

Welcome to Australian Mutual Funds Exchange Pty Ltd ACN 145 724 509 AFSL 379035 (“AMFEX”)

This Account Application enables you to establish an account with AMFEX.

We have provided you with a copy of the Account Application, together with a copy of our Financial Services Guide and Product Disclosure Statement.

Please return only the Account Application section of this document and retain the Account Terms and Conditions for your records.

Checklist:

Please ensure you...

1. Read and understand the Financial Services Guide	Provided separately
2. Read and understand the Product Disclosure Statement	Provided separately
3. Complete the Client Details section of this form as per the table below and ensure the Application is properly signed and witnessed	Pages 2-7
4. Ensure the Guarantee & Indemnity (for all accounts except individual & joint accounts) has been signed and properly witnessed	Page 8
5. Read and understand the Account Terms & Conditions	Provided separately
6. Return pages 2-8 of this Application Form to us at Suite 1710, 9 Castlereagh Street, Sydney NSW 2000, or au@amfex.com	Pages 2-8

	Individual	Joint	Company	Trust or superannuation	
				individual or joint Trustee/s	with a Corporate Trustee
Section 1.	✓	✓		✓	
Section 2.			✓		✓
Section 3.				✓	✓
Section 4.	✓	✓	✓	✓	✓
Section 5.	✓	✓	✓	✓	✓
Section 6.	✓	✓	✓	✓	✓
Section 7.	✓	✓	✓	✓	✓
Section 8.	✓	✓	✓	✓	✓
Section 9.	✓	✓	✓	✓	✓
Section 10.	✓	✓	✓	✓	✓
Execution	✓	✓	✓	✓	✓
Guarantee & Indemnity			✓	✓	✓

1. INDIVIDUAL / JOINT APPLICANT

Applicant 1

Title	
First Name	
Middle Name	
Surname	
TFN	
Home Phone	
Work Phone	
Mobile	
Email Address	
Date of Birth	
Place of Birth	
Drivers Licence Number	
Passport Number	

Applicant 2

Title	
First Name	
Middle Name	
Surname	
TFN	
Home Phone	
Work Phone	
Mobile	
Email Address	
Date of Birth	
Place of Birth	
Drivers Licence Number	
Passport Number	

2. COMPANY APPLICANT

Complete this section if this is a company application or a trust or superannuation fund with a corporate trustee. This section is to be completed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is also the sole secretary.

Name of Company Applicant	
ACN / ABN / ARBN (delete if inapplicable)	
TFN	
Country of incorporation	
Year of incorporation	
Registered office address (PO Box is not acceptable)	
Principal place of business (PO Box is not acceptable)	
Company type	<input type="checkbox"/> Public <input type="checkbox"/> Proprietary
Regulated by	
Listing details	
Licence details	

Director 1 / Sole Director

Title	
First Name	
Middle Name	
Surname	
Home Phone	
Work Phone	
Mobile Phone	
Email Address	
Date of Birth	

Director 2 / Company Secretary

Title	
First Name	
Middle Name	
Surname	
Home Phone	
Work Phone	
Mobile Phone	
Email Address	
Date of Birth	

Shareholder 1

First Name	
Middle Name	
Surname	
Residential address	

Shareholder 2

First Name	
Middle Name	
Surname	
Residential address	

Beneficial owner 1

First Name	
Middle Name	
Surname	
Residential address	

Beneficial owner 2

First Name	
Middle Name	
Surname	
Residential address	

3. TRUST OR SUPERANNUATION FUND

Name of Trust or Superannuation Fund	
TFN	
ABN	

Trustee 1

Title	
First Name	
Middle Name	
Surname	
TFN	
Home Phone	
Work Phone	
Mobile	
Email Address	
Date & Place of Birth	
Drivers Licence Number	
Passport Number	

Trustee 2

Title	
First Name	
Middle Name	
Surname	
TFN	
Home Phone	
Work Phone	
Mobile	
Email Address	
Date & Place of Birth	
Drivers Licence Number	
Passport Number	

4. BANK ACCOUNT DETAILS

The bank account details provided must be in the same name as the account this application is being completed for.

Bank or Financial Institution and Address	
Bank Account Name	
BSB	
Bank Account Number	

5. ACCOUNT DESIGNATION

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Account designation Maximum 28 Characters. Please abbreviate if necessary. Note that only individuals or legal entities are allowed to be registered as the holder of securities. Your account designation should include the name of one or more individuals or legal entities, though that name may be followed by a designation (eg, Mr John Alfred Smith <Second Account>).

