



ALLIANCEBERNSTEIN®

# Application Form

**AB Funds**

4 March 2024

## Important Notice

This is the Application Form for the funds listed in section 5 ("Investment details") of this Application Form (AB Fund or AB Funds).

This Application Form should accompany the Product Disclosure Statement (PDS) and the Additional Information, which form part of the PDS for the relevant AB Fund issued by AllianceBernstein Investment Management Australia Limited (ABIMAL) ABN 58 007 212 606 AFSL No. 230683.

It is important that you read the relevant AB Fund's PDS and Additional Information carefully before making a decision to invest in an AB Fund. Information in the PDS and the Additional Information may change from time to time. Any changes not materially adverse will be provided on our website at [alliancebernstein.com.au](http://alliancebernstein.com.au). Please check our website or contact us or your financial adviser for any updates prior to investing in an AB Fund. You can obtain the latest version of the PDS and the Additional Information from our website at [alliancebernstein.com.au](http://alliancebernstein.com.au). We will provide a paper or electronic copy of the PDS and Additional Information and any updates upon request and without charge.

An application in an AB Fund can only be made by a person receiving the PDS and this Application Form in Australia. "US persons" including individuals who are US citizens or US residents for tax purposes and any entity which has Controlling Person/s<sup>1</sup> who are US citizens or US residents for tax purposes may not invest.

**In order to invest under this Application Form, you will need to confirm that you are a "wholesale investor" as defined in s761G Corporations Act, 2001. If you are a retail investor you will only be able to invest via an IDPS or an IDPS like scheme.**

## AML, FATCA and CRS

ABIMAL must comply with the Anti-Money Laundering (AML) and Counter-Terrorism Financing Act 2006 (CTF), and Australian legislation which applies the US Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS). This means that information such as your identity and the source of payment of the application monies must be collected and verified, prior to your being issued units in an AB Fund. ABIMAL will not accept your application request or issue units unless our AML/CTF and FATCA/CRS obligations have been completed to our satisfaction. ABIMAL may in connection with AML/CTF and FATCA/CRS disclose your personal information or be required to freeze accounts due to illegal or suspected illegal activities. ABIMAL will not be liable for any losses incurred or caused by the delay in accepting, processing, or rejecting an application or because of the freezing of an account. Please contact us by phone at (02) 9255 1299 or by email at [aust\\_clientservice@alliancebernstein.com](mailto:aust_clientservice@alliancebernstein.com) with any questions about your application or the acceptable identification required.

<sup>1</sup> Controlling Person/s is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares of a company. For a trust, this includes trustees, settlors or beneficiaries. For a Partnership this includes any partners.

## AB Funds Application Form

### About this Application Form

The instructions and checklist to help you complete this application form are contained on page 29.

Your answer to question 1 will determine whether you should continue to complete this application form:

#### 1. Are you a wholesale investor?<sup>2</sup>

- No, you may not continue to complete this application form. Please contact your adviser
- Yes, you can continue to complete this application form. Please attach a certificate from your accountant that you are a wholesale investor (a suggested form of wholesale investor certificate is attached) or state how you are a wholesale investor within section 761G Corporations Act:

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#### 2. Do you already have an investment in an AB Fund?

- No, go to section 3
- Yes

My account number is \_\_\_\_\_

**(Your account number must be the same as appears in the latest transaction statement in respect of your existing investment in an AB Fund)**

My full name is \_\_\_\_\_

Go to section 4

#### 3. Details of Applicant

Depending on the type of account you want to open, you may be required to complete more than one section and provide evidence of your identity. Please refer to the instructions on page 30.

##### Tax File Number (TFN) or Exemption

At several points in this application form you will be asked to enter a Tax File number (TFN). You may, but are not required to, provide a TFN or an exemption. If you choose not to provide a TFN or claim exemption, we are required to deduct tax from any income 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 code. Collection of your TFN is authorised and its use and disclosure are strictly regulated by the tax laws and Privacy Act.

<sup>2</sup> ABIMAL will only accept direct investments from persons who are classified as a "wholesale investor" for the purposes of section 761G Corporations Act, 2001. Your adviser will assist you to determine whether you are a wholesale investor.

# AB Funds Application Form

## Information on Individuals

### 3.1 Individuals

You must complete this section in respect of the following:

- An individual investor or joint individual investors;
- An individual trustee, settlor, appointor or beneficial owner of an unregulated trust (see section 3.2 “Trusts” for further details);
- Where you answer No to all of the questions in 3.3.1(b) to (f), each beneficial owner of a company whether public or proprietary (see section 3.3 “Company investors” for further details); or
- Where another section of this application form has asked you to provide individual details

#### Individual 1

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tax File Number (TFN) or Exemption: \_\_\_\_\_

Capacity of Individual

<input type="checkbox"/> Individual Investor	<input type="checkbox"/> Individual Trustee
<input type="checkbox"/> Trust Settlor	<input type="checkbox"/> Trust Appointor
<input type="checkbox"/> Trust Beneficial Owner	<input type="checkbox"/> Company Beneficial Owner

Purpose of Investments: \_\_\_\_\_

Source of Funds

<input type="checkbox"/> Savings	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Superannuation
<input type="checkbox"/> Investments	<input type="checkbox"/> Proceeds from asset sales	
<input type="checkbox"/> Other (please specify) _____		

# AB Funds Application Form

## Individual 2

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tax File Number (TFN) or Exemption: \_\_\_\_\_

Capacity of Individual

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Investor    | <input type="checkbox"/> Individual Trustee       |
| <input type="checkbox"/> Trust Settlor          | <input type="checkbox"/> Trust Appointor          |
| <input type="checkbox"/> Trust Beneficial Owner | <input type="checkbox"/> Company Beneficial Owner |

Purpose of Investments: \_\_\_\_\_

Source of Funds

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Savings                      | <input type="checkbox"/> Inheritance               | <input type="checkbox"/> Superannuation |
| <input type="checkbox"/> Investments                  | <input type="checkbox"/> Proceeds from asset sales |   |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

## AB Funds Application Form

### Individual 3

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tax File Number (TFN) or Exemption: \_\_\_\_\_

Capacity of Individual

- Individual Investor
- Trust Settlor
- Trust Beneficial Owner

- Individual Trustee
- Trust Appointor
- Company Beneficial Owner

Purpose of Investments: \_\_\_\_\_

Source of Funds

- Savings
- Investments
- Other (please specify) \_\_\_\_\_
- Inheritance
- Proceeds from asset sales

Superannuation

Please add additional pages if more individuals need to complete this section.

If the investment is to be in the name of the individual or individuals referred to in this question 3.1 (your capacity is an "individual investor"), please go to question 4. If the investor is a company or a trust, please complete questions 3.2 and/ or 3.3. If you have already completed 3.2 and/ or 3.3 (where applicable), please go to section 4.

## AB Funds Application Form

### Information on Trusts

#### 3.2 Trusts

Please complete this section if you are investing as a managed investment scheme, a trust or a superannuation fund.

Full Trust Name: \_\_\_\_\_

Business address (no P.O. boxes): \_\_\_\_\_

Country Established: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Business Activity: \_\_\_\_\_

Please indicate the type of trust:

Superannuation Fund regulated by APRA

ABN \_\_\_\_\_ RSE Number \_\_\_\_\_

Self-Managed Superannuation Fund regulated by the ATO

ABN \_\_\_\_\_

Government Superannuation Fund

Legislation under which established \_\_\_\_\_

ASIC registered Managed Investment Scheme

ARSN \_\_\_\_\_

Managed Investment Scheme which is not registered with ASIC, only has wholesale clients and does not make small scale offerings to which Section 1012E of the Corporations Act 2001 applies.

ABN \_\_\_\_\_

Charitable Trust

Registration number with Australian Charities and Not for Profit Commission \_\_\_\_\_

Other (unregulated Trust) \_\_\_\_\_

Tax File Number (TFN) or exception: \_\_\_\_\_

## AB Funds Application Form

### 3.2.1 Individual Trustees

Where you have ticked in Section 3.2 “other unregulated trust” (referred to in this Application form as an “unregulated trust”) and the trustee(s) of the trust include individuals, please complete section 3.1 (individuals) for all of the individual trustees. After completing Section 3.1 please complete Sections 3.2.3, 3.2.4 and 3.2.5 following.

Where you have ticked any other box in Section 3.2 (referred to in this Application form as a “regulated trust”) and the trustees include individuals, please provide the details in this section.

#### Individual Trustee 1

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

#### Individual Trustee 2

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

#### Individual Trustee 3

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Please add additional pages if more individual trustees need to complete this section.**

### 3.2.2 Corporate Trustee

Where the type of trust is an “unregulated trust” and the trust has corporate trustee(s), you must complete 3.3 (Companies). After completing Section 3.3 please complete Sections 3.2.3, 3.2.4 and 3.2.5 following.

If you are a regulated trust with a corporate trustee, please provide the information below. Once you have provided the information go to Section 4.

Company Name: \_\_\_\_\_

Australian Company Number (ACN): \_\_\_\_\_

Australian Business Number (ABN): \_\_\_\_\_

ARBN (for registered foreign companies): \_\_\_\_\_

Country established: \_\_\_\_\_

Registered office address in place of incorporation (no P.O. boxes): \_\_\_\_\_

\_\_\_\_\_

## AB Funds Application Form

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

The registered office address in Australia (for registered foreign companies): \_\_\_\_\_

\_\_\_\_\_

Full address of the company's principal place of business (for domestic companies and registered foreign companies): \_\_\_\_\_

\_\_\_\_\_

Name of registration body for the company (e.g., ASIC): \_\_\_\_\_

If you are a foreign company the identification number issued by the foreign registration body (if any): \_\_\_\_\_

Company type:

Public  Private or Proprietary  Other (please specify) \_\_\_\_\_

If you are a private or proprietary company, the name of each director:

Director 1: \_\_\_\_\_

Director 2: \_\_\_\_\_

Director 3: \_\_\_\_\_

**Please add additional pages if more directors need to complete this section.**

### 3.2.3 Trust Settlers

(a) Does the trust settlor whose contribution to the trust is \$10,000 or more:

Yes  No

If Yes, please provide the name of the settlor: \_\_\_\_\_

(b) Is the settlor still alive?

Yes  No  N/A

**If the answer is Yes to questions 3.2.3(a) and 3.2.3(b), please complete section 3.1 "individuals" for the settlor**

### 3.2.4 Trust Beneficiaries

Please include the following details of the trust beneficiaries. Attach additional pages for more beneficiaries, if necessary.

#### Beneficiary No. 1

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



## AB Funds Application Form

### Beneficiary No. 2

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Beneficiary No. 3

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Class of Beneficiaries

If the beneficiaries are determined by reference to a class or classes of beneficiaries, please provide a description of each class of beneficiaries:

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### 3.2.5 Appointer/Beneficial Owners

(a) Does the unregulated trust have an appointer? (An appointer is an individual, other than a trustee, who has been granted specific powers by the trust deed including to appoint capital or income or to appoint or remove the trustees):

Yes **Please complete section 3.1 "Individuals" for the appointer**

No

(b) Is there anyone else who directly or indirectly owns 25% or more of the trust or controls the trust that is different from the trustee/ appointer (a "beneficial owner")? Control of a trust or trustee includes control by means of trusts, agreements, arrangements, understandings or practices (whether or not having legal force) or by exercising control through the capacity to determine decisions about the financial and operating policies of the unregulated trust.

Yes **Please complete section 3.1 "Individuals" for the beneficial owner or owners**

No

## AB Funds Application Form

### Information on Companies

#### 3.3 Companies

Please complete this section if you are investing in the capacity of a company or custodian/nominee, including the corporate trustee of an unregulated trust. Please note, if you are investing in a custodian/nominee capacity, you will need to also complete the attestation in section 3.3.4.

Company Name: \_\_\_\_\_

Country in which the company is formed: \_\_\_\_\_

Australian Company Number (ACN) or reason for an exemption: \_\_\_\_\_

Australian Business Number (ABN) or TFN or reason for an exemption: \_\_\_\_\_

ARBN (if the applicant is a registered foreign company): \_\_\_\_\_

Registered office address in Australia (no P.O. boxes): \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Principal place of office of your business in Australia if different from above (no P.O. boxes):

\_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Name of registration body for the entity (e.g., ASIC or foreign equivalent): \_\_\_\_\_

#### 3.3.1 Company Details

(a) Company type:

Public  Private or Proprietary  Other

(b) Is the company a listed public company?

No

Yes

Name of place where listed: \_\_\_\_\_

(c) Is the company majority owned by a listed company?

No

Yes

Name of listed company and place of listing: \_\_\_\_\_

If you answered Yes to any question in 3.3.1(b) – (f), you do not need to complete further sections of 3.3. If you are investing in a custodian/nominee capacity, you will need to also complete the attestation in section 3.3.4, otherwise please go to section 4.

## AB Funds Application Form

(d) Does the entity hold an Australian Financial Services Licence (AFSL)?

No

Yes

Please provide the AFSL number: \_\_\_\_\_

(e) Is the company a Registered Superannuation Entity licensee (RSE licensee)?

No

Yes

Please provide the RSE licensee number: \_\_\_\_\_

(f) Is the company otherwise licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company?

No

Yes

Please provide details: \_\_\_\_\_

### 3.3.2 Directors

If you indicated that the Company is a private or proprietary company, please provide the names of the directors (attach a further page if more than 2 directors)

#### Director 1

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

#### Director 2

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

If you answered Yes to any question in 3.3.1(b) – (f), you do not need to complete further sections of 3.3. If you are investing in a custodian/nominee capacity, you will need to also complete the attestation in section 3.3.4, otherwise please go to section 4.

## AB Funds Application Form

### 3.3.3 Shareholders and Beneficial Owners

Please provide full details of all persons that own directly or indirectly 25% or more of the shares or other equity interests of the company or who are “beneficial owners” of the company. A “beneficial owner” is anyone who directly or indirectly owns 25% or more of company or controls the company (This includes control of the company by means of trusts, agreements, arrangements, understandings or practices (whether or not having legal force) or by exercising control through the capacity to determine decisions of the board about the financial and operating policies of the company).

Attach additional pages for more shareholders or beneficial owners, if necessary.

#### Shareholder/Beneficial Owner 1

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

#### Shareholder/Beneficial Owner 2

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

#### Shareholder/Beneficial Owner 3

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Residential address (no P.O. Boxes): \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Please complete 3.1 in respect of each 25% shareholder or beneficial owner of the company. Once you have completed 3.1, if you are investing in a custodian/nominee capacity, you will need to also complete the attestation in section 3.3.4, otherwise please go to section 4.

## AB Funds Application Form

### 3.3.4 Custodian Details and Registration Details

Are you acting in a custodial capacity for an individual, another company, a trust, or other entity?  No  Yes

In accordance with part 4.4.19 (a) to (d) of the AML/CTF Rules, chapter 4, does the custodian meet the definition of a custodian?  No  Yes

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In accordance with part 4.4.19(e) of the AML/CTF Rules, chapter 4, does the custodian attest that prior to requesting this designated service, it has carried out and will continue to carry out, all applicable customer identification procedures on the underlying account holder named or to be named in the register, including conducting ongoing customer due diligence requirements in accordance with chapter 15 of the AML/CTF rules?  No  Yes

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If you answered YES to **all** of the above questions, then ABIMAL is **able** to apply the chapter 4, part 4.4 custodian rules to this account and will rely upon the customer due diligence conducted by the custodian on the underlying account holder named in the register. If requested to do so at any time after the provision of this designated service, the custodian agrees to honour any reasonable request made by ABIMAL for information or evidence about the underlying account holder in order to allow ABIMAL to meet its enhanced due diligence procedures.  No  Yes

Does the custodian agree?

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Please provide the legal name and regulator registration details of the **underlying account holder** named or to be named in the register.

Name of underlying account holder:

\_\_\_\_\_

Regulator Name: \_\_\_\_\_

Registration Type: ACN, ABN, ARBN, ARSN, RSE, AFSL, RSL, ACLN etc.: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Excepting the below circumstances where the custodian answered NO to **any** of the above questions, no other information about the underlying account holder is required to be collected by ABIMAL. However, further information about the custodian as a company is required to be collected and verified by ABIMAL in accordance with the chapter 4 AML/CTF rules. Please complete the rest of this form for the custodian.

#### Excepting circumstances:

If you answered NO to **any** of the above questions, then ABIMAL is **unable** to apply the chapter 4, part 4.4 custodian rules to this account. ABIMAL is then obligated to conduct full KYC on the underlying account holder named in the register including any named nominee, **and** the trustees, beneficial owners and controlling persons of the underlying named account in addition to the custodian. Therefore, please complete the required forms and provide identity evidence for the all parties connected to this account.

## AB Funds Application Form

### 4. Contacts and Financial Adviser

#### 4.1 Contact for the Account

To assist with the processing of this application and the administration of your account, please provide us with your preferred contact details.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

You can elect to have information (such as statements and transaction confirmations) sent to you by email. If you do not make an election to receive information by email, you will receive correspondence by mail to your registered address.

I wish to receive information by email.  Email: \_\_\_\_\_

AB Fund annual financial reports will be available on our website [alliancebernstein.com.au](http://alliancebernstein.com.au). You may in addition choose to receive financial reports free of charge either by mail or by email. Please indicate in the appropriate box below if you want to receive copies of financial reports and the manner in which you want to receive the financial reports. If you do not indicate your preference, you can access the financial reports on our website [alliancebernstein.com.au](http://alliancebernstein.com.au).

I wish to receive a copy of the financial reports free of charge. By:

(a) Hard copy by mail

(b) Soft copy by email

Please contact us at (02) 9255 1299 or by email at [aust\\_clientservice@alliancebernstein.com](mailto:aust_clientservice@alliancebernstein.com) if you need to change your communication preferences, details or nominations.

#### 4.2 Financial Adviser/Administrator

If applicable, please provide details of your financial adviser or administrator.

Full name of adviser: \_\_\_\_\_

Company: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Dealer group: \_\_\_\_\_ AFSL: \_\_\_\_\_

Telephone: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to investor: \_\_\_\_\_

If you want your financial adviser or administrator to receive copies of your account information (such as statements and transaction confirmations), please tick the appropriate box below:

Please send my financial adviser copies of my account information.

Please do not send my financial adviser copies of my account information.

## AB Funds Application Form

### 5. Investment Details

Please confirm you have read the Target Market Determination (TMD) for the respective fund(s) in which you are investing. TMDs may be found on the Fund's page on our website at [alliancebernstein.com.au](http://alliancebernstein.com.au)

I/we confirm I/we have read the TMD for the following fund(s):

Fund Name	APIR Code	Target Market Determination (TMD)
AB Dynamic Global Fixed Income Fund	ACM0001AU	<input type="checkbox"/>
AB Concentrated Australian Equities Fund Class A	ACM0005AU	<input type="checkbox"/>
AB Managed Volatility Equities Fund (Managed Fund)—MVE Class	ACM0006AU	<input type="checkbox"/>
AB Global Equities Fund	ACM0009AU	<input type="checkbox"/>
AB Sustainable Global Thematic Equities Fund	ACM8902AU	<input type="checkbox"/>

Please enter the amount to be invested, your income distribution option and the date of the PDS you received.

Fund Name	APIR Code	Fund Code (include reference with your payment)	Minimum Investment Amounts Initial/ (Additional)	Investment Amount A\$	Income Distribution Payment Option (Select Only One)		Insert the Date of the PDS you Received
					Reinvest	Pay Cash	
AB Dynamic Global Fixed Income Fund	ACM0001AU	DGFIDY	\$50,000/ (\$5,000)		<input type="checkbox"/>	<input type="checkbox"/>	
AB Concentrated Australian Equities Fund Class A	ACM0005AU	CAEFUND	\$50,000/ (\$5,000)		<input type="checkbox"/>	<input type="checkbox"/>	
AB Managed Volatility Equities Fund (Managed Fund)—MVE Class	ACM0006AU	ABMVOLTS	\$50,000/ (\$5,000)		<input type="checkbox"/>	<input type="checkbox"/>	
AB Global Equities Fund	ACM0009AU	COREAU	\$50,000 (\$5,000)		<input type="checkbox"/>	<input type="checkbox"/>	
AB Sustainable Global Thematic Equities Fund	ACM8902AU	AUSSGT	\$50,000/ (\$5,000)		<input type="checkbox"/>	<input type="checkbox"/>	

In the absence of distribution payment instructions, distributions will be automatically reinvested and additional units will be issued to you.

### 6. Payment Method and Details

Please indicate your preferred method of payment by ticking the appropriate box below:

- Direct Credit  Please pay account: AllianceBernstein Investment Management Australia Limited - Application Account  
BSB: 012 055 A/C no.: 838316316  
Please reference the relevant AB Fund code per the table above
- SWIFT  Please pay SWIFT code ANZBAU3M  
Please reference the relevant AB Fund code per the table above

Please contact us at (02) 9255 1299 or by email at [aust\\_clientservice@alliancebernstein.com](mailto:aust_clientservice@alliancebernstein.com) with any questions about payments.

In addition to making your payment, please send your completed Application Form to us by mail, courier or fax at:

Address: AllianceBernstein Unit Registry  
C/- Link Market Services Pty Limited  
Locked Bag 5038  
Parramatta NSW 2124

Fax: (02) 9287 0372

## AB Funds Application Form

### 7. Payment Instructions for Withdrawals and Income Distributions

Please nominate an account with an Australian bank or financial institution into which we can make payments to you. Only Australian dollar-denominated accounts in the name of the Applicant will be accepted. If you want your income distributions paid in cash, please indicate your income distribution payment option in section 5 ("Investment details"). You may provide different accounts for payments of withdrawals and income distributions.

#### Account for withdrawal payments

Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

Branch/BSB No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

#### Account for income distribution payments

Please pay income distributions to the account nominated above for withdrawals.

Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

Branch/BSB No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

### 8. Privacy

ABIMAL is committed to collecting and using your personal information in a way that respects your privacy, in accordance with our Privacy Policy and the requirements of the AML/CTF and FATCA/CRS. By completing this Application Form, you may be providing personal information. We may collect your personal information for the purpose of:

- processing and accepting your application;
- carrying out and administering investments in AB Funds on your behalf (Investments), including but not limited to, monitoring, auditing, evaluating, modeling data and reporting to you in connection with your Investments;
- offering you products or services;
- answering queries;
- dealing with complaints;
- conducting our internal business operations (including meeting any relevant legal requirements); and
- managing client relationships and improving the products and services we provide.

If you do not provide the information requested in this Application Form, or if the information you provide us is incomplete or inaccurate, we may be delayed in, or prevented from, processing or accepting your application. We may also be delayed in or prevented from providing to you any products or services, administering your Investments, providing information to you or otherwise meeting our obligations to you. We may disclose your personal information:

- internally to our staff;
- to our related bodies corporate;
- to any person where necessary in connection with your Investments or the provision of our products or services;
- to our professional advisers such as auditors, accountants and lawyers, insurance companies, property managers, consistent with normal business practices;
- to third parties we may engage from time to time to assist us in the promotion of our products and services, and who may receive limited personal information for that purpose;
- to external service providers (on a confidential basis) so they can provide us services related to our business: for example, mailing services, IT services, unit registry, AML & CTF verification and custodial services as well as archival services.

ABIMAL and its related bodies corporate may use your personal information for the purpose of directly marketing their products or services to you. You may withdraw your consent to the use of personal information for direct marketing at any time by contacting us.

Some of the persons or entities listed above may be located or perform services overseas. As a result, your personal information may be disclosed to a recipient in a foreign country. Where this happens we will seek by contract or other means to ensure your personal information is protected.

Please refer to our Privacy Policy for information about how you can access and seek correction of the personal information we hold about you



# SECTION 8

## FATCA IGA & CRS Self-Certification Entity

**Please read before completing this form:**

Tax authorities require Financial Institutions (FIs) to collect and report certain information about Account Holder's tax residency statuses. To enable the FI to comply with its obligations to report to the relevant tax authorities, you are required to state the residency for tax purposes of the person or persons identified as the holder(s) of a Financial Account. On this form these persons are cumulatively referred to as the "Account Holder(s)". Terms used in this section are further explained in the Annexures to this section.

### I. Account Information

**Account Holder** - The person listed or identified as the holder of a Financial Account. The name of the Account Holder should be provided. If the person opening the account is not a Financial Institution and is acting as an intermediary, agent, custodian, nominee, signatory, investment advisor or legal guardian on behalf of one or more other account holders this form must be completed by or on behalf of that other person who is referred to as the Account Holder.

Legal Entity Name			Country of Incorporation or Organisation
Permanent Residence Address (if none, Address of Principal Office)			
City/Town	State/Province	Postal Code	Country (do not abbreviate)
GIIN (if any)			Sponsoring Entity's Name (if entity is a sponsored entity and providing sponsor's GIIN)

### II. Tax Residence

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes.

If the entity has no residence for tax purposes, enter the country in which its place of effective management is situated.

**Taxpayer Identification Number (TIN)** - A taxpayer identification number (TIN) or functional equivalent should be provided for each country of residence for tax purposes identified. A TIN is a unique combination of letters and/or numbers assigned to the individual by a government, or its tax authorities, which is used to identify the account holder for the purposes of administering taxes. In some countries this may be a number that is specifically referred to as a TIN, while other countries may use other numbers (such as a social insurance number) to identify their residents for tax purposes.

Country of Tax Residence 1	Taxpayer Identification Number 1	TIN Unavailable <input type="checkbox"/>
Country of Tax Residence 2	Taxpayer Identification Number 2	TIN Unavailable <input type="checkbox"/>
Country of Tax Residence 3	Taxpayer Identification Number 3	TIN Unavailable <input type="checkbox"/>

TIN Unavailable Explanation(s) – (If any "TIN Unavailable" box is checked, please provide an explanation)

**I certify the tax residence countries provided represent all countries in which the individual or entity is considered a tax resident.**

If Account Holder has additional countries of tax residence please attach a statement to this form containing the Country and TIN for each. Individual investors go to Section V. FATCA STATUS

### III. Superannuation Funds

Are you an Australian superannuation fund (including a self managed superannuation fund)?

**Yes** if Yes, go to VI Declarations and Signature  **No**

## IV. CRS Status

**FINANCIAL INSTITUTION** - A entity that falls into any of the following categories:

**1. Custodial Institution** - any entity that holds, as a substantial portion of its business, Financial Assets for the account of others. See Annex for definition of "substantial portion".

**2. Depository Institution** - An entity that accepts deposits in the ordinary course of a banking or similar business.

**3. Investment Entity** - any Entity that either:

a) primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:

i) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity future trading; ii) individual and collective portfolio management; or iii) otherwise investing, administering, or managing Financial Assets or money on behalf of other persons; OR

b) the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets, if the Entity is managed by a Financial Institution.

**4. Specified Insurance Company** - any Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract

### Is the Account Holder a Financial Institution?

If Yes, complete the Financial Institution certification

Yes  No

If No, complete the Nonfinancial Entity certification

#### Financial Institution (FI)

Is the entity an Investment Entity managed by an FI?  
(See Financial Institution definition above – section 3(b))

**Yes** If any tax residence country provided is not a participating CRS jurisdiction, then complete the Controlling Persons Attachment

**No**

#### Nonfinancial Entity (NFE)

Select the category of NFE which applies to the entity. See Annex for definitions of NFE categories. Select only single category. If the category is "Passive NFE", then complete the Controlling Persons attachment.

**Governmental Entity, International Organisation, or Central Bank**

A corporation the stock of which is regularly traded on an established securities market (or entity related to such a corporation)

Name of Securities Market: \_\_\_\_\_

Name of Related Entity: \_\_\_\_\_

A Start-up Company formed in the past 24 months

Please provide the date of the entity was organised: \_\_\_\_\_

**Other Active NFE** (See Annex for other categories)

**Passive NFE** (Complete Controlling Persons attachment)

## V. FATCA Status

**U.S. Person** - A corporation or partnership organized in the United States, the U.S. government or any state within the U.S. or the District of Columbia, a trust if a court within the United States is able to exercise primary jurisdiction over the administration of the trust and one or more United States persons have the authority to control all substantial decisions of the trust, or an estate the income of which, from sources without the United States which is not effectively connected to a U.S. trade or business, is includible in gross income for U.S. tax purposes.

For individual investors a "US Person" includes a US citizen or resident alien of the US (green card holder) even if residing outside the US. See IRS Pub. 519 for more information.

Specified U.S. Person - Any U.S. person other than:

- a publicly traded corporation, or a corporation that is a member of the same expanded affiliated group as a publicly traded corporation
- a tax exempt organization (as defined in section 501(a))
- an individual retirement plan (as defined in section 7701(a)(37))
- the United States or an agency or instrumentality of the United States, or any state (including District of Columbia and United States possessions) or state authorities
- a bank (as defined in section 581)
- a real estate investment trust (as defined in section 856)
- a regulated investment company (as defined in section 851)
- an entity registered with the SEC under the Investment Company Act of 1940

## Is the Account Holder a U.S. Person?

If Yes, complete U.S. Person certification

Yes  No

If No and you are not an individual investor, complete the non U.S. Person certification

### U.S. Person

Is the entity a specified U.S. person?  
(See U.S. Person definition above)

**Yes** Provide a U.S. TIN below

**No**

U.S. Taxpayer Identification Number (TIN)

---

### Non-U.S. Person

Select a classification that matches your FATCA status:  
See Annex for definitions of IGA categories. Select only a single category.  
If the category is Passive NFFE, then complete the Controlling Persons attachment

**Participating FFI** (Provide GIIN in Part I)

**Local/Partner Jurisdiction FFI** (Provide GIIN in Part I)

**Deemed Compliant FFI** (Provide GIIN in Part I)

Select deemed-compliant category

**Trustee-Documented Trust** (Provide GIIN and trustee name in Part I)

**Sponsored Investment Vehicle** (Provide GIIN and sponsor's name in Part I)

**Registered-Deemed Compliant FFI** (Provide GIIN in Part I)

**Other Deemed-Compliant Category**

**Nonparticipating FFI**

**Exempt Beneficial Owner**

**Direct Reporting NFFE** (Provide GIIN in Part I)

**Sponsored Direct Reporting NFFE** (Provide GIIN and sponsor's name in Part I)

**A Start-up Company formed in the past 24 months**

Please provide the date of the entity was organised: \_\_\_\_\_

**Other Active NFFE** (See Annex for other categories)

**Passive NFFE** (Complete Controlling Persons attachment)

## VI. Declarations and Signature

- I understand that the information supplied by me in this Certification (including any attachments hereto) is covered by the full provisions of the terms and conditions governing my/the Account Holder's relationship with the FI setting out how the FI may use and share the information supplied by me to the FI.
- I acknowledge and agree that information contained in this Certification (including any attachments hereto) and information regarding the account(s) set out above may be reported to the tax authorities of the country in which the account is maintained and that those tax authorities or the FI may provide the information to the country or countries in which I/the Account Holder am/is resident for tax purposes.
- I undertake to advise the FI promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide the FI a suitably updated Certification and/or attachment within 30 days of such change in circumstances.
- I certify that I am authorised to sign for the Account Holder of all the account(s) to which this form relates.
- I declare that all statements made on this form/in this Certification (including any attachments hereto) are, to the best of my knowledge and belief, true, correct and complete. I agree that I will submit a new certification within 30 days if any information on this form becomes incorrect.

Name of Signer	Signature
Capacity in which Signing	
Date (DD/MM/YYYY)	

# Controlling Persons Attachment

Please provide the information requested below on the Account Holder's controlling person(s) if you have indicated that the Account Holder is:  
 (a) for FATCA purposes a passive NFFE, or  
 (b) for CRS purposes a Passive NFE or an investment entity managed by a financial institution with a tax residence in a non-CRS jurisdiction.

**Controlling Persons** - The natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" must be interpreted in a manner consistent with the Financial Action Task Force Recommendations (See FATF Recommendation 10 – Customer Due Diligence).

**This attachment is considered an integral part of the self-certification to which it is associated.**

**If there is a change in Controlling Persons, please submit an updated attachment within 30 days.**

<b>Controlling Person</b>	First Name		Family Name/Surname	
	Current Residence Address			
	City/Town	State/Province	Postal Code	Country (do not abbreviate)
	Country of Tax Residence 1		Taxpayer Identification Number 1	Date of Birth (DD/MM/YYYY)
	Country of Tax Residence 2		Taxpayer Identification Number 2	Town/City of Birth
	Country of Tax Residence 3		Taxpayer Identification Number 3	Town/City of Birth
	TIN Unavailable Explanation(s)— If TIN is not provided above, please provide an explanation.		<b>Controlling Person Type</b>	Legal Person: <ul style="list-style-type: none"> <li><input type="checkbox"/> Control by Ownership</li> <li><input type="checkbox"/> Control by Other Means</li> <li><input type="checkbox"/> Senior Managing Official</li> </ul>
		Legal Arrangement—Trust: <ul style="list-style-type: none"> <li><input type="checkbox"/> Settlor</li> <li><input type="checkbox"/> Protector</li> <li><input type="checkbox"/> Other</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Trustee</li> <li><input type="checkbox"/> Beneficiary</li> </ul>
		Legal Arrangement—Other: <ul style="list-style-type: none"> <li><input type="checkbox"/> Settlor-Equivalent</li> <li><input type="checkbox"/> Protector-Equivalent</li> <li><input type="checkbox"/> Other-Equivalent</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Trustee-Equivalent</li> <li><input type="checkbox"/> Beneficiary-Equivalent</li> </ul>

<b>Controlling Person</b>	First Name		Family Name/Surname	
	Current Residence Address			
	City/Town	State/Province	Postal Code	Country (do not abbreviate)
	Country of Tax Residence 1		Taxpayer Identification Number 1	Date of Birth (DD/MM/YYYY)
	Country of Tax Residence 2		Taxpayer Identification Number 2	Town/City of Birth
	Country of Tax Residence 3		Taxpayer Identification Number 3	Town/City of Birth
	TIN Unavailable Explanation(s)— If TIN is not provided above, please provide an explanation.		<b>Controlling Person Type</b>	Legal Person: <ul style="list-style-type: none"> <li><input type="checkbox"/> Control by Ownership</li> <li><input type="checkbox"/> Control by Other Means</li> <li><input type="checkbox"/> Senior Managing Official</li> </ul>
		Legal Arrangement—Trust: <ul style="list-style-type: none"> <li><input type="checkbox"/> Settlor</li> <li><input type="checkbox"/> Protector</li> <li><input type="checkbox"/> Other</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Trustee</li> <li><input type="checkbox"/> Beneficiary</li> </ul>
		Legal Arrangement—Other: <ul style="list-style-type: none"> <li><input type="checkbox"/> Settlor-Equivalent</li> <li><input type="checkbox"/> Protector-Equivalent</li> <li><input type="checkbox"/> Other-Equivalent</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Trustee-Equivalent</li> <li><input type="checkbox"/> Beneficiary-Equivalent</li> </ul>

\*If Account Holder has additional Controlling Persons, provide multiple Controlling Persons attachments.

<b>Controlling Person</b>	First Name		Family Name/Surname	
	Current Residence Address			
	City/Town	State/Province	Postal Code	Country (do not abbreviate)
	Country of Tax Residence 1		Taxpayer Identification Number 1	Date of Birth (DD/MM/YYYY)
	Country of Tax Residence 2		Taxpayer Identification Number 2	Town/City of Birth
	Country of Tax Residence 3		Taxpayer Identification Number 3	Town/City of Birth
	TIN Unavailable Explanation(s)— If TIN is not provided above, please provide an explanation.		<b>Controlling Person Type</b>	Legal Person: <ul style="list-style-type: none"> <li><input type="checkbox"/> Control by Ownership</li> <li><input type="checkbox"/> Control by Other Means</li> <li><input type="checkbox"/> Senior Managing Official</li> </ul>
		Legal Arrangement—Trust: <ul style="list-style-type: none"> <li><input type="checkbox"/> Settlor</li> <li><input type="checkbox"/> Protector</li> <li><input type="checkbox"/> Other</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Trustee</li> <li><input type="checkbox"/> Beneficiary</li> </ul>
		Legal Arrangement—Other: <ul style="list-style-type: none"> <li><input type="checkbox"/> Settlor-Equivalent</li> <li><input type="checkbox"/> Protector-Equivalent</li> <li><input type="checkbox"/> Other-Equivalent</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Trustee-Equivalent</li> <li><input type="checkbox"/> Beneficiary-Equivalent</li> </ul>

<b>Controlling Person</b>	First Name		Family Name/Surname	
	Current Residence Address			
	City/Town	State/Province	Postal Code	Country (do not abbreviate)
	Country of Tax Residence 1		Taxpayer Identification Number 1	Date of Birth (DD/MM/YYYY)
	Country of Tax Residence 2		Taxpayer Identification Number 2	Town/City of Birth
	Country of Tax Residence 3		Taxpayer Identification Number 3	Town/City of Birth
	TIN Unavailable Explanation(s)— If TIN is not provided above, please provide an explanation.		<b>Controlling Person Type</b>	Legal Person: <ul style="list-style-type: none"> <li><input type="checkbox"/> Control by Ownership</li> <li><input type="checkbox"/> Control by Other Means</li> <li><input type="checkbox"/> Senior Managing Official</li> </ul>
		Legal Arrangement—Trust: <ul style="list-style-type: none"> <li><input type="checkbox"/> Settlor</li> <li><input type="checkbox"/> Protector</li> <li><input type="checkbox"/> Other</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Trustee</li> <li><input type="checkbox"/> Beneficiary</li> </ul>
		Legal Arrangement—Other: <ul style="list-style-type: none"> <li><input type="checkbox"/> Settlor-Equivalent</li> <li><input type="checkbox"/> Protector-Equivalent</li> <li><input type="checkbox"/> Other-Equivalent</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Trustee-Equivalent</li> <li><input type="checkbox"/> Beneficiary-Equivalent</li> </ul>

\*If Account Holder has additional Controlling Persons, provide multiple Controlling Persons attachments.

# Annex to Section 8

## CRS Definitions

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### NFE Categories

#### NFEs

An NFE means any entity that is not a financial institution. An NFE may be an **Active NFE** or a **Passive NFE**.

#### Active NFEs

##### Active NFEs by Reason of Income and Assets

Less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income.

##### A Corporation the Stock of which is Regularly Traded on an Established Securities Market (or entity related to such a corporation)

The stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market.

<b>Regularly Traded</b>	Meaningful volume of trading with respect to the stock on an on-going basis.
<b>Established Securities Market</b>	An exchange that is officially recognised and supervised by a governmental authority in which the market is located and that has a meaningful annual value of shares traded on the exchange.
<b>Related Entity</b>	An Entity is a "Related Entity" of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

#### Governmental Entity

The government of a jurisdiction, any political subdivision of a jurisdiction (including a state, province, county, or municipality), or any wholly owned agency or instrumentality of a jurisdiction or of any one or more of the foregoing.

#### International Organisation

Any international organisation or wholly owned agency or instrumentality thereof. This category includes any intergovernmental organisation (including a supranational organisation) (1) that is comprised primarily of governments; (2) that has in effect a headquarters or substantially similar agreement with the jurisdiction; and (3) the income of which does not inure to the benefit of private persons.

#### Central Bank

An institution that is by law or government sanction the principal authority, other than the government of the jurisdiction itself, issuing instruments intended to circulate as currency. Such an institution may include an instrumentality that is separate from the government of the jurisdiction, whether or not owned in whole or in part by the jurisdiction.

#### Holding NFEs that are Members of a Nonfinancial Group

Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

#### A Start-up Company formed in the past 24 months

The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE.

#### NFE Liquidating or Emerging from Bankruptcy

The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution.

#### Treasury Centers that are Members of a Nonfinancial Group

The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution.

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### **Non-Profit NFE**

An NFE that meets the following criteria:

- i) it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
- ii) it is exempt from income tax in its jurisdiction of residence;
- iii) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- iv) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
- v) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision.

### **Passive NFE**

For purpose of completing this certification, a Passive NFE means any NFE that is not an Active NFE.

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### **Entity Managed By Another Financial Institution**

An Entity is "managed by" another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the following activities or operations: trading in money market instruments; foreign exchange; exchange, interest rate and index instruments; transferrable securities; or commodity futures trading.

An Entity only manages another Entity if it has discretionary authority to manage the other Entity's assets (either in whole or part). Where an Entity is managed by a mix of Financial Institutions, NFEs or individuals, the Entity is considered to be managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or an Investment Entity that performs the above trading functions, if any of the managing Entities is such an Entity.

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### **Participating CRS Jurisdiction**

A jurisdiction with which an agreement is in place pursuant to which it will provide the information set out in the CRS. A list of all participating jurisdictions can be found at: <http://www.oecd.org/tax/transparency/AEOI-commitments.pdf>

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### **Global Intermediary Identification Number (GIIN)**

The term GIIN or Global Intermediary Identification Number means the identification number that is assigned to a participating FFI or registered deemed-compliant FFI. The term GIIN or Global Intermediary Identification Number also includes the identification number assigned to a reporting Model 1 FFI for purposes of identifying such entity to withholding agents. All GIINs will appear on the IRS FFI list.

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# Annex to Section 8

## FATCA Definitions–1

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### FATCA Status—Financial Institution

#### Participating FFI

An FFI that has agreed to comply with the requirements of an FFI agreement, including an FFI described in a Model 2 IGA that has agreed to comply with the requirements of an FFI agreement. The term PFFI also includes a QI branch of a U.S. financial institution, unless such branch is a Reporting Model 1 FFI.

#### Local/Partner Jurisdiction FFI

An FFI located in a jurisdiction that has in effect an agreement with the United States to facilitate the implementation of FATCA. A list of all participating jurisdictions can be found at: <http://www.treasury.gov/resource-center/tax-policy/treaties/Pages/FATCA-Archive.aspx>

#### Trustee-Documented Trust

A trust established under the laws of the local jurisdiction to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust.

#### Registered Deemed-Compliant FFI

An FFI that registers with the IRS to declare its status. Includes certain local FFIs, non-reporting members of participating FFI groups, qualified collective investment vehicles, restricted funds, qualified credit card issuers and servicers, and sponsored investment entities and controlled foreign corporations.

#### Other Deemed-Compliant FFI

Deemed-compliant FFIs also include the following: Non-Registering Local Bank, FFI with Only Low Value Accounts, Sponsored Closely-Held Investment Vehicle, Limited Life Debt Investment Entity, and any other FFI treated as a deemed-compliant FFI under an applicable IGA (except for a registered deemed-compliant FFI).

#### Nonparticipating FFI

An FFI other than a participating FFI, a deemed-compliant FFI, or an exempt beneficial owner.

#### Exempt Beneficial Owner

An entity in one of the following categories:

Governmental Entity The government of a jurisdiction, any political subdivision of a jurisdiction (including a state, province, county, or municipality), or any wholly owned agency or instrumentality of a jurisdiction or of any one or more of the foregoing.

International Organisation Any international organisation or wholly owned agency or instrumentality thereof. This category includes any intergovernmental organization (including a supranational organisation) (1) that is comprised primarily of governments; (2) that has in effect a headquarters or substantially similar agreement with the jurisdiction; and (3) the income of which does not inure to the benefit of private persons.

Central Bank An institution that is by law or government sanction the principal authority, other than the government of the jurisdiction itself, issuing instruments intended to circulate as currency. Such an institution may include an instrumentality that is separate from the government of the jurisdiction, whether or not owned in whole or in part by the jurisdiction.

Exempt Retirement Fund A retirement fund that meets one of the following categories under the applicable IGA: Treaty-Qualified Retirement Fund, Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Pension Fund of an Exempt Beneficial Owner, or Investment Entity Wholly Owned by Exempt Beneficial Owners.

Investment Entity Wholly An Entity that is a Financial Institution solely because it is an Investment Entity, provided that each direct holder of an Equity Interest

Owned by Exempt BOs in the Entity is an exempt beneficial owner, and each direct holder of a debt interest in such Entity is either a Depository Institution (with respect to a loan made to such Entity) or an exempt beneficial owner.

#### Direct Reporting NFFE

A direct reporting NFFE is a passive NFFE that elects to report certain information about its direct or indirect substantial U.S. owners directly to the IRS on Form 8966 in lieu of providing such information to the financial institutions at which the NFFE holds an account. Direct reporting NFFEs will be required to register with the IRS to obtain a GIIN and agree to report the information about its substantial U.S. owners directly to the IRS. A direct reporting NFFE will not be treated as a participating FFI or be required to enter into an FFI agreement; it will be treated as an excepted NFFE.

#### Sponsored Direct Reporting NFFE

An entity to serving as a “sponsor” for one or more direct reporting NFFEs, which will require the sponsoring entity to report information about a sponsored direct reporting NFFE’s direct or indirect substantial U.S owners directly to the IRS on a Form 8966.

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# Annex to Section 8

## FATCA Definitions–2

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### FATCA Status—NFFE

#### NFFEs

An NFFE means any entity that is not a financial institution. An NFFE may be an Active NFFE or a Passive NFFE.

#### Active NFFEs

##### Active NFFEs by Reason of Income and Assets

Less than 50% of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income.

##### A Corporation the Stock of which is Regularly Traded on an Established Securities Market (or entity related to such a corporation)

The stock of the NFFE is regularly traded on an established securities market or the NFFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market.

Regularly Traded	Meaningful volume of trading with respect to the stock on an on-going basis.
Established Securities Market	An exchange that is officially recognised and supervised by a governmental authority in which the market is located and that has a meaningful annual value of shares traded on the exchange.
Related Entity	An Entity is a "Related Entity" of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

#### Excepted Territory NFFE

The NFFE is organized in a U.S. Territory and all of the owners of the payee are bona fide residents of that U.S. Territory.

#### Governmental Entity

The NFFE is a government (other than the U.S. government), a political subdivision of such government (which, for the avoidance of doubt, includes a state, province, county, or municipality), or a public body performing a function of such government or a political subdivision thereof, a government of a U.S. Territory, an international organization, a non-U.S. central bank of issue, or an Entity wholly owned by one or more of the foregoing.

#### Holding NFFEs that are Members of a Nonfinancial Group

Substantially all of the activities of the NFFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

#### A Start-up Company formed in the past 24 months

The NFFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFFE.

#### NFFE Liquidating or Emerging from Bankruptcy

The NFFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution.

#### Treasury Centers that are Members of a Nonfinancial Group

The NFFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution.

#### Non-Profit NFFE

##### An NFFE that meets the following criteria:

- i) it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
- ii) it is exempt from income tax in its jurisdiction of residence;
- iii) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- iv) the applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents do not permit any income or assets of the NFFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFFE has purchased; and
- v) the applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents require that, upon the NFFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFFE's jurisdiction of residence or any political subdivision.

#### Passive NFFE

For purpose of completing this certification, a **Passive NFFE** means any NFFE that is not an **Active NFFE**.

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## AB Funds Application Form

### 9. Declarations, Acknowledgment and Signatures

#### 9.1 Citizens or Persons of the United States of America

##### Individuals Only

Are you a citizen of the United States of America?  Yes  No

If not, are you a resident for tax purposes of the United States of America?  Yes  No

All Applicants

I/We declare that:

- I am/we are not a United States (US) person;
- I/we will not be receiving an investment in an AB Fund in the United States; and
- I am/we are not investing on account of, or for the benefit of, a US person.

In making an investment in an AB Fund I/we agree that:

- if my/our investment becomes a US Account for the purposes of the US Foreign Account Tax Compliance Act (FATCA), I/we will promptly notify ABIMAL; and
- I/we will provide ABIMAL with any information requested to assist ABIMAL and its agents to comply with CRS.

You are considered to be a US person if you are an individual who is a US citizen or US resident alien, a partnership, corporation, company, or association created or organised in the United States or under the laws of the United States, a US estate or a US trust (as defined in Regulations section 301.7701-7).

#### 9.2 Transacting by Fax

When transacting by fax I/we agree with ABIMAL and its agents that:

- You may, but do not need to, give notices or instructions (Communications) such as application and withdrawal notices by fax;
- Only persons authorised by you will give us and our agents Communications by fax;
- We are entitled to assume that any Communication received by fax which purports to have been sent by or on behalf of you has been authorised by you, and we are not required to investigate or confirm authority. We will have no liability to you for relying on any fax Communications, whether or not the Communication has been authorised by you;
- Without limiting the above, we may refuse to act on any fax Communication until its validity has been verified, and will have no liability to you for any loss caused by the refusal to act upon the fax Communication; and
- You agree to indemnify us and our agents against any claim, expense, cost or liability incurred by us or our agents as a result of fax Communications, unless incurred as a direct result of our gross negligence or willful default.

## AB Funds Application Form

### 9.3 Declarations and Acknowledgements

I/We declare that:

- All details in this application are true, correct and up to date;
- I/We have read and understood the IM for the AB Fund to which this application applies and agree to be bound by its provisions;
- I/We have legal power to apply for and invest in the AB Fund;
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it);
- Sole signatories signing on behalf of a company confirm that they are signing in their capacity as sole director of the company;
- In the case of joint applications, the joint applicants agree that unless otherwise expressly indicated on this application form, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions, including additional contributions and withdrawals;
- I/We will not knowingly do anything to put ABIMAL in breach of AML/CTF laws and will immediately notify ABIMAL if I/we are aware of anything that may put ABIMAL in breach of AML/CTF laws;
- I/We agree to inform AllianceBernstein promptly of any changes from time to time in the nature of our:
  - business relationship with AllianceBernstein,
  - control structure, or
  - beneficial ownership; and
- I/We are not aware and do not suspect that the money used to pay for the investment in the AB Fund is derived from or is in any way related to money laundering, terrorism financing, illegal or similar activities, and the proceeds of the investment in the AB Fund will not fund any illegal activities.

I/We acknowledge that:

- I/ We consent to the collection of personal information and sensitive information as defined by the Privacy Act 1988, as amended and acknowledge that any personal information that I/we may have provided may be used in accordance with the terms set out in the IM;
- I/We consent to the disclosure of personal information and sensitive information to AllianceBernstein's employees, related bodies corporates and third parties (including when located overseas) and regulators when required to verify individuals' identity under the AML/CTF Laws
- Neither I/we nor my/our related parties or agents guarantee or underwrite the performance of the AB Fund, the repayment of capital, the rate of income, the capital return or the price at which units may be issued or redeemed;
- Acceptance of the application is dependent upon cleared funds being available for investment;
- I/We have conducted my/our own inquiries and where necessary I/we have obtained independent advice about investing in the AB Fund;
- I am/we are bound by the terms and conditions of the AB Fund's constitution to which this application applies;
- I/We will provide additional information or assistance requested and will comply with any reasonable requests to help ABIMAL comply with any applicable laws;
- Any additional units issued to me/us will be issued on the same terms and conditions as set out in the IM as updated from time to time, and will be subject to the same declarations, acknowledgments, representations and warranties made by me/us in this application form, and I/we agree that I/we will be bound by the terms and conditions of the relevant AB Fund constitution in respect of any additional units.

## AB Funds Application Form

### Signing Instructions

**Individuals**—where an investment is in one name, the investor must sign.

**Joint Holdings**—where an investment is a joint holding in more than one name, all investors must sign.

**Companies including corporate trustees**—two directors or a director and a secretary must sign, unless you are a sole director.

**Trusts**—all the trustees or the responsible entity must sign.

**Power of Attorney**—Please provide a certified copy of the Power of Attorney. If signed by an attorney, the attorney certifies that the Power of Attorney has not been revoked.

### Applicant(s) Signature(s)

First individual, director or authorised signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Office held (e.g., director/secretary/sole director/ attorney/  
trustee or other (please specify))

Second individual, director/company secretary or authorised signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Office held (e.g., director/secretary/sole director/ attorney/  
trustee or other (please specify))

For Company Investments Only: This document was executed in accordance with its constitution and the Corporations Act 2001. Financial Adviser Declaration

By signed below, the financial adviser represents to ABIMAL that he/she:

- has identified the applicant in accordance with FSC/FPA Industry Guidance and completed with AML/CTF/FATCA/CRS laws;
- will upon request provide the Applicant's original identification records to ABIMAL and that he/she has kept and will keep records of the applicant's identification records as required by the relevant law;
- will provide ABIMAL with a copy of his/her applicant identification procedures used;
- will not knowingly do anything to put ABIMAL in breach of AML/CTF laws and will notify ABIMAL if he/she is aware of anything that may put ABIMAL in breach of AML/CTF laws; and
- will obtain from the applicant and provide ABIMAL with any additional information reasonably requested.

Financial Adviser

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## AB Funds Application Form

### Instructions for Completion of this Application Form

The parts of the Application Form that you must complete depend on the nature of the applicant(s) and whether individuals who are trustees, settlors, beneficiaries, beneficial owners, are required to be verified. You are required to send verification documents noted below certified in accordance with the instructions below. Please see also page 30 for supporting documents and verification required. If you are relying on an accountant's certificate to prove that you are a wholesale investor, please attached the certificate with your application. A suggested form of certificate is attached.

Section	Individuals	Trusts	Companies
3.1	Yes, for Individual/Joint Investors and Individuals where required by 3.2 (Trustees) or 3.3 (Companies)	Yes, for individual trustees, settlors, appointers or beneficial owners of unregulated trusts	Yes, for directors and beneficial owners of proprietary or private companies where you have answered No to all of the questions in 3.3.1(b) to (f)
3.2		Yes, for all trusts	
3.3		Yes, for corporate trustees of unregulated trusts	Yes
4.	Yes	Yes	Yes
5.	Yes	Yes	Yes
6.	Yes	Yes	Yes
8.	Yes	Yes	Yes
9.	Yes, individual/ Joint Investors must sign application form	Yes, trustee/s must sign application form	Yes, application form must be signed on behalf of the company

### Identification Documents

#### Type of Applicant–Individual

**Documents Required** If you are required to fill in question 3.1:

- FSC/FCP identification form completed by your financial adviser (where applicable)

For each individual named in the application, please provide an **original certified copy** of one of the following:

- current driver's licence or a proof of age card issued by a state or territory containing a photograph of the person
- Australian passport (a passport that has expired within the preceding two years is acceptable);
- foreign passport or national identity card issued by a foreign government containing a photograph of the person in whose name the card was issued; or
- If you are appointing an attorney, please provide an **original certified copy** of the power of attorney.

#### Type of Applicant–Trusts (Including Managed Investment Schemes and Superannuation Funds)

**Documents Required** If you are required to fill in question 3.2:

- FSC/FPA identification form completed by your financial adviser (where applicable)

To verify the name of the trust, if you are an unregulated trust please provide an **original certified copy** of one of the following:

- trust deed or constitution;
- a notice of assessment (or other notice) issued by the Australian Tax Office within the last 12 months; or
- a letter from a solicitor or qualified accountant verifying the trust name. Full identification details of the trustees
- To verify that you are not an unregulated trust please attach evidence of your status eg superannuation fund including an SMSF (please attach evidence that the fund is a complying self-managed superannuation fund such a copy of the "Super fund lookup")

#### Type of Applicant–Companies

**Documents Required** If you are required to fill in question 3.3:

- FSC/FPA identification form completed by your financial adviser (where applicable)

If you answered No to all questions in 3.3.1(b) to (f), to verify the name of the company, please provide an **original certified copy** of one of the following:

- constitution; or
- a notice of assessment (or other notice) issued by the Australian Tax Office within the last 12 months. For foreign companies, please provide an original certified copy of the registration document.

If you answered Yes to any question in 3.3.1(b) to (f), please attach evidence of your status.

## AB Funds Application Form

Please note, where evidence relied on as part of the identification process is in a language other than English, this document must be accompanied by an English translation that has been prepared by an accredited translator.

### Certification of Documents

An **original certified copy** is a document for which an authorised individual has certified, no more than 12 months before the date of the application that it is a true copy of the original document. In other words the copy and the original are identical documents. The authorised individuals certifying identification documents are:

- A person who is currently licensed or registered in Australia to practise as a chiropractor, dentist, lawyer, doctor, nurse, optometrist, patent or trade marks attorney, pharmacist, physiotherapist, psychologist or veterinary surgeon
- 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)
- A judge or master of a court
- A magistrate
- A chief executive officer of a Commonwealth court;
- A registrar or deputy registrar or clerk of a court
- A bailiff, sheriff or sheriff's officer
- A Justice of the Peace
- A Commissioner for Affidavits or Commissioner for Declarations
- A person before whom a statutory declaration may be made under the law of the State or Territory where it is made
- A notary public (for the purposes of the Statutory Declaration Regulations 1993 or authorised as such in a foreign country)
- Minister of Religion
- A marriage celebrant registered under the Marriage Act 1961
- A police officer
- A full time teacher
- Senior Executive Service employee of the Commonwealth, a State, a Territory, or an authority of any of them,
- Permanent employee of the Commonwealth, a State, a Territory, or an authority of any of them or of a local government authority with 2 or more years continuous service.
- Member of Commonwealth, State or Territory parliament or of a local government authority;
- Member of the Australian defence force who is an officer, a warrant officer or a non-commissioned officer with 2 or more years continuous service;
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees; Identification Documents
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees,
- Bank or building society officer with 2 or more years continuous service;
- Finance company officer with 2 or more years continuous service
- A member of the Institute of Chartered Accountants in Australia, CPA Australia, Institute of Public Accountants ;
- Member of the Association of Taxation and Management Accountants, Member of Chartered Secretaries, Australia, fellow of the National Tax Accountants Association;
- Non-student member of Engineers Australia, member of the Australasian Institute of Mining and Metallurgy;
- Holder of a statutory office not otherwise specified.

## **AB Funds Application Form**

### **When certifying documents, the following process must be followed:**

- All copied pages of original proof of identification documents must be certified.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document “certified true copy”. This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify identification documents, the authorised individual should write or stamp “certified true extract”.

### **Who can certify identification documents? (OVERSEAS ONLY)**

Identification documents can be certified by:

- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- A notary public authorised as such in a foreign country
- Employee of the Commonwealth or the Australian Trade Commission who is exercising their function in a country or place outside Australia and authorised under the Consular Fees Act 1955

### **When certifying documents, the following process must be followed:**

- All copied pages of original proof of identification documents must be certified.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document “certified true copy”. This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify identification documents, the authorised individual should write or stamp “certified true extract”.



**ALLIANCEBERNSTEIN AUSTRALIAN WHOLESALE UNIT TRUSTS  
WHOLESALE INVESTOR CERTIFICATE**

Full Legal Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

AllianceBernstein Adviser: \_\_\_\_\_

I confirm I am a Wholesale Investor on the following basis (Please select from Option A or B):

**(A) Professional Investor—please tick one of the two boxes**

I manage funds in excess of \$10 million. Please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**or**

I am an Australian Financial Services Licensee: AFSL Number \_\_\_\_\_

Or

**(B) Sophisticated Investor—please tick one of the two boxes**

I have net assets of at least \$2.5 million

**or**

I have gross income for each of the last 2 financial years of at least \$250,000

If you select Option B, please have your accountant fill out the Accountant's Certificate (below). This certification is required to be renewed every two years and you accept the responsibility to ensure a current Accountant's Certificate is provided to AllianceBernstein.

**Applicant(s) Signature(s)**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Office held (e.g., director/secretary/sole director and sole secretary/  
attorney/trustee or other (please specify))

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Office held (e.g., director/secretary/sole director and sole secretary/  
attorney/trustee or other (please specify))

**SOPHISTICATED INVESTOR ACCOUNTANT'S CERTIFICATE**  
**Chapter 7 of the Corporations Act 2001**

To be completed by a qualified accountant.

**I certify that the Applicant on the attached Form has:**

net assets of at least \$2.5 million

or

gross income for each of the last 2 financial years of at least \$250,000

**Name and firm of Qualified Accountant:**

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**Qualified Accountant's professional body and membership designation:**

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Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Accountant

\_\_\_\_\_  
Date

**Please note this certificate needs to be reconfirmed every two years in order for the Applicant to remain a Sophisticated Investor.**



**AllianceBernstein Australia Limited**

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