

Investor Registration – Individual(s) (excludes Sole Trader)

Please complete in capital letters only

This form is to be completed if you wish to invest in the Chifley Investment Fund (Fund) as an individual, including where jointly held.

1. Type of account

Type of Account	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	
Other – please specify			

2. Investor 1 details

Title				<i>(e.g. Mr/Mrs/Ms/Miss/Dr)</i>	
Family name					
Full given name(s)					
Date of birth <i>(dd/mm/yyyy)</i>	/	/			
Residential Address					
No./Street					
Suburb/Town/City					
State/Territory		Postcode		Country <i>(if outside Australia)</i>	
Phone: Home no. <i>(inc. STD/ISD)</i>			Business no. <i>(inc. STD/ISD)</i>		
Mobile no.			Fax no. <i>(inc. STD/ISD)</i>		
E-mail address					
Postal Address (if different from Residential Address)					
No./Street/PO Box					
Suburb/Town/City					
State/Territory		Postcode		Country <i>(if outside Australia)</i>	

Investor 1 Tax File Number notification

You may provide us with your Tax File Number (TFN) or Australian Business Number (ABN). If you choose not to, we are required to deduct tax at the highest marginal rate (plus the Medicare levy). If you are exempt from quoting a TFN, please state the reason for the exemption or your exemption number. Collection of your TFN is authorised and its use, and disclosure, are strictly regulated by the Australian Taxation Office.

I declare that my Tax File Number is:		ABN	
TFN Exemption no:			
State the reason for Exemption if TFN Exemption no. is not supplied:			



3. Investor 2 details *(if more than 2 investors, please write details on a blank sheet)*

Title	<input style="width: 100%;" type="text"/>			(e.g. Mr/Mrs/Ms/Miss/Dr)		
Family name	<input style="width: 100%;" type="text"/>					
Full given name(s)	<input style="width: 100%;" type="text"/>					
Date of birth <i>(dd/mm/yyyy)</i>	<input style="width: 20%;" type="text"/>	/	<input style="width: 20%;" type="text"/>	/	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
Residential Address						
No./Street	<input style="width: 100%;" type="text"/>					
Suburb/Town/City	<input style="width: 100%;" type="text"/>					
State/Territory	<input style="width: 20%;" type="text"/>	Postcode	<input style="width: 20%;" type="text"/>	Country <i>(if outside Australia)</i>	<input style="width: 40%;" type="text"/>	
Phone: Home no. <i>(inc. STD/ISD)</i>	<input style="width: 60%;" type="text"/>			Business no. <i>(inc. STD/ISD)</i>	<input style="width: 40%;" type="text"/>	
Mobile no.	<input style="width: 60%;" type="text"/>			Fax no. <i>(inc. STD/ISD)</i>	<input style="width: 40%;" type="text"/>	
E-mail address	<input style="width: 100%;" type="text"/>					
Postal Address (if different from Residential Address)						
No./Street/PO Box	<input style="width: 100%;" type="text"/>					
Suburb/Town/City	<input style="width: 100%;" type="text"/>					
State/Territory	<input style="width: 20%;" type="text"/>	Postcode	<input style="width: 20%;" type="text"/>	Country <i>(if outside Australia)</i>	<input style="width: 40%;" type="text"/>	

Investor 2 Tax File Number notification

You may provide us with your Tax File Number (TFN) or Australian Business Number (ABN). If you choose not to, we are required to deduct tax at the highest marginal rate (plus the Medicare levy). If you are exempt from quoting a TFN, please state the reason for the exemption or your exemption number. Collection of your TFN is authorised and its use, and disclosure, are strictly regulated by the Australian Taxation Office.

I declare that my Tax File Number is: ABN

TFN Exemption no:

State the reason for Exemption if TFN Exemption no. is not supplied:

4. Authorised signatories

Please tick appropriate box for number of signatories required to effect instructions. **Please tick ONLY ONE option.**

One (1) OR Any Two (2) OR Both

“Authenticated Persons” whose names appear below are authorised to give instructions and sign on behalf of the Investor, all notices, certificates and other documents required by or contemplated under the Fund. The investor further certifies that the true signature of each person is shown below his or her name, and that Chifley as trustee of the Fund may rely on this certificate until such a time as it receives another certificate being a later date.

Investor 1	
Full name	<input style="width: 100%;" type="text"/>
Position / Title	<input style="width: 100%;" type="text"/>
Signed	<input style="width: 400px;" type="text"/> Date <i>(dd/mm/yyyy)</i> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>



4. Authorised signatories (cont'd)

Investor 2

Full name

Position / Title

Signed Date (dd/mm/yyyy) / /

5. Portfolio details

Portfolio name

6. Investment instructions

Rebalance quarterly Yes No*

* If you select "No", you will need to complete an 'Update Portfolio/Switch' form to re-define your investment percentage mix before you will be able to select automatic rebalance in the future.

Strategy	Amount \$ ²	%	Distribution Election ¹	
			Re-invest	Credit bank account
Absolute Return			<input type="checkbox"/>	<input type="checkbox"/>
Australian Fixed Income (Sovereign)			<input type="checkbox"/>	<input type="checkbox"/>
Australian Fixed Income (Composite)			<input type="checkbox"/>	<input type="checkbox"/>
Australian Equities			<input type="checkbox"/>	<input type="checkbox"/>
Cash			<input type="checkbox"/>	<input type="checkbox"/>
International Fixed Income (Credit)			<input type="checkbox"/>	<input type="checkbox"/>
International Fixed Income (Composite)			<input type="checkbox"/>	<input type="checkbox"/>
International Equities			<input type="checkbox"/>	<input type="checkbox"/>
Listed Property			<input type="checkbox"/>	<input type="checkbox"/>
Structured Bond			<input type="checkbox"/>	<input type="checkbox"/>
Total		100%		

EFT payments should be deposited to Commonwealth Bank Account: 10934719, BSB: 062-000.

¹ We will automatically re-invest your income in units of the same Strategy if you do not make a selection.

² Initial minimum application amount of \$500,000 may apply (please refer to page 2 of the 'Fund Information Memorandum' for details).

7. Banking details

Bank/Building Society or Credit Union details:

Name of institution

Name in which the account is held

Account number Branch (BSB) number -

Street/PO Box no.

Suburb/Town/City

State/Territory Postcode Country (if outside Australia)



8. Investor declaration

Note: All Investors must sign and date this section of the form.

- I/We declare that all details in this application are true and correct.
- I/We have read and agree to be bound by the provisions of the Fund Information Memorandum dated 16 October 2006 and the Constitution as described therein and any amendments made from time to time.
- I/We understand that neither Chifley nor any of its related entities, directors or officers guarantees the performance of, or the repayment of capital or income invested in, any of the Strategies described herein.
- If signed under Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received.
- I am/we are a 'wholesale client' as defined in the Corporations Act or other investor that does not require a product disclosure statement under the Corporations Act in respect of an investment in each Strategy, including in respect of future applications (unless I/we notify Chifley otherwise).

Investor 1

Full name

Signed

Date (dd/mm/yyyy)

 / /

Investor 2

Full name

Signed

Date (dd/mm/yyyy)

 / /

Advisor name

Full name

Where to send this form/enquiries

Responsible entity		
Chifley Financial Services Limited (ABN 75 053 704 706)		
Ground Floor 28 Margaret Street SYDNEY NSW 2000 website: www.chifley.com	GPO Box 2617 SYDNEY NSW 2001	E-mail: Chif.Admin@chifley.com Phone: 1800 800 002 (toll free) (8.30 am – 5.00 pm Mon – Fri) Fax: (02) 9273 0033