6. POSTAL AND STREET ADDRESS DETAILS

Although a PO Box can be used, one of the addresses MUST be a registered street address.

Post Code	Country

The Applicant's financial products will be registered at this address, leave blank if the same of the postal address.

Post Code	Country

7. CLIENT CATEGORY

You will be treated as a retail client in your dealings with us, unless you advise (and provide evidence to) us that you are a wholesale client.

AMFEX adheres to strict guidelines set out by ASIC in Regulatory Guide 227 (RG227), with best practice guidance we need to ascertain that new clients meet a certain level of experience and knowledge in trading Over the Counter (OTC) derivatives such as CFDs.

TRADING SUITABILITY ASSESSMENT

1. Over the past 3 years, have you placed at least 10 trades on a CFD, or a leveraged investment in a live and/or demo account?

- Yes
 No

2. Do you understand the nature and risks of margined (or geared) transaction?

- Yes
 No

3. Have you completed any course in a leveraged trading or margin product?

- Yes
 No

If you are a wholesale client, you must tick one the following categories, and provide appropriate supporting documentation:

1. Professional Investor (one of the following)

- I/We hold an Australian Financial Services License number _____; or
- I/We are regulated by APRA (other than as a trustee of a superannuation entity); or
- I/We are registered under the Financial Corporations Act 1974 (Cth); or
- I/We are a trustee of a superannuation entity or a person which controls net assets of at least AUD\$10m; or
- I/We are a listed entity (in Australia) or related body corporate of a listed entity; or
- I/We are an exempt public authority; or
- I/We are a corporate entity which carries on a business of investment in financial products, interests in land or other investments AND invest such funds pursuant to public offers or invitations; or
- I/We are a foreign entity that would, if incorporated in Australia, fall within one of the above categories.

2. Other wholesale Investor (one of the following)

- I/We are investing AUD\$500,000 or more; or
- I/We am/are utilising the product in connection with a business that is NOT a small business (ie I/We have 20+ employees if a non-manufacturing business or 100+ employees if a manufacturing business); or
- I/We have provided an Accountant's Certificate verifying that I/we have net assets of AUD\$2.5m OR a gross income of at least AUD\$250,000 pa for the last two financial years; or

Please note that clients who are trustees of superannuation funds, will not classify as wholesale clients unless you (a) control net assets of at least AUD\$10m OR (b) are an APRA regulated entity (other than merely as a trustee of a superannuation entity) OR (c) hold an Australian Financial Services License.

Please note that wholesale clients will not receive a Financial Services Guide or a Product Disclosure Statement, nor will personal advice or a Statement of Advice be provided. Clients who do not satisfy one of the above wholesale client categories, and who have provided insufficient information to determine their status, will be treated as retail clients.

8. IDENTIFICATION

Please attach the following documents:

individual or joint application	<ul style="list-style-type: none"> ➤ a current certified copy of your driver's licence (with photo) or passport (current within the preceding 2 years) for each applicant; OR ➤ a current certified copy of other primary identification document (such as a Birth Certificate or Citizenship Certificate) AND a recent (within the last 3 months) utility bill (phone, gas, electricity or rates) or bank or building society statement displaying residential address (not PO Box). ➤ If partnership, then supply either partnership agreement or extract of minutes of partnership meeting.
Company	<p>If proprietary company:</p> <ul style="list-style-type: none"> ➤ Full name & residential address of each director and company secretary ➤ Same information as for individuals, for directors signing the application form ➤ Full name & residential address of any individual who owns more than 25% of the issued capital of the Company ➤ a copy of the Company's Certificate of Incorporation. <p>If public company:</p> <ul style="list-style-type: none"> ➤ Name of listed company and relevant market/exchange if majority-owned subsidiary of a PLC ➤ Licensing details (if licensed) ➤ Name of relevant market/exchange if listed ➤ a copy of the Company's Certificate of Incorporation.
Trust or Super Fund	<ul style="list-style-type: none"> ➤ a current certified copy of the Trust Deed; ➤ Trustee(s) who are individuals must provide the documents as above for individuals; ➤ Trustee(s) which are companies must provide the additional information as noted above.

(Documents may be certified as a true copy of the original by a justice of the peace, lawyer with current practicing certificate, court registrar, police officer, postal officer, registered chartered accountant or any other person authorised by law to witness the signing of a statutory declaration.)

