

# FIIG Funding Details Form

## Please use this form to instruct FIIG to (please select below):

- Establish a Direct Debit (please complete section 1 and provide a current bank statement)
- Authorise FIIG on your existing Macquarie Cash Management Account (please complete section 2)
- Request FIIG to open a new Macquarie Cash Management Account on your behalf (please complete section 3)
- Change how you pay custody fees (please complete section 4)
- Instruct FIIG to pay foreign coupons to a foreign currency account (please complete section 5)

If any of your investment entity d clientservices@fiig.com.au	etails have changed, please complete a	nd return a Change of Client Details form to			
I/we, instruct FIIG to update the f	unding details for the following Investn	nent Entity or FIIG Custody Account as instructed:			
Investment Entity Name:					
investment Entity Nume.					
FIIG Custody Account Number:					
SECTION 1 – ESTABLISH A DIREC	T DEBIT				
I/we grant FIIG authority to direct debit my Nominated Bank Account, the details of which are recorded below, in accordance with the CCIT Agreement and the Direct Debit Terms and Conditions. I/we confirm that I/we have read and understand the Direct Debit Terms and Conditions accessible at www.fiig.com.au/DDterms.  Please note – If your Nominated Bank Account does not have a direct debit facility, our Client Services team will contact you to					
discuss an alternative arrangeme	ent.				
Bank account 'name' match	es investment entity				
Provide a bank statement					
Account name		Bank			
BSB		Account number			
SECTION 2 – AUTHORISE FIIG ON YOUR EXISTING MACQUARIE CASH MANAGEMENT ACCOUNT					
I/we grant FIIG authority over an existing Macquarie Cash Management Account I/we hold, the details of which are recorded below, in accordance with the CCIT Agreement and nominate that account as my/our Bank Account for the purposes of the Client Custody Agreement Terms and Conditions. I/we request that FIIG transact, settle and otherwise deal with this Bank Account in accordance with the CCIT Agreement. I/we request that FIIG directly debit that Bank Account in accordance with the CCIT Agreement and the Direct Debit Terms and Conditions available at www.fiig.com.au/DDterms.					
MACQUARIE BANK LIMITED					
Account name					
BSB	Account number				
	Account number				

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## **SECTION 3 - OPEN A MACQUARIE CASH MANAGEMENT ACCOUNT**

I/we instruct FIIG to open a Macquarie Cash Management Account on my/our behalf in the name of the Investment Entity set out above, and grant FIIG authority over that account in accordance with the CCIT Agreement. I/we request that FIIG transact, settle and otherwise deal with this Funding Account in accordance with the CCIT Agreement. I/we request that FIIG directly debit that Funding Account in accordance with the CCIT Agreement and the Direct Debit Terms and Conditions available at www.fiig.com.au/DDterms.

You have provided FIIG with instructions to open a Funding Account on your behalf. FIIG will prepare an online application to Macquarie Bank Limited on your behalf to open a Funding Account. You will receive an e-mail from Macquarie Bank Limited noting that FIIG has submitted an online application on your behalf for a Macquarie Cash Management Account.

This e-mail will provide you with:

- the Macquarie Cash Management Account Product Information Statement, Further Information Guide and Fees, limits and lodgement times documents; and
- a link for you to review and submit the application.

The Macquarie Cash Management Account will be opened in the Investment Entity Name (set out in the beginning of this form).

Complete the following information for all Investment Entity types							
INDIVIDUAL 1			INDIVII	DUAL 2			
Given name(s)	First	Middle	Given r	name(s)	First		Middle
Surname			Surnar	ne			
Other Name Salutation (Mr, Mrs)			Other N	Name tion (Mr, Mrs)			
& Date of birth	Sal. Date of l	pirth		of birth	Sal.	Date of b	irth
Occupation			Occupa	ation			
Yes No		ed signatory (i.e. authorised to ote: authorised signatories will otes, monthly statement etc.	Yes		instruct on this a	ccount)? No	ed signatory (i.e. authorised to ote: authorised signatories will tes, monthly statement etc.
Australian residen	tial address		Austra	lian resident	tial address		
Street no. & name			Street	no. & name			
Suburb			Suburb	)			
State & postcode	State	Postcode	State &	postcode	State		Postcode
Time at address	Years	Months	Time at	t address	Years		Months
Email Address			Email A	Address			
Phone	Day	Mob	Phone		Day		Mob
Postal Address (if	different from above)		Postal	Address (if d	different from	above)	
Street no. & name			Street	no. & name			
Suburb			Suburb	0			
State & postcode	State	Postcode	State &	postcode	State		Postcode
Country			Countr	у			
Source of Funds or	r <b>Wealth</b> (must tick on	e only)	Source	of Funds or	<b>Wealth</b> (mus	st tick one	e only)
Income (i.e., emp	loyment, investment, busir	ness, other earnings)	Inc	come (i.e., emp	loyment, investr	nent, busin	ess, other earnings)
One-off paymen	t (i.e., matured investment, le	egal settlement, estate proceeds,	On	e-off paymen	t (i.e., matured in	vestment, le	gal settlement, estate proceeds)
Sale of assets (i.e., shares, property)		Sa	Sale of assets (i.e., shares, property)				
Windfall (i.e., gift	s, winnings)		Wi	ndfall (i.e., gifts	s, winnings)		
Complete the fol	lowing information	for Companies, Trust	s and Sup	er Funds			
Nature of Trust, SM	SF or company						



