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Australian Financial Services Licence No: 239916

Prior to completing the Application Form you must read the relevant fund Product Disclosure Statement ('PDS') available at www.invesco.com/au or on request from your financial adviser or Invesco. A Target Market Determination for the relevant fund is also available from Invesco. A completed Application Form is an instruction to invest in the Fund(s) identified in *Section 8: Investment details*.

If you are investing through an Investor Directed Portfolio Service such as a master trust, wrap account or platform ('IDPS') you do not need to complete this application form. You should contact your IDPS operator for details on how to apply.

If you are investing via the mFund settlement service ('mFund'), you do not need to complete this application form. For more information about mFund, please contact us, your stockbroker or visit www.invesco.com/au.

It is essential that you receive the Application Form and PDS in Australia. We will not accept an application from a person who we believe received the documents outside of Australia. The offer made in the PDS cannot be offered or sold within the US, sold to, or for the account of or benefit of 'US persons' (as defined in the Regulation S of the US Securities Act 1933).

Invesco Funds application booklet covering the following Funds:

Invesco Wholesale Australian Share Fund - Class A	ARSN 089 540 143
Invesco Wholesale Australian Smaller Companies Fund - Class A	ARSN 089 520 810
Invesco Wholesale Global Opportunities Fund - hedged - Class A	ARSN 093 413 453
Invesco Wholesale Global Opportunities Fund - unhedged	ARSN 088 982 816
Invesco Wholesale Senior Secured Income Fund	ARSN 089 547 606
Invesco True Balance Fund - Class A	ARSN 603 987 015

Contact Details

Telephone: 1800 813 500 (Monday to Friday)

Fax: 02 9287 0323

Email: clientservices.au@invesco.com

Postal: C/- Link Market Services, Locked Bag 5038, Parramatta NSW 2124

Web: www.invesco.com/au

How to complete this form:

Print out the blank form, complete it as directed with black pen, sign and return by post.

If you make an error, do not use correction fluid. Cross out the mistake and initial your change.

Need Help?

For assistance in completing this form please contact us:

- Freecall 1800 813 500
- clientservices.au@invesco.com

Online application

Most investor types* can complete this application form online. Please visit the **How to Invest** page on our website www.invesco.com/au for a link to the Online application form

* Custodian, Government Body, Registered Co-operative or Partnership investor types cannot complete this application form online

What type of investor are you?

Please complete the following relevant sections:

Investor type (please select one):	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/> Individual and Joint investor A natural person or persons.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sole trader A natural person operating a business under their own name with a registered business name.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Company A company registered as an Australian public company, an Australian proprietary company, or a foreign company.	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Custodian of an investment platform This is directed act custodians opening an account on behalf of a superannuation fund, managed investment scheme, investor directed portfolio service (IDPS), IDPS-like scheme, or managed discretionary account service.		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trust Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Partnership A partnership created under a partnership agreement.	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Association Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements. The member(s) of the association seeking to open the account will be deemed to be the legal owner of the account.	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1: Individual and joint investor details

I am completing this section as a(n):

☐ Individual investor

☐ Joint investor

☐ Sole trader

☐ Individual Trustee

☐ Partner

☐ Association/Registered Co-operative member

☐ Beneficial owner

Note:

See 'What type of investor are you?' on page 2 to check which sections of this form you need to complete.

Section 1(a): Individual details

Individual 1

Investor Number (if existing Fund Investor):

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (e.g. Dr)

Given name(s):

Surname:

Date of birth:

Country of birth:

Nationality:

Individual 2

Investor Number (if existing Fund Investor):

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (e.g. Dr)

Given name(s):

Surname:

Date of birth:

Country of birth:

Nationality:

Residency details

Individual 1

Are you an Australian resident for taxation purposes?:

Yes ☐

No ☐

Residential street address:

State:

Postcode:

Country:

Tax File Number or Exemption Number:

If previous Australian resident, what date did you become a non-resident?:

Individual 2

Are you an Australian resident for taxation purposes?:

Yes ☐

No ☐

Residential street address:

State:

Postcode:

Country:

Tax File Number or Exemption Number:

If previous Australian resident, what date did you become a non-resident?:

Investment details**Individual 1**

What is the source of funds for this investment?

Savings ☐ Inheritance ☐Superannuation ☐ Investments ☐Proceeds from the sale of assets ☐Other (please specify)

Investment purpose (e.g. retirement funding):

Individual 2

What is the source of funds for this investment?

