

SECTION 1: INVESTOR TYPE

Are you an existing investor with OC Funds Management? Yes No (Go to Section 2)

If Yes, please provide investor number:

Note: For existing investors, please complete Sections 1, 3B, 3C and 4. If your details have changed, please complete Section 3A of the Application Form.

SECTION 2: APPLICANT DETAILS

Please indicate who is making the investment:

Investor Type:	Go to	Page
<input type="checkbox"/> Individual/Joint	Section 2A	33
<input type="checkbox"/> Company	Section 2B	34
<input type="checkbox"/> Trust/Superannuation Fund with Individual Trustee	Sections 2A and 2C	33 and 34
<input type="checkbox"/> Trust/Superannuation Fund with Corporate Trustee	Sections 2B and 2C	34

If you do not fall into any of the above categories, or have a TFN exemption, please complete Sections 1, 3 and 4 of this Application Form, and contact us on 1800 442 129 for the relevant Section 2 that is applicable to you.

Section 2A: Individual/Joint Investors/Individual Trustee

Individual/Joint Applicant 1:

Title Mr Mrs Miss Ms Other **D.O.B** / /

Surname

Given names

Are you an Australian tax resident? Yes No **TFN/ABN or exemption** (for Australian residents)

Residential address

City, Suburb or town **State** **Postcode**

Without your TFN, or exemption, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

Individual/Joint Applicant 2:

Title Mr Mrs Miss Ms Other **D.O.B** / /

Surname

Given names

Are you an Australian tax resident? Yes No **TFN/ABN or exemption** (for Australian residents)

Residential address

City, Suburb or town **State** **Postcode**

Without your TFN, or exemption, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

Individual/Joint Applicant 3:

Title Mr Mrs Miss Ms Other **D.O.B** / /

Surname

Given names

Are you an Australian tax resident? Yes No **TFN/ABN or exemption** (for Australian residents)

Residential address

City, Suburb or town **State** **Postcode**

Without your TFN, or exemption, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

All investors – please proceed to Section 3.

Section 2B: Company/Corporate Trustee

Full company name

ACN or ABN (if any) **Tax File Number**

Without your TFN, or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

Country of residence (not required for Individual Trustee or Partner)

Persons receiving the PDS within Australia, but being a non-resident for tax purposes, should state their country of residence for tax purposes.

Are you investing in the capacity of a Trustee? Yes No

Contact name

Nature of business

Is the company registered by ASIC as a proprietary company or public company?

Proprietary company (Please complete the following)

Names of each Director

The name and address of each beneficial owner who owns through one or more shareholdings more than 25% of the issued capital of the company. (Complete Section 2A and tick this box.)

Public company

Account designation

Account designation if desired (eg. <Portfolio #1> or <Kids Education Account)

All investors – please proceed to Section 3.

Section 2C: Trust/Superannuation Fund

Full name of Trust/Superannuation Fund

TFN or ABN (if any)

Without your TFN, or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare Levy).

Please indicate type of Trust

Category A: Registered managed investment scheme

ARSN

Category B: Regulated trust (e.g. self-managed superannuation fund)

ABN Registration/licensing details

Category C: Other trust type

Trust description (e.g. family, unit, charitable)

Complete if the Trust falls under Category C

Do the terms of the trust identify the beneficiaries by reference to membership of a class? Yes No

If **YES**, please provide details of membership class(es) (e.g. Unitholders, family members of named person, charitable purposes)

If **NO**, please provide full names of all of the trust beneficiaries below: *(If there are more than beneficiaries, please write their full names on a separate page and attach to this Application Form)*

Beneficiary 1

Beneficiary 2

Beneficiary 3

Beneficiary 4

All other investors – please proceed to Section 3.

SECTION 3: GENERAL DETAILS

Section 3A: Investor Contact Details

Adviser details not accepted. Joint applicants will be assumed to be joint tenants unless otherwise specified.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	D.O.B	DD <input type="text"/>	/	MM <input type="text"/>	/	YYYY <input type="text"/>
Surname	<input type="text"/>										
Given names	<input type="text"/>										
Postal address (c/ - if applicable)	<input type="text"/>										
Suburb	<input type="text"/>					State	<input type="text"/>		Postcode	<input type="text"/>	
Country	<input type="text"/>										
Telephone (business hours)	(<input type="text"/>)	<input type="text"/>			(after hours)	(<input type="text"/>)	<input type="text"/>				
Mobile	<input type="text"/>					Facsimile	(<input type="text"/>)	<input type="text"/>			
Email	<input type="text"/>										

Section 3B: Investment Details

Please note that the minimum investment amount is \$20,000.

Premium Equity Fund \$ **Dynamic Equity Fund** \$

Allocation of distributors (please mark one box) Reinvest Direct Bank Deposit (complete Section 3C)

I/We wish to apply the above amount to Units at the prevailing application price.

Please indicate how payment will be made Electronic Funds Transfer Cheques (see below)

Application monies can be received electronically into the following account as cleared funds.

Bank/Institution NAB

BSB number 083 - 043

Account number 574393448

A/C name NCS Office Clearing Account OC Application Account

Please include investor number or surname as narration.

Please make cheques payable to: NCS Office Clearing A/C OC Application A/C

Please include investor name and address on the back of the cheque.

Please send cheque to: OC Funds Management, PO Box 572, Collins Street West VIC 8007

Section 3C: Bank Account Details for Distributions and Redemptions

Redemption and distribution (if applicable) payments are required to be paid into this bank account.

Distributions will be automatically reinvested unless otherwise nominated below.

Details of Bank or other Australian Financial Institution

Bank/Institution	<input type="text"/>										
Address	<input type="text"/>										
BSB number	<input type="text"/>		-	<input type="text"/>		Account number	<input type="text"/>				
A/C name	<input type="text"/>										

Section 3D: Annual Financial Report / Online Access

Online Access - Please tick box if you would like on-line access to your investment information via the OC Funds Management website. In order to provide you with your password we require a postal address which is not a third party (eg. Financial Adviser). If your postal address for all other OC correspondence is a third party then we require you to complete below with a direct postal address.

Please tick box if you wish to receive the OC Funds Management Annual Report. By ticking this box an electronic version will be sent to your email address as indicated in Section 3 of the application form. The annual report will also be published on our website at www.ocfunds.com.au

Postal address (not PO Box)	<input type="text"/>										
Suburb	<input type="text"/>					State	<input type="text"/>		Postcode	<input type="text"/>	
Country	<input type="text"/>										

SECTION 4: DECLARATION AND SIGNATURES

I/We acknowledge and declare that:

1. I/We agree to be bound by the constitution (as amended) lodged with ASIC on 19 November 2001 for the OC Premium Equity Fund or OC Dynamic Equity Fund, or both, whatever is applicable.
2. I/We acknowledge that I/we have carefully read the Product Disclosures Statement dated 9 December 2010 in its entirety.
3. I/We acknowledge that investments in the funds are subject to investment risk, including possible delays in repayment and loss of income or capital invested.
4. I/We acknowledge that OC does not guarantee the performance of the fund, nor any particular rate or return for the fund, nor repayment of capital from the fund.
5. I/We acknowledge that application monies will be held in a non interest bearing account until applied to the Fund or returned to me/us.
6. I/We authorise that OC can provide information on the status of my/our investment to my/our nominated financial adviser as set out in appointment of authorised nominees on page 37.
7. I/We hereby also agree to be bound by the terms and conditions of the additional investment arrangement as set out in the Product Disclosure Statement issued by OC.

AML/CTF Terms and Conditions

8. OC is required to comply with the AML/CTF Laws and I/we undertake to provide them with such additional information or documentation as may be requested of me, from time to time, to ensure compliance with such requirements.
9. By making this application and holding units in the Fund I/we acknowledge that I/we am/are not aware and have no reason to suspect that:
 - the money used to fund my/our investments in the fund(s) is derived from or related to money laundering, terrorism financing or similar activities; and
 - proceeds of my/our investment in the Fund(s) will fund illegal activities.

Signature of Applicant 1 **Date** / /

Print full name

Signature of Applicant 2 **Date** / /

Print full name

Signature of Applicant 3 **Date** / /

Print full name

Please tick if applicable:

I am a sole Director and Company Secretary of the company

For "non sole director" company holdings:

Any one Director to sign (Please tick this box if any one Director whose signature appears above is able to operate the investment account and bind the company for future transactions, including additional deposits and withdrawals); or

Two Directors to sign (please tick this box if the signatures of both Directors as shown above are required to be able to operate the investment account and bind the company for future transactions,including additional deposits and withdrawals); or

Director and Company Secretary to sign (Please tick this box if one Director and the Company Secretary whose signatures appear above, are able to operate the investment account and bind the company for future transactions, including additional deposits and withdrawals).

For joint account holdings:

Any one to sign (Please tick this box if any one investor is to be able to operate the investment account and bind the other investor for future transactions, including additional deposits and withdrawals); or

Any two to sign (Please tick this box if any two investors are to be able to operate the investment account and bind the other investor for future transactions, including additional deposits and withdrawals); or

All three to sign.

If no selection is made, "any one to sign" will be applicable.

Appointment of authorised nominee (OPTIONAL)

Please only complete this section if you wish to appoint an authorised nominee to act on your behalf, on the terms set out below. An authorised nominee must be at least 18 years of age.

I/We appoint:

Title Mr Mrs Miss Ms Other

Surname

Given names

[*] Please sign here

Signature

as my/our Authorised Nominee to do the following things in respect of my/our investment in the OC Premium Equity Fund or OC Dynamic Equity Fund:

- change my/our account details relating to my/our investments in the Fund(s);
- obtain details of my/our investments in the Fund(s);
- issue investment and/or redemption instructions on my/our behalf relating to my/our investments in the Fund(s); and
- issue instructions as to how my/our investment distributions are to be paid.

Investor 1: Please select one box Individual Non-corporate trustee Director Sole Director

[*] Please sign here

Date DD / MM / YYYY

Signature

Print name

Investor 2: Please select one box Joint investor 2 Non-corporate trustee Director

[*] Please sign here

Date DD / MM / YYYY

Signature

Print name

Adviser Stamp

<input type="text"/>	Adviser name	<input type="text"/>
	Adviser group	<input type="text"/>
	Adviser address	<input type="text"/>
		<input type="text"/>
	ABN	<input type="text"/>

SECTION 5: IDENTIFICATION DOCUMENTS

The following information and documents are required under the Anti-Money Laundering & Counter Terrorism Financing Act. We will not be able to process your application where the following information or documents are not provided. Also, we will not be able to honour a withdrawal request or pay out a distribution amount to you until you have complied with these requirements.

If you are an existing investor with OC, you are not required to provide us with the information below. If you are a new investor, please complete the section relevant to you as indicated below.

All documents must be certified, for a list of acceptable certifiers go to Section 6.

Investor Type:	Go to
<input type="checkbox"/> Individual/Joint	Section 5A below
<input type="checkbox"/> Company	Section 5B below
<input type="checkbox"/> Trust/Superannuation Fund	Section 5C below
<input type="checkbox"/> Are you a foreign registered or unregistered company? If so, please contact OC to discuss verification requirements.	

Section 5A: Individual/Joint Investors

Please provide a certified copy of one of the following documents along with your completed application form:

- Passport
- Drivers Licence

If you are unable to provide a certified copy of one of these documents, please indicate below. We will then contact you to discuss alternative documents which may be provided.

I am unable to provide a copy of a document listed above. Please contact me to arrange for alternative documents to be provided.

Section 5B: Company/Corporate Trustee

Please provide us with a certified copy of a document from the following.

- Certificate of registration or incorporation issued by ASIC

Section 5C: Trusts/Superannuation Funds

If you are investing on behalf a trust, please provide a:

- Certified copy of your trust deed (including all amending deeds). (The deed(s) may be provided to OC Funds Management within 30 days of completing the application form.)

CERTIFYING DOCUMENTS

Documents may only be certified by the following types of persons:

1. a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
2. a judge of a court
3. a magistrate
4. a chief executive officer of a Commonwealth court
5. a registrar or deputy registrar of a court
6. a Justice of the Peace
7. a notary public (for the purpose of the Statutory Declaration Regulations 1993)
8. a police officer
9. an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
10. a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
11. an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
12. an officer with 2 or more continuous years of service with one or more finance companies (for the purpose of the Statutory Declaration Regulations 1993)
13. a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations (1993)
14. an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees; or
15. a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership

SECTION 6: SAVINGS PLAN DIRECT DEBIT REQUEST (OPTIONAL)

Date / / Investment number

Request and Authority to debit the account named below to pay National Nominees Limited ACF OC Funds Management

Request and Authority to debit:

Surname or company name I/We,

Given names or ACN/ARBN

request and authorise National Nominees Limited ACF OC Funds Management [Debit User Identification Number 264006] to arrange, through its own financial institution, for any amount National Nominees Limited ACF OC Funds Management may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

Insert the name and address of financial institution at which account is held:

Bank/Institution

Address

Suburb State Postcode

Insert details of account to be debited:

Account name

BSB number - Account number

The minimum amount to be debited at any one time is \$100.

Payment Details/Investment Amount

OC Premium Equity Fund \$ OC Dynamic Equity Fund \$

or The first debit may be made on / /

and at monthly intervals after that or Debits may be made fourteen days after the issue of a billing advice.

ACKNOWLEDGEMENT

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and National Nominees Limited ACF OC Funds Management as set out in this Request and in your Direct Debit Request Service Agreement.

[*] Please sign here

Date / /

Signature

Print full name

If signing for a company, sign and print full name and capacity for signing eg. director

Shareholder Address:

Suburb State Postcode

DIRECT DEBIT REQUEST SERVICE AGREEMENT

DEFINITIONS

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct Debit request means the Direct Debit Request between us and you (and includes any form approved for use in the transitional period).

Transitional period means the period commencing on the industry implementation date for Direct Debit Requests (31 March 2000) and concluding calendar months from that date.

We or us means **National Nominees Limited ACF OC Applications Account** (the Debit User) you have authorised by signing a direct debit request.

You means the customer who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1.0 DEBITING YOUR ACCOUNT

- 1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.
- 1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2.0 CHANGES BY US

- 2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days' written notice.

3.0 CHANGES BY YOU

- 3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on **(+613) 9602 3199**.
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least (10) days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit your account at anytime by giving us (10) days notice in writing before the next debit day. This notice should be given to us in the first instance.

4.0 YOUR OBLIGATIONS

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment: **(a)** You may be charged a fee and/or interest by your financial institution; **(b)** You may also incur fees or charges imposed or incurred by us; and **(c)** You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

- 4.3 You should check your account statement to verify that the amounts debited from your account are correct
- 4.4 If National Nominees Limited ACF OC Funds Management Applications Account is liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay **National Nominees Limited ACF OC Applications Account** on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5.0 DISPUTE

- 5.1 If you believe that there has been an error in debiting your account, you should notify us directly on **(+613) 9602 3199** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6.0 ACCOUNTS

- 6.1 You should check: **(a)** With your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions; **(b)** Your account details which you have provided to us are correct by checking them against a recent account statement; and **(c)** With your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

7.0 CONFIDENTIALITY

- 7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you: **(a)** To the extent specifically required by law; or **(b)** For the purposes of this agreement (including disclosing information in connection with any query or claim).

8.0 NOTICE

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

**PO Box 572 Collins Street West
MELBOURNE, VIC 8007**

- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.
- 8.3 Any notice will be deemed to have been received on the third banking day after posting.

Please send completed form to:

OC Funds Management PO Box 572 Collins St West Melbourne, VIC 8007

Telephone: (03) 9602 3199 or Freecall: 1800 442 129 | Facsimile: (03) 9642 0066 | Email: mail@ocfunds.com.au