#### **SECTION 4 – UPDATE CUSTODY FEE ARRANGEMENT**

Tick the box below if you want Fees and other amounts deducted from your Distributions before such amounts are debited from your Bank Account. Otherwise, leave this section blank.

#### Direct debit (default option)

Unless I/we tick the box below, I/We authorise and direct FIIG to:

- attempt to debit my/our Bank Account nominated in Sections 1, 2 or 3 above for the amount of any Fees, expenses, outlays and any other amounts payable by me/us under or in connection with my/our Client Custody Agreement, as my/our preferred method of paying such amounts; and
- to the extent such amounts cannot be recovered from my/our Bank Account after 3 attempts, to deduct such amounts from my/our Distributions in accordance with my/our Client Custody Agreement.

OR

#### **Distribution deductions**

I/We authorise and direct the Trustee to:

- deduct any Fees, expenses, outlays, and any other amounts payable by me/us under or in connection with my/our Client Custody Agreement from my/our Distributions, to the extent it is reasonably practicable for the Custodian to do so; and
- if it is not reasonably practicable to do so, or the amount of my/our Distributions is insufficient to meet all outstanding Fees, expenses, outlays, and any other amounts payable by me/us under or in connection with my/our Client Custody Agreement, debit my/our Bank Account nominated in Section 1, 2 or 3 above for all such outstanding amounts.

### **SECTION 5 - NOMINATE A FOREIGN CURRENCY SETTLEMENT ACCOUNT**

I/we instruct FIIG to pay foreign currency interest payments and any foreign currency sale proceeds into the below foreign currency bank account in accordance with the CCIT Agreement.

Currency	Bank				
Account Name					
Swift Code / BIC	BSB	Sort Code			
IBAN					
For further credit information reference					

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## **FATCA – Foreign Account Tax Compliance Act**

The introduction of FATCA has resulted in a number of additional due diligence and reporting requirements for non-U.S financial institutions. The purpose of FATCA is to ensure that income tax is paid by U.S individuals and entities where they have financial accounts outside of the U.S.

By executing and returning this form to FIIG you confirm that you, the Client/Investment Entity, are either:-

- i. An individual/joint applicant who is an Australian resident or citizen for taxation purposes and not a U.S citizen or U.S resident for FATCA purposes; OR
- ii. A Regulated super fund applicant (Self-Managed Superannuation Fund , APRA regulated super fund, government super fund or pooled superannuation trust).

If you cannot confirm (i) or (ii) above please contact FIIG on 1800 0101 81 or email clientservices@fiig.com.au.

Information (including client identification details and personal information) may be provided to agents appointed by FIIG to carry out relevant procedures and services, in order for FIIG and those entities to meet their obligations under the Anti-Money Laundering/Counter Terrorism Financing Act 2006 and under the Intergovernmental Agreement between the Australian and US governments to improve international tax compliance and to implement FATCA. Counter Terrorism Financing Act 2006 and under the Intergovernmental Agreement ("IGA") between the Australian and US governments to improve international tax compliance and to implement FATCA.

Terms defined in the Opening a FIIG Client Account Application Form ("CAAF"), including the Agreement for Opening a FIIG Client Account in Section 9 of the CAAF, the Client Custody Agreement Terms and Conditions, the Client Custody and Investment Transaction Account ("CCIT Agreement"), and the Terms and Conditions of Dealing with FIIG Securities Limited as set out in the Financial Services Guide have the same meaning as in this form.

#### Executed as an agreement by the Investment Entity/Client:

Note: all bank account signatories must sign here.

Individual 1/D Sole Director	irector 1/	Individual 2/Director 2/ Company Secretary	Individual 3/Director 3	Individual 4/Director 4
Signature		Signature	Signature	Signature
Print name		Print name	Print name	Print name
Occupation		Occupation	Occupation	Occupation
Date		Date	Date	Date



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