Savings ☐ Inheritance ☐Superannuation ☐ Investments ☐Proceeds from the sale of assets ☐Other (please specify)

Investment purpose (e.g. retirement funding):

Are you a sole trader?☐ **Yes** - please proceed to *Section 1(b): Sole traders*☐ **No** - Please proceed to *Section 6: Contact details***Section 1(b): Sole traders**

Business name:

Principal place of business:

State: Postcode:

Country:

ABN/ACN:

> Please proceed to Section 6: Contact details

Section 2: Companies and custodians of an investment platform

Section 2(a): Company details (including foreign companies)

Full Name of Company/Corporate Trustee as registered by ASIC (if applicable):

Tax File Number or Exemption Number:

ABN/ACN:

Other identification number:

Registered address:

State:

Postcode:

Country:

Mailing address:

PO Boxes and/or c/- addresses cannot be accepted.

State:

Postcode:

Country:

Principal place of business in Australia (if applicable)

☐ as above

Or; please provide details below:

State:

Postcode:

Country:

Section 2(b): Company listing and regulation information

Are you an Australian listed company?:	<input type="checkbox"/> Yes	Name of market/exchange: <input type="text"/>
	<input type="checkbox"/> No	<i>please proceed to next question</i>
Are you a majority owned subsidiary of an Australian listed company?:	<input type="checkbox"/> Yes	Australian listed company name: <input type="text"/>
	<input type="checkbox"/> No	<i>please proceed to next question</i>
Are you a regulated company?	<input type="checkbox"/> Yes	Regulator name: <input type="text"/>
		Licence details: <input type="text"/>
	<input type="checkbox"/> No	

The Company is (as registered with registration body):

- ☐ A private company - *Please complete Section 2(c): Private Companies below*
- ☐ A public company - *Please proceed to Section 6: Contact details*
- ☐ Other type of company (please state):
 Please proceed to Section 6: Contact details.

Section 2(c): Private Companies

Directors

How many Directors are there?:

Please provide the full name of each Director below (attach additional page(s) if necessary):

Director 1: <input type="text"/>	Director 2: <input type="text"/>
Director 3: <input type="text"/>	Director 4: <input type="text"/>

Beneficial owners

To be completed by unlisted public companies, companies not majority owned by an Australian Public Listed company and proprietary companies that are not regulated companies (i.e. if you have selected 'No' to all of the questions in Section 2(b): Company listing and regulation information).

Please provide details of each individual who ultimately owns 25% or more of the issued capital of the company through direct or indirect shareholdings OR any individual who is entitled (directly or indirectly) to exercise 25% or more of the voting rights. If no one satisfies either of these categories, it applies to the most senior managing official(s) (or equivalent) of the company (such as the managing director or directors who are authorised to sign on behalf of the company):

Beneficial owner 1: <input type="text"/>	Beneficial owner 2: <input type="text"/>
Beneficial owner 3: <input type="text"/>	

☐ Please complete *Section 1: Individual and joint investor details* for all of the relevant beneficial owners listed above.

Is the company a Foreign Company?☐ **Yes** - please proceed to *Section 2(d): Foreign Companies*☐ **No** - Please proceed to *Section 6: Contact details***Section 2(d): Foreign Companies**

Full name of foreign company:

Country of formation/incorporation/registration:

Name of foreign body registered by (if applicable):

Foreign body registration/identification number (if applicable):

Is the foreign company registered with ASIC?☐ **Yes****Please provide ARBN below:****If no principal place of business in Australia:**

Please provide the name of the local agent in the country of formation/incorporation/registration:

And; please provide the address details of the local agent below:

PO Boxes and/or c/- addresses cannot be accepted.

State: Postcode:

Country:

☐ **No****Please provide the principal place of business in the company's country of formation or incorporation:**

PO Boxes and/or c/- addresses cannot be accepted.

State: Postcode:

Country:

And; please provide the registered address in the country of formation/incorporation or registration (if applicable):

PO Boxes and/or c/- addresses cannot be accepted.

State: Postcode:

Country:

Section 2(e): Custodian of an investment vehicle or platform

Please provide details of the operator/issuer of the relevant managed investment scheme, superannuation fund, IDPS, or IDPS-like scheme for which you are the custodian.

Full company name:

ABN/ACN:

Licence number (e.g. AFSL or RSE):

Name of investment platform:

Type of investment platform:

Registered address:

State:

Postcode:

Country:

- ☐ Please provide a copy of the document which evidences the custodian's appointment on behalf of the investment platform (e.g. custody agreement) and a signed copy of the custodian's authorised signatory list.

