cor Capital Fund**

APIR Code: COR0001AU

ARSN 609 666 042

(the **Fund**)

**Please complete this form if you are a company investing for the first time with the Cor Capital Fund operated by OneVue. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.**

**If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts & Trustees instead.**

**Legal notices**

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (**OneVue**) is the issuer of units in the Fund.

OneVue is committed to ensuring the confidentiality and security of your personal information. We and our unit registry (OneVue Fund Services Pty Limited) handle your personal information in accordance with the Privacy Act 1988 and our respective privacy policies, which can be accessed at [www.onevue.com.au](http://www.onevue.com.au).

## 1. Company details

### 1.1 General information

Full name of company

**Please select the source and origin of funds being invested:**

- savings,
- investment,
- superannuation contributions,
- commission,
- donation/gift,
- inheritance,
- normal course of business,
- asset sale, OR
- other - write the source and origin of funds below:

### 1.2 Australian companies

**Place of business (if different to registered office address).**

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

### 1.3 Foreign companies

**Country of formation**

**Registered in Australia?**

- No  Yes - what is the ARBN:

**Registered in country of formation?**

- No  Yes - name of regulator/exchange:

Identification number issued by foreign registration body

**If you are a foreign company registered in Australia write your principal place of business in Australia or the full name and address of your Australian agent.**

**If you are a foreign company not registered in Australia write your registered business address in country of formation or principal place of business if there is not a registered address.**

A PO Box/RMB/Locked Bag is not acceptable

Property name/building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country (if not Australia)

Please provide us with certified copies of one of the following:

- an ASIC or foreign regulator search OR
- an ASIC or foreign regulator certificate of registration.

## 2. Company type

**Please complete the section below for public companies (section 2.1) or private companies (section 2.2) (as applicable).**

### 2.1 Public company

Are you a public company?

- No  Yes

### 2.2 Private company

Are you a private company?

- No  Yes

**If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.**

**Director details**

How many directors are there?

**Provide the full name of each director:**

**Director 1**

Title Full given names

Surname

**Director 2**

Title Full given names

Surname

**Director 3**

Title Full given names  
[ ] [ ]  
Surname  
[ ]

**Director 4**

Title Full given names  
[ ] [ ]  
Surname  
[ ]

If there are more directors, please write down details on a piece of paper and attach this to your form.

**Verification details - company type**

Please provide us with certified copies of one of the following:

- an ASIC search OR
- your certificate of registration issued by ASIC

**3. Regulated/listed companies**

**Are you an Australian listed company?**

- No  Yes - name of market/exchange

Market/exchange  
[ ]

Are you a majority-owned subsidiary of an Australian listed company?

- No  Yes - name that listed company and its market/exchange

Company  
[ ]

Market/exchange  
[ ]

**Are you a regulated company?**

One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

- No  Yes - name the regulator and your licence number

Regulator  
[ ]

Licence number  
[ ]

If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is then complete.

- an ASIC search OR
- a search of the licence or other records of the relevant regulator OR
- a public document issued by the company OR
- a search of the relevant market/exchange

**4. Non-regulated/non-listed companies**

If you answered no to all the questions in section 3, please fill in the sections 4.1, 4.2 and 4.3 below.

**4.1 Beneficial owner details**

Provide details of all beneficial owners who are individuals who, through one or more shareholdings, ultimately own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company and either the date of birth or full residential address of each beneficial owner.

**HELP**  
**Control:** includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

**Beneficial owner 1**

Title Full given names  
[ ] [ ]  
Surname  
[ ]

Date of birth (DD/MM/YYYY)  
[DD] / [MM] / [YYYY] OR

Residential address.  
A PO Box/RMB/Locked Bag is not acceptable.  
Property name/building name (if applicable)  
[ ]

Unit Street number  
[ ] [ ]

Street name  
[ ]

Suburb State  
[ ] [ ]

Post code Country  
[ ] [ ]

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

[ ] [ ] . [ ] %

**Beneficial owner 2**

Title Full given names  
[ ] [ ]  
Surname  
[ ]

Date of birth (DD/MM/YYYY)  
[DD] / [MM] / [YYYY] OR

Residential address  
A PO Box/RMB/Locked Bag is not acceptable.  
Property name/building name (if applicable)  
[ ]

Unit Street number  
[ ] [ ]

Street name  
[ ]

Suburb State  
[ ] [ ]

Post code  Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

**Beneficial owner 3**

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)  
 /  /  OR

Residential address  
A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

**Beneficial owner 4**

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)  
 /  /  OR

Residential address  
A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

**Verification procedure - beneficial owners**

**For each individual beneficial owner** please provide a certified copy of one document from Group 1 or, if you can't, a certified copy of two documents from Group 2.