9. AUTHORISED SIGNATORIES

I/We authorised the following persons to place instructions on my/our behalf. AMFEX may rely on any instructions issued by such persons without seeking further approval or confirmation of authority, unless and until notified in writing by Client otherwise.

Name of Authorised Signatory	Signature

10. EXECUTION

I/We acknowledge the following:

1. I/We have read, understood and retained a copy of the Account Terms & Conditions provided by AMFEX;
2. I/We confirm that (unless we are a wholesale client) I/we have read and understood the Financial Services Guide and the Product Disclosure Statement provided by AMFEX, and have received satisfactory answers to all my/our questions;
3. I/We confirm that UNLESS SPECIFICALLY PROVIDED WITH A STATEMENT OF ADVICE BY AMFEX, I/we understand that AMFEX has not sought or assessed information regarding my/our personal financial circumstances, needs or objectives, nor provided me/us with personal advice, and that I/we have been advised to obtain independent advice to ascertain whether entry into an Account with AMFEX and the transactions contemplated hereunder, are appropriate and suitable for my/our needs;
4. I/We confirm that I/We have read and understood the risk disclosure schedule contained in the Account Terms & Conditions;
5. I/We confirm that where I/we have been categorised as a wholesale client pursuant to the Corporations Act 2001 (Cwth) and I/we have properly determined that trading in these financial products accords with our financial needs and objectives, and I/we will immediately notify AMFEX if/when this is no longer the case;
6. I/We confirm that all information provided by us to AMFEX is not inaccurate, out-of-date or incomplete in any material respect, and that I/we have taken all reasonable steps to fully understand the outcomes of trades and strategies adopted in relation to utilising any advice provided by AMFEX;
7. I/We understand and acknowledge that derivatives trading will be governed by the applicable rules of the exchange (where applicable) and the Corporations Act 2001 (Cwth) as amended, and that investing in leveraged derivative products carries a high level of risk to capital, potential volatility and fluctuations in value which may result in me/us losing more than my/our initial investment amount;
8. I/We understand and acknowledge that during time of unusual market volatility, initial margins may be increased intra-day and margin calls may need to be met intra-day by me/us, and that AMFEX reserves the right to close out my/our positions if margin calls are not met within the time specified; and
9. I/We acknowledge that I/we are aware that this Account Application does not constitute an offer or invitation in any place outside of Australia where or to any person to whom it would be unlawful to make such an offer or invitation.

By signing the following, we acknowledge that we have read this entire document, understood it and agree to be legally bound by its terms. Executed by the Applicant(s) (Note that if this is a company application, this agreement must be executed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is also the sole secretary (if any), that person.)

<i>Applicant 1 / Director 1 / Sole Director / Trustee 1 (delete whichever is not applicable)</i>	
Name:	
Signature:	
Witness Name:	
Witness Signature:	
Date:	

<i>Applicant 2 / Director 2 / Trustee 2 (delete whichever is not applicable)</i>	
Name:	
Signature:	
Witness Name:	
Witness Signature:	
Date:	

GUARANTEE & INDEMNITY

Applicable to Company, Trust and Superannuation Fund accounts

In consideration of AMFEX providing financial services and agreeing to enter into the financial products at the request of the person named here as Guarantor, the Guarantor as evidenced by execution of this Guarantee & Indemnity hereby unconditionally and irrevocably:

- a) Guarantees the due performance observance and fulfillment by the Client of its obligations contained or implied in these Terms & Conditions and on the part of the Client to be performed, observed and fulfilled (whether or not such performance, observance or fulfillment is or may be for any reason unenforceable in whole or in part); and
- b) Indemnifies, as a principal and independent obligation, AMFEX against any cost, loss, damages, expense, action, claim or liability which AMFEX may suffer as a direct or indirect consequence of, or in connection with, any breach by the Client of, or a failure by the Client to perform, these Terms & Conditions or the invalidity or unenforceability of these Terms & Conditions.

Guarantor 1

Signature of Guarantor

Name of Guarantor

Address of Guarantor

Signature of Witness

Name of Witness

Date

Guarantor 2

Signature of Guarantor

Name of Guarantor

Address of Guarantor

Signature of Witness

Name of Witness

Date

PLEASE ENSURE PAGES 2-8 OF THIS APPLICATION ARE COMPLETED AND RETURNED TO AMFEX BY

EMAIL: au@amfex.com OR, COURIER/POSTAL: Suite 1710, 9 Castlereagh Street, Sydney NSW 2000