> Please proceed to Section 6: Contact details

Section 3: Trust details

Full name of Trust:	<input type="text"/>
Full business name of Trustee (if any):	<input type="text"/>
Country where Trust is established:	<input type="text"/>
Tax File Number or Exemption Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3(a): Type of Trust

Please select just one from the following list:

<input type="checkbox"/> Registered managed investment scheme	<p>Provide Australian Registered Scheme no. (ARSN):</p> <input type="text"/> <p><i>Please proceed to Section 3(b): Trustee details</i></p>
<input type="checkbox"/> Regulated trust (e.g. SMSF)	<p>Provide name of regulator (e.g. ASIC, APRA, ATO):</p> <input type="text"/> <p>Provide Trust's ABN:</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>or registration/licensing details:</p> <input type="text"/> <p><i>Please proceed to Section 3(b): Trustee details</i></p>
<input type="checkbox"/> Government Superannuation Fund	<p>Provide the name of the legislation establishing the Fund:</p> <input type="text"/> <p><i>Please proceed to Section 3(b): Trustee details</i></p>
<input type="checkbox"/> Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings to which section 1012E applies	<p><i>Please proceed to Section 3(b): Trustee details</i></p>
<input type="checkbox"/> Other Trust type	<p>Trust description (e.g. Family unit, charitable, estate):</p> <input type="text"/> <p>Provide the full name of any living Settlor(s)*:</p> <input type="text"/> <p><small>* a Settlor is anyone who settles the initial sum or assets to create the Trust. Please complete beneficiary and beneficial owner sections on next page.</small></p>

Beneficiaries: For completion by *Other Trusts*

Please provide the names and/or class(es); of the Trust's beneficiaries (where applicable):

Full name (or entity name):	Class(es) of beneficiary: (e.g. unit holders, charitable organisation, family members of named person)

(Please provide additional names/classes on a separate sheet if required)

Beneficial Ownership

Please provide the names of individual who are in direct or indirect control of the Trust *(Please provide additional names on a separate sheet if necessary):

Full name (or entity name):	Role (e.g. Trustee or Appointer)

** To be classified as being in control of the Trust, they can be acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or they have the ability to appoint or remove the Trustees.*

☐ Please ensure you have completed **Section 1(a): Individual details** for each of these individuals.

Section 3(b): Trustee details

What is the type of Trustee?

☐ **Corporate Trustee**

If the Trustee is a Company, please complete
Section 2: Companies and custodians of an investment platform.

☐ **Individual Trustee**

If the Trustee(s) is/are an individual(s), please complete
Section 1: Individual and joint investor details.

> Please proceed to Section 6: Contact details

Section 4: Partnership details

Full name of Partnership:	<input type="text"/>
Full registered business name (if any):	<input type="text"/>
Country where Partnership established:	<input type="text"/>

☐ Please complete the full names and details of the relevant partners in *Section 1: Individual and joint investor details* (please attach additional page(s) if necessary).

Are the beneficial owners* different to the partners already entered in Section 1: Individual and joint investor details?

**Beneficial owners are those who ultimately own 25% or more of the partnership or are entitled, either indirectly or directly, to exercise 25% or more of the voting rights of the partnership, including power of veto. If no one satisfies either of these categories, it applies to each individual who directly or indirectly control the partnership through the capacity to determine decisions about financial or operating policies or by other means. If none of the above, then it applies to each of the most senior managing official(s) of the partnership.*

☐ Yes

Please ensure you select 'Beneficial owner' in *Section 1: Individual and joint Investor details*. Please ensure you have provided the name, address and date of birth of the beneficial owners in *Section 1(a): Individual details*.

☐ No

Please proceed to *Section 6: Contact details*

> Please proceed to Section 6: Contact details

Section 5: Association/Registered Co-operative/ Government Body details

Name of Association/Registered Co-operative/Government Body:	<input type="text"/>
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Type (please select one option from the list below):

☐ Association

☐ Incorporated Association

☐ Unincorporated Association

☐ Registered Co-operative

☐ Government Body

Tax File Number or Exemption Number:	ABN/ACN:	Other identification number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Registered address:

<input type="text"/>
State: <input type="text"/> Postcode: <input type="text"/>
Country: <input type="text"/>

Principal place of business/operations address:

(if same as registered address please leave blank)

<input type="text"/>
State: <input type="text"/> Postcode: <input type="text"/>
Country: <input type="text"/>

Section 5(a): Full names of Association or Registered Co-operative's key individuals:

President (or equivalent)	
Secretary (or equivalent)	
Treasurer (or equivalent)	

☐ Please complete the full names and details of the relevant Association members in *Section 1: Individual and joint investor details* (please attach additional page(s) if necessary).