**Group 1**

Provide a certified copy of one of these:

- Australian driver's licence**  
showing your photo, and please copy the front and back **OR**
- foreign driver's licence**  
showing your date of birth, signature and photo **OR**
- Australian passport**  
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **OR**
- foreign passport**  
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card**  
showing your date of birth, signature and photo **OR**
- foreign Government issued ID card**  
showing your date of birth, signature and photo.

**Group 2**

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate OR**
- Australian or foreign government issued citizenship certificate OR**
- Centrelink pension or health card**  
please copy the front and back.

**PLUS** provide a certified copy of one of the following:

- a Government issued notice**  
one which shows your name and residential address, not more than 12 months old **OR**
- a rates or utilities notice**  
one which shows your name and residential address, not more than 3 months old **OR**
- ATO notice**  
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

**For each corporate beneficial owner please provide:**

- an **ASIC search OR**
- a **certificate of registration** issued by the ASIC

**4.2 Voting rights**

If there are any other individuals, who have not been listed above in section 4.1, and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.

**4.3 Director details**

Provide the full name of the senior managing official (or equivalent) of the company, if any.

Title  Full given names

Surname

**HELP**  
**Senior managing official:** an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

**Verification procedure - director details**

If you are unable to provide details of the beneficial owners in 4.1 above, please provide an **ASIC company extract** showing the name of the senior managing official, as provided in this section 4.3.

**5. Signatures**

**Signing instructions**

Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Signature of director 1

Please print full name

Date (DD/MM/YYYY)  /  /

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary

Signature of director 2/company secretary

Please print full name

Date (DD/MM/YYYY)  /  /

Company officer (please indicate company capacity)

- Director
- Company secretary



**Client Services contact details**  
**Phone**  
+61 3 9823 6296  
**Email**  
contact@corcapital.com.au

## Identification form – Trusts & Trustees

**Cor Capital Fund**  
APIR Code: COR0001AU  
ARSN 609 666 042  
(the **Fund**)

**Please complete this form if you have not invested previously in the Cor Capital Fund operated by OneVue. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.**

1. Complete the relevant sections of this identification form in block letters and using a black pen.
2. Make copies of your ID document(s) as applicable and arrange for them to be certified. Please refer to the 'Forms' section of our website for more information on getting your documents certified.
3. Include this identification form and certified copies of the ID documents with your initial application form when you send it to us.

### **Legal notices**

OneVue RE Services Limited ABN 94 101 103 011 AFSL 223271 (**OneVue**) is the issuer of units in the Fund.

OneVue is committed to ensuring the confidentiality and security of your personal information. We and our unit registry (OneVue Fund Services Pty Limited) handle your personal information in accordance with the Privacy Act 1988 and our respective privacy policies, which can be accessed at [www.onevue.com.au](http://www.onevue.com.au).

**1. Trust details**

Full name of trust

Business name (if any)

Country in which the trust was established

**Please select the source and origin of funds being invested:**

- savings,
- investment,
- superannuation contributions,
- commission,
- donation/gift,
- inheritance,
- normal course of business,
- asset sale, OR
- other - write the source and origin of funds below:

**2. Type of trust**

**2.1 Regulated trusts**

**This includes complying super funds and SMSFs**

**Super fund** - or another type of trust registered and regulated by an Australian Commonwealth statutory regulator

- No  Yes

If yes, please tell us:

The trust's ABN

The regulator if not APRA or the ATO

Any licence number

**Registered managed investment scheme**

- No  Yes

If yes, please tell us the ARSN

**Government superannuation fund**

- No  Yes

If yes, please tell us the name of the Act which regulates the trust

If you answered yes to any of these questions, then please provide us with certified copies of one of the following:

**super funds**

go to [www.abn.business.gov.au](http://www.abn.business.gov.au), select the "Super Fund Lookup" option and print out the results for your super fund **OR**

**registered managed investment schemes**  
an ASIC search of the scheme **OR**

**Government superannuation funds**  
an extract of the establishing legislation.

**2.2 Non-regulated trusts**

**Including family discretionary trusts, family and other unit trusts, deceased estates and charitable trusts (but not including self-managed super funds)**

Are you a non-regulated trust?

- No  Yes

If yes, please specify the type of trust

Please provide full names of all beneficial owners who are individuals who own 25% or more of the trust income or assets or who control (whether directly or indirectly) the trust and either the date of birth or full residential address of each beneficial owner:

**HELP**

**Control:** includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

**Beneficial owner 1**

Date of birth (DD/MM/YYYY)

 /  /  OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

**Beneficial owner 2**

Date of birth (DD/MM/YYYY)

 /  /  OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

**Beneficial owner 3**

Date of birth (DD/MM/YYYY)

 /  /  OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

**Beneficial owner 4**

Date of birth (DD/MM/YYYY)

 /  /  OR

Residential address

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

**If there are any other direct beneficiaries of the trust who are not beneficial owners, write down their names on a piece of paper and attach to this form.**

If the trust deed describes the beneficiaries by reference to member of a class please write down on a piece of paper, the class to which the beneficiaries belong e.g. family members, unit holders, un-named charities and attach to this form.

Please provide the name of the appointor of the trust, if applicable

**HELP**

**Appointor:** the appointor has the power to appoint or remove the trustees of the trust. Not all trusts have an appointor.

Name of trust settlor

**HELP**

**Settlor:** this is the person that creates the trust. The settlor may be, for example, your accountant or solicitor.

**Note:** you do not need to provide the name of the trust settlor if the settlor is deceased, or has made an asset contribution of less than \$10,000 to the trust, at the time the trust was established.

**If you are a non-regulated trust, please provide us with certified copies of one of the following:**

- Trust deed**  
or an extract of the trust deed showing the full name of the trust and any named trust settlor
- Other documentation**  
confirming the full name of the trust and the name of the trust settlor

### 3. Trustee details

#### 3.1 Verification procedure - individual trustee

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)

/  /

Please provide, for one trustee only, a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2.

##### Group 1

Provide a certified copy of one of these:

- Australian driver's licence**  
showing your photo, and please copy the front and back **OR**
- foreign driver's licence**  
showing your date of birth, signature and photo **OR**
- Australian passport**  
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **OR**
- foreign passport**  
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card**  
showing your date of birth, signature and photo **OR**
- foreign Government issued ID card**  
showing your date of birth, signature and photo.

##### Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate OR**
- Australian or foreign government issued citizenship certificate OR**
- Centrelink pension or health card**  
please copy the front and back.

**PLUS** provide a certified copy of one of the following:

- a Government issued notice**  
one which shows your name and residential address, not more than 12 months old **OR**
- a rates or utilities notice**  
one which shows your name and residential address, not more than 3 months old **OR**
- ATO notice**  
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

#### 3.2 Verification procedure - company trustees

##### 3.2.1. General information

Full name of company trustee

##### 3.2.2. Australian company trustee

Place of business (if different to registered office address). A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

##### 3.2.3 Foreign company trustee

**Country of formation**

##### Registered in Australia?

No  Yes

If yes, what is the ARBN

##### Registered in that country?

No  Yes

If yes, what is the name of regulator/exchange

**Identification number issued by foreign registration body**

##### Registered business address in country of formation.

A PO Box/RMB/Locked Bag is not acceptable

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country (if not Australia)

Please provide us with certified copies of one of the following:

- an **ASIC or foreign regulator search OR**
- an **ASIC or foreign regulator certificate of registration.**

### 3.2.4 Company type

Please complete the section below for public companies (3.2.4 (a)) or private companies (section 3.2.4 (b)) (as applicable).

