



**PrimeValue**  
Building Wealth Together

## Application Form

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Prime Value Growth Fund

Prime Value Imputation Fund

Prime Value Opportunities Fund

Prime Value Cash Plus Fund

## Contact details

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Level 9  
Prime Value House  
34 Queen Street  
Melbourne VIC 3000  
Phone: 03 9098 8088  
Fax: 03 9098 8099  
Email: [info@primevalue.com.au](mailto:info@primevalue.com.au)  
Website: [www.primvalue.com.au](http://www.primvalue.com.au)

## Guide for completing the application form

Please use this form if you are a new investor or an existing investor and wish to invest in a new fund. If you are an existing investor and wish to invest in the same fund, please download the 'Additional Investment Form' from our website ([www.primevalue.com.au/forms](http://www.primevalue.com.au/forms)) or you can request a copy by calling us on 03 9098 8088.

You should read the relevant Fund's Product Disclosure Statement (PDS) and Additional Information to the PDS before completing this application form. Terms used in this application form have the same meaning as defined in the PDS. Prime Value has absolute discretion to accept or refuse an application.

Completed application forms and application monies should be sent to Prime Value Asset Management Limited, Level 9, 34 Queen St, Melbourne, Victoria 3000. If you have any questions, please contact Prime Value Asset Management Client Services on 03 9098 8088 or email ([info@primevalue.com.au](mailto:info@primevalue.com.au)).

## Verifying your identity—Anti-Money Laundering and Customer Identification Requirements

Australia's Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation requires us to collect identification information and documentation from our investors. If you are investing with us for the first time you must complete this application form and provide suitable identification documents to enable us to verify your identity.

We may also request additional information from you. For non-Australian resident companies and trusts, please contact us as the information requested in the application form and documentation we require differs.

If you have a financial adviser and they have collected additional information from you, verified your identity and completed Section 11 of the application form, no identification documentation is required.

The documentation we require to verify your identity is listed in Section 1A of the application form.

## Methods of payment

### Direct Credit - Electronic \$A transfer

Account Name	Bank	Swift	BSB	Account No
Prime Value Asset Management Ltd (Growth Fund)	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	010380553
Prime Value Asset Management Ltd (Imputation Fund)	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	010380561
Prime Value Asset Management Ltd (Opportunities Fund)	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	010155532
Prime Value Asset Management Ltd (Cash Plus Fund)	JPMorgan Chase Bank NA (Sydney Branch)	CHASAU2X	212 200	010380609

Please use the Investor name/surname as a narrative/ reference on the EFT so that we can identify your money. Failure to do this may delay the processing of your application. Please notify us on (03) 9098 8088 or [info@primevalue.com.au](mailto:info@primevalue.com.au) of the details of your EFT or direct deposit as soon as possible.



Please contact your financial institution to make a payment from your cheque or savings account. You will need to quote both the BPAY® Biller Code of the Fund (refer below) and your Customer Reference Number. Please contact us for your Customer Reference Number.

	BPAY Biller Code
Prime Value Growth Fund	4899365
Prime Value Imputation Fund	4899373
Prime Value Opportunities Fund	4899381
Prime Value Cash Plus Fund	TBA

®Registered to BPAY Pty Ltd ABN 69 079 137 518

## Cheques

Please make cheques payable to:

**Prime Value Asset Management Limited (Growth Fund)** and/or  
**Prime Value Asset Management Limited (Imputation Fund)** and/or  
**Prime Value Asset Management Limited (Opportunities Fund)** and/or  
**Prime Value Asset Management Limited (Cash Plus Fund)**

If multiple Funds are selected for investment, please send multiple cheques, each made out to the relevant Fund for the amount invested.

PLEASE USE CAPITAL LETTERS AND BLACK OR BLUE INK TO COMPLETE THIS APPLICATION FORM

## 1. Investor Details

Do you have an existing investment with Prime Value?

No, go to **Section 1A**

Yes, is this investment to be in the same name?

No, go to **Section 1A**

Yes, my Account Number is

My Account Name is

Please proceed to **Section 5**.

1A. Type of Investor	Sections to complete	Identification documents required
Individual(s) or joint investments	1B, then 2 onwards	See Section 1B - 'Identification documents required'
Australian Company	1C, then 2 onwards	No identification documents required
Superannuation Fund (corporate trustee)	1C and 1D, then 2 onwards	No identification documents required
Superannuation Fund (individual trustee)	1B and 1D, then 2 onwards	No identification documents required
Trust (corporate trustee)	1C and 1D, then 2 onwards	See Section 1D - 'Identification documents required'
Trust (individual trustee)	1B and 1D, then 2 onwards	See Section 1B - 'Identification documents required' and Section 1D - 'Identification documents required'

For other types such as associations, please contact us on (03) 9098 8088 or info@primevalue.com.au for an alternative form to use.

## 1B. Applicant details – Individual/Joint Investors/Individual Trustees

Please complete if you are investing as an individual, joint investor or individual trustee(s).

Investor 1

Title (Dr, Mr, Mrs, Ms, Miss)

Male

Female

Date of Birth

Full Given Name(s)

Surname

TFN\*

Or TFN exemption

Non-residents: Please indicate the country of residence for tax purposes.

\* It is not compulsory to provide your Tax File Number (TFN). However, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus the Medicare levy). For super funds or trusts, that TFN or ABN should be provided in Section 1D and no TFN is required here.

Residential Address

(not P.O. Box)

Suburb

State

Country

Postcode

## Investor 2 (if applicable)

Title (Dr, Mr, Mrs, Ms, Miss)

Male

Female

Date of Birth

Full Given Name(s)

Surname

TFN\*

Or TFN exemption

Non-residents: Please indicate the country of residence for tax purposes.

\* It is not compulsory to provide your Tax File Number (TFN). However, without your TFN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus the Medicare levy). For super funds or trusts, that TFN or ABN should be provided in Section 1D and no TFN is required here.

Residential Address  
(not P.O. Box)

Suburb

State

Country

Postcode

## Signing authority (for joint applicants)

Please tick to indicate signing requirements for withdrawal requests or to change account details:

Any one investor to sign

Both investors to sign

If no selection is made, 'both investors to sign' will be assumed

## Identification documents required

Please provide a CERTIFIED\* copy of **one** of the following documents for each individual.

Current Australian Drivers Licence (copy the front and back)

Passport (Australian passports that have expired within the preceding 2 years are acceptable)

Any identification card issued under a state or territory law in Australia or by an overseas government which contains your photo, date of birth and signature

\* Please refer to the back of this application form for details on how documents are to be certified.

Please proceed to **Section 2** on page 7

## 1C. Applicant details—Company/Corporate Trustee

Please complete if you are investing for, or on behalf of, a Company (or Corporate Trustee).

Company Name

(as registered with ASIC)

ACN

ABN

TFN\*

Or TFN exemption

Non-residents: Please indicate the country of residence for tax purposes.

\* It is not compulsory to provide your Tax File Number (TFN) or Australian Business Number (ABN). However, without your TFN, ABN or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus the Medicare levy). For super funds or trusts, that TFN or ABN should be provided in Section 1D and no TFN is required here.

## Registered Address (not P.O. Box)

Address

Suburb

State

Country

Postcode

## Principal Place of Business in Australia

Same as registered address; or

Address

Suburb

State

Country

Postcode

## Directors Details

### Director 1

Given Name(s)

Surname

### Director 2

Given Name(s)

Surname

(if there are more than two directors, please provide full names on a separate page and attach to this form)

## Shareholder Details

Please provide the full name of each person who owns, through one or more shareholdings, more than 25% of the company's issued capital.

### Shareholder 1

Given Name(s)

Surname

### Shareholder 2

Given Name(s)

Surname

(if there are more than two shareholders, please provide full names on a separate page and attach to this form)

Please proceed to **Section 2** on page 7

## 1D. Applicant details—Superannuation Funds or Trusts

Please complete if you are investing for, or on behalf of, a Superannuation Fund/Trust

Super Fund/  
Trust Name

ABN

Country of Establishment

TFN\*

Or TFN exemption

Non-residents: Please indicate the country of residence for tax purposes.

\* It is not compulsory to provide your Tax File Number (TFN). However, without your TFN, Australian Business Number (ABN) or exemption information, withholding tax will be deducted from your distributions at the highest marginal rate (plus the Medicare levy).

## Trustee details

Business name of Trustee (if any)

Tick the type of trustee

Individual Trustee—Please ensure Section 1B of this form is completed

Corporate Trustee—Please ensure Section 1C of this form is completed

**For Superannuation Funds, this Section is complete. Please go to Section 2.**

## Trust beneficiary details

Please provide the full name of each beneficiary of the trust

*If the terms of the trust identify the beneficiaries by reference to a membership of a class (eg family members of a named person), instead of listing all the beneficiaries, you may provide details of the membership class.*

Beneficiary 1

Beneficiary 2

Beneficiary 3

Beneficiary 4

(If there is more than four beneficiaries, please provide full names on a separate page and attach to this form)

## Identification documents required—Trusts only

Please provide an original or CERTIFIED copy or CERTIFIED extract of the trust deed (including all amending deeds). Only the front page of the trust deed needs to be certified—refer to the back of this application form for details on how documents are to be certified.

Please proceed to **Section 2** on page 7

## 2. Security questions (for identification)

Please indicate two confidential questions and answers that can be used to identify you over the phone. An example may be, Q. What is your mother's maiden name? A. Smith

Question 1

Answer

Question 2

Answer

## 3. Annual financial reports

We will provide a copy of the relevant Fund's Annual Financial Reports on our website [www.primevalue.com.au](http://www.primevalue.com.au)

Tick this box if you would also like to receive a hard copy in the mail.

## 4. Contact details

Contact Person

Postal Address (if applicable)

Address

Suburb

State

Country

Postcode

Telephone and Email Details

Phone (Home)

Phone (Work)

Mobile

Fax

Email

## 5. Income distribution details

I/We wish to receive distributions

Fund	Reinvested as additional units or	Credited to my nominated account below
Prime Value Growth Fund		
Prime Value Imputation Fund		
Prime Value Opportunities Fund		
Prime Value Cash Plus Fund		

Please note: If you do not nominate how your distributions are to be received, it will automatically be reinvested into the relevant fund.

## 6. Bank account details

Please provide us with the bank account details into which you would like distribution payments made.

Financial Institution

Branch

BSB

Account Number

Account Name

## 7. Investment details

Please specify the amount you wish to invest.

Growth Fund \$	Minimum Initial investment is \$20,000	Cheque	EFT	BPAY
Imputation Fund \$	Minimum Initial investment is \$20,000	Cheque	EFT	BPAY
Opportunities Fund \$	Minimum Initial investment is \$20,000	Cheque	EFT	BPAY
Cash Plus Fund \$	Minimum Initial investment is \$20,000	Cheque	EFT	BPAY

## 8. Regular savings plan

To establish a Regular Savings Plan, you need to instruct us to deduct the relevant amount from your bank account monthly by completing the direct debit authority in Section 9 below. Regular savings plans will be processed on the 20th of each month. If this is not a business day, it will be processed on the next business day.

Regular Savings Plan Amount

Growth Fund \$	Minimum \$200 (per month)
Imputation Fund \$	Minimum \$200 (per month)
Opportunities Fund \$	Minimum \$200 (per month)

## 9. Direct debit request

I/We, until further notice in writing, request and authorise Prime Value Asset Management Limited ABN 23 080 376 110, User IDs:

- 437298 (Prime Value Growth Fund)
- 437299 (Prime Value Imputation Fund)
- 437300 (Prime Value Opportunities Fund)

to debit the below Australian bank account on the 20th of each month:

Financial Institution

Branch

BSB

Account Number

Account Name

I/We, understand this will be arranged through Prime Value's own financial institution (JPMorgan Chase Bank NA (Sydney Branch) Level 18, 85 Castlereagh Street, Sydney 2000, BSB 212 200) through the Bulk Electronic Clearing System (BECS).

I/We have read, understood and agree to the terms and conditions governing the debit arrangements between me/us and Prime Value Asset Management Limited as set out in the Direct Debit Request Service Agreement in Section 9 of the Additional Information to the PDS.

Signature of primary bank account holder

Signature of joint bank account holder (if applicable)

Full name

Full name

Date

Date



**10. Financial adviser details (if applicable). Please refer to Section 6 of the Additional Information to the PDS**

Adviser Name  
 Company Name  
 Address  
 Suburb State  
 Country Postcode  
 Phone (BH) Fax Mobile  
 Adviser Email  
 Admin Email (for commission payments - if different from the adviser's email)  
 Dealer Group AFSL No

**Adviser Payment**

I/We direct Prime Value to deduct the fees set out below from my/our Account and pay them to my Financial Adviser or dealer group in accordance with terms and conditions of the PDS (fees exclude GST).

Prime Value Growth Fund . % or \$ .  
 Prime Value Imputation Fund . % or \$ .  
 Prime Value Opportunities Fund . % or \$ .  
 Prime Value Cash Plus Fund . % or \$ .

**11. Identification and verification by financial adviser (if applicable)**

*Financial adviser to complete where they have completed the AML/CTF identification and verification.*

I confirm that I have completed an appropriate investor identification procedure for the investor that meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Legislation), I understand that Prime Value will rely on the procedure that I conducted, and (please select)

I have attached the relevant Financial Services Council (FSC) standard identification form or alternative form that was used to perform the investor identification procedure; or

I have attached a copy of the source document(s) from which I identified the investor, or

I will retain the verification documents in accordance with the AML/CTF Legislation and agree to provide Prime Value with access to them as required.

Adviser Name

Adviser's signature\*

Date

\*Only Authorised Representatives or employees of an AFS Licensee can sign.

**12. Authorised nominee appointment (Please complete only if an authorised nominee is required)**

Name of Authorised nominee

Signature of Authorised nominee

Signature of Investor(s)

**13. Declarations and signatures Joint applicants must both sign. Applications under a Power of Attorney must be accompanied by a certified copy of the power.**

In signing this application form, I/we acknowledge/agree to the following:

- I/we have read and understood the Product Disclosure Statement to which this application form is attached;
- I/we agree to be bound by the terms of the Product Disclosure Statement and the constitution;
- I/we agree to be bound by the terms of the Direct Debit Request Service Agreement (if applicable) contained in the Product Disclosure Statement where I/we have opted to use the Direct Debit Service;
- I/we acknowledge that neither Prime Value nor any other person or entity guarantees the value or performance of this investment or any income or capital return from the Fund;
- Prime Value may accept my/our application in whole or in part;
- Prime Value will disclose my/our personal information to my/our financial adviser (if you provide their details at Section 10 of the application form) in relation to the investment described on this form;
- Prime Value will cease to disclose this information if notified that the financial adviser no longer acts on your behalf;
- As Prime Value is required to comply with the Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF) Act 2006, I/we undertake to provide Prime Value with such additional information or documentation as Prime Value may request, from time to time, to ensure its compliance with such requirements.

Signature

Print Name (in full)

Tick capacity (mandatory for companies)      Sole Director      Director      Company Secretary      Date

Signature

Print Name (in full)

Tick capacity (mandatory for companies)      Sole Director      Director      Company Secretary      Date

**Company Seal** (if applicable)

**Important Note:**

Persons external to Prime Value or other entities who market Prime Value products are not agents of Prime Value but are independent advisers. Prime Value will not be bound by representations or statements which are not contained in information disseminated by Prime Value.

All personal information provided on this application form will be dealt with in accordance with Prime Value's privacy statement.

## Certifying identification documents

In completing the form, you may be required to provide certified copies of certain identification documents. Copies of identification documents must be certified using the following (or similar) wording:

**'I certify that this document comprising < insert number of pages > pages is a true copy of the original document'**

The person certifying the document must sign and date the document and print their name and occupation or qualification that makes them eligible to sign.

The people that can certify documents include the following:

- (1) Bank officer with 2 or more continuous years of service;
- (2) Pharmacist;
- (3) Permanent employee of the Australian Postal Corporation (Post Office employee) with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- (4) Police officer;
- (5) Teacher employed on a full-time basis at a school or tertiary education institution;
- (6) Medical practitioner;
- (7) Nurse;
- (8) Dentist;
- (9) Optometrist;
- (10) Chiropractor;
- (11) Physiotherapist;
- (12) Veterinary surgeon;
- (13) Justice of the Peace;
- (14) 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;
- (15) Finance company officer with 2 or more continuous years of service with one or more finance companies;
- (16) Legal practitioner;
- (17) Judge of a court;
- (18) Magistrate;
- (19) Chief executive officer of a Commonwealth court;
- (20) Registrar or deputy registrar of a court;
- (21) Notary public;
- (22) Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- (23) Australian consular officer or an Australian diplomatic officer.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. The accredited translator must sign and date the document and print their name and professional institution.