Section 5(b): Government body details

The Government Body is an entity established under the legislation of:

☐ The Commonwealth of Australia ☐ State/Territory/Foreign country (please specify):

Beneficial owners
Section 5(c): Associations and registered co-operatives

Please provide the names of individuals who directly or indirectly control the co-operative or association excluding the Chairman; President; Treasurer; or Secretary (if applicable):

Full name:	Role:

☐ Please complete the full names and details of the relevant members in *Section 1: Individual and joint investor details* (please attach additional page(s) if necessary).

> Please proceed to Section 6: Contact details

Section 6: Contact details

Section 6(a): Investor communications

Please note: Investor communications will be sent by email.

Financial statements and investor transaction statements are available at Link Investor Centre. Investors can register at <https://investorcentre.linkgroup.com/Login> to gain access.

A copy of the annual financial report for each fund will be made available on our [website](#) each year. If you wish to elect to receive this report via email or in hard copy please contact Invesco Client Services on 1800 813 500 or clientservices.au@invesco.com.

Primary contact person

Please note: only one person can be the primary contact for investor communication. This person will receive all investor communications.

Please complete *Section 7: Adviser details* if you would also like your Financial Adviser to receive information on your investments.

Section 6(b): Contact details

Primary Contact Person

Full name(s) and/or Company name*:

Email 1*

Mobile*

Second email address for Joint Investors ONLY

Email 2

Mailing address:

State:

Postcode:

Country:

Please specify the dialling code below if any of the below numbers are in alternative countries.

Country
prefix:

Phone number:

Work

Home

Fax

Section 6(c): Authorised representative (optional)

If you wish to appoint a representative who can transact on your behalf, you must read the terms and conditions in the PDS and instruct that person to provide their details here.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (e.g. Dr)

Given name(s):

Surname:

Residential or street address:

PO Boxes and/or c/- addresses cannot be accepted.

State:

Postcode:

Country:

Signature of Authorised representative:

Section 7: Adviser details

Financial Adviser details:

AFSL Number:

Dealer Group name:

Full name(s):

Company name:

Email:

Telephone Number:

Adviser declaration

I declare that I am lawfully authorised to advise on, and deal in, the financial product offered in the PDS under an AFSL.

I acknowledge and agree that Invesco is entitled to rely on the customer identification procedures conducted by advisers who complete *Section 12: Investor identification documents* on behalf of the investor.

If I am an Adviser who has identified and verified the investor, by signing this Application Form and in consideration of Invesco accepting this Application, I further agree to:

- Retain a copy of the completed forms and all identification documents received from the investor in the investor's file for 7 years after the end of my relationship with the investor; and
- Advise Invesco in writing when my relationship with the investor is terminated and agree to promptly provide Invesco with all identification documents and/or the record of identification received from the investor at this time, or as otherwise requested from Invesco, from time to time.

Adviser Stamp

By stamping this application you are confirming that you hold a current AFS licence and are authorised to deal in and advise on these managed investment products.

Adviser Signature:

Date:

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Section 8: Investment details

Section 8(a): Minimum amounts

Class A units **Minimum investment amount** \$20,000

Section 8(b): Distributions

You can elect for your distributions to be reinvested or credited to an account with an Australian financial institution. If you do not make a choice we will reinvest your income.

Section 8(c): Investment selection

Please make your investment selections from the Funds listed below:

(\$20,000 minimum)	APIR code	Amount (\$)	Distribution payments	
			Reinvested (default)	Paid to my nominated financial institution
Invesco Wholesale Australian Share Fund - Class A	CNA0811AU	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invesco Wholesale Australian Smaller Companies Fund - Class A	CNA0812AU	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invesco Wholesale Global Opportunities Fund - hedged - Class A	GTU0008AU	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invesco Wholesale Global Opportunities Fund - unhedged	GTU0102AU	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invesco Wholesale Senior Secured Income Fund	CNA0805AU	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invesco True Balance Fund - Class A	GTU0109AU	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total investment amount		<input type="text"/>		

Section 9: Payment information

Your payment must be from an account held in your name.

All payments must be made in Australian dollars. Cash will not be accepted.

Direct Credit

Bank Name:	JP Morgan
Account name:	Invesco Australia Limited Apps Acc
BSB:	212-200
Account number:	16046759
Reference:	Investor no. or Account name

Section 10: Nominated bank account

Please provide your nominated bank account details for distributions and withdrawals.

Institution name: <input type="text"/>	Branch: <input type="text"/>
Account name: <input type="text"/>	Country of bank account: <input type="text"/>
BSB Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 11: Tax certification – FATCA (US) and CRS (other jurisdictions)

All investors are required to provide their country/ies of tax residency (including Australian tax residency) and promptly advise Invesco if these details change.

Important: Invesco may be required to report tax residency information to the relevant tax authorities.

Guide to completing this section

- If you are an individual, joint individual, a sole trader, or you will hold the account on behalf of another individual or a deceased estate, please complete Section 11(a).
- If your account is held on behalf of an entity, e.g. a company, trust, partnership etc, please go to the Section 11(b).
- If you do not provide this information, we will not be able to accept your application.
- We recommend you seek your own independent tax advice prior to completing Section 11.

Section 11(a): FATCA and CRS certification of Individual, Joint investor and Sole Trader

Is this investment held in the capacity of executor or administrator of a deceased estate?

- ☐ No - If you selected no, please complete the *Tax Information* section below
- ☐ Yes - If yes - have you previously provided Invesco with proof of death such as a certified copy of the death certificate, a Grant of Probate, or Letters of Administration?
- ☐ No - I have attached proof of death
- ☐ Yes - I have previously provided proof of death

What is the name of the deceased person?

If you selected Yes above, your certification is complete and no further information is required. *Proceed to Section 12*

Tax Information

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Section 11(a)(i): Please answer both tax residency questions

1. Are you (or the person for whom the account will be held e.g. a child's account) a tax resident of Australia?

- ☐ Yes
- ☐ No

2. Are you (or the person for whom the account will be held (e.g., a children's account) a tax resident of another country?

- ☐ Yes
- ☐ No

If you selected No to 2, your certification is complete and no further information is required. *Proceed to Section 12*

If you selected Yes for question 2 above:

If you (or the person for whom the account will be held e.g. a children's account) are a tax resident of a country other than Australia, please provide your Tax Identification Number (TIN) and other information below. If you are a tax resident of more than one other country, please list all relevant countries.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. For country specific TIN information, refer to <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

11(a)(ii): Foreign Individual Investor details

Foreign Individual Investor 1

Surname:

Given name(s):

Date of birth: / /
d d m m y y y y

Current residential address (a PO Box is NOT acceptable)

State: Postcode: Country:

Nationality/ies:

Country of foreign tax residence	TIN	If no TIN, list reason A, B or C

☐ If there are more countries, provide details on a separate sheet and tick this box.

Reason A - Country does not issue TINs

Reason B - TIN is available, but has not been obtained or has not been issued a TIN

Reason C - No TIN is required (only select if the domestic law of the jurisdiction does not require the collection of TINs issued by such a jurisdiction)

If Reason B has been selected above, explain why you have not obtained or been issued with a TIN:

Are you a US person?

US person for FATCA purposes includes US tax residents, US citizens (even if residing outside the USA) and resident aliens of the USA.

☐ Yes - If Yes, a US TIN must be included above (Reasons A, B & C do not apply)

☐ No

Foreign Individual Investor 2

Surname:

Given name(s):

Date of birth: / /
d d m m y y y y

Current residential address (a PO Box is NOT acceptable)

State: Postcode: Country:

Nationality/ies:

Country of foreign tax residence	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ If there are more countries, provide details on a separate sheet and tick this box.

Reason A - Country does not issue TINs

Reason B - TIN is available, but has not been obtained or has not been issued a TIN

Reason C - No TIN is required (only select if the domestic law of the jurisdiction does not require the collection of TINs issued by such a jurisdiction)

If Reason B has been selected above, explain why you have not obtained or been issued with a TIN:

Are you a US person?

US person for FATCA purposes includes US tax residents, US citizens (even if residing outside the USA) and resident aliens of the USA.

- ☐ Yes - If Yes, a US TIN must be included above (Reasons A, B & C do not apply)
- ☐ No

If there are more than two individuals on the account who are a tax resident of a country other than Australia, please photocopy and complete Section 11(a)(ii) for each individual foreign tax resident.

Section 11(b): FATCA and CRS certification of an entity

Corporate Trustees must complete this certification on behalf of the Trust (as the Account Holder).

If any of the Account Holder's **Controlling Persons** are tax resident of any country outside Australia *Section 11(b)(iv)* Foreign Controlling