#### 3.2.4 (a) Public company

Are you a public company?

No  Yes

#### 3.2.4 (b) Private company

Are you a private company?

No  Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

#### Director details

How many directors are there?

Provide the full name of each director:

##### Director 1

Title  Full given names

Surname

##### Director 2

Title  Full given names

Surname

##### Director 3

Title  Full given names

Surname

##### Director 4

Title  Full given names

Surname

If there are more directors, please write down details on a piece of paper and attach this to your form.

#### Verification details - company type

Please provide us with certified copies of one of the following:

- an ASIC search OR  
 your certificate of registration issued by ASIC

#### 3.2.5 Regulated/listed companies

Are you an Australian listed company?

No  Yes - name of market/exchange

Market/exchange

Are you a majority-owned subsidiary of an Australian listed company?

No  Yes - name that listed company and its market/exchange

Company

Market/exchange

Are you a regulated company?

One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

No  Yes - name the regulator and your licence number

Regulator

Licence number

If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is then complete.

- an ASIC search OR  
 a search of the licence or other records of the relevant regulator OR  
 a public document issued by the company OR  
 a search of the relevant market/exchange

#### 3.2.6 Non-regulated/non-listed companies

If you answered no to all the questions in section 3.2.5, please fill in the sections 3.2.6 (a), (b) and (c) below.

##### 3.2.6 (a) Beneficial owner details

Provide details of all beneficial owners who are individuals who, through one or more shareholdings, ultimately own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company and either the date of birth or full residential address of each beneficial owner.

#### HELP

**Control:** includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

##### Beneficial owner 1

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)  
 /  /  OR

Residential address  
A PO Box/RMB/Locked Bag is not acceptable.  
Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

**Beneficial owner 2**

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)  
 /  /  OR

Residential address  
A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

**Beneficial owner 3**

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)  
 /  /  OR

Residential address  
A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

**Beneficial owner 4**

Title  Full given names

Surname

Date of birth (DD/MM/YYYY)  
 /  /  OR

Residential address  
A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit  Street number

Street name

Suburb  State

Post code  Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

**Verification procedure - beneficial owners**

**For each individual beneficial owner please provide a certified copy of one document from Group 1 or, if you can't, a certified copy of two documents from Group 2.**

**Group 1**

Provide a certified copy of one of these:

- Australian driver's licence**  
showing your photo, and please copy the front and back **OR**
- foreign driver's licence**  
showing your date of birth, signature and photo **OR**
- Australian passport**  
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you **OR**
- foreign passport**  
showing your signature and photo, and please copy the pages which identify you **OR**
- Australian State or Territory Government issued ID card**  
showing your date of birth, signature and photo **OR**
- foreign Government issued ID card**  
showing your date of birth, signature and photo.

**Group 2**

- Australian or foreign government issued birth certificate OR
- Australian or foreign government issued citizenship certificate OR
- Centrelink pension or health card  
please copy the front and back.

**PLUS** provide a certified copy of one of the following:

- a **Government issued notice**  
one which shows your name and residential address, not more than 12 months old **OR**
- a **rates or utilities notice**  
one which shows your name and residential address, not more than 3 months old **OR**
- ATO notice**  
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

**For each corporate beneficial owner please provide:**

- an **ASIC search** OR
- a **certificate of registration** issued by the ASIC

**3.2.6 (b) Voting rights**

**If there are any other individuals, who have not been listed above in section 3.2.6 (a), and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.**

**3.2.6 (c) Director details**

**Provide the full name of the senior managing official (or equivalent) of the company, if any.**

Title                      Full given names/Full company name  
                     

Surname

**HELP**  
**Senior managing official:** an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

**Verification procedure - director details**

**If you are unable to provide details of beneficial owners in 3.2.6 (a) above, please provide an ASIC company extract showing the name of the senior managing official, as provided in this section 3.2.6 (c).**

**4. Signatures**

**Signing instructions**

**Individual:** where the investment is in one name, the account holder must sign.

**Joint Holding:** where the investment is in more than one name, all of the account holders must sign.

**Companies:** where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust:** the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney:** if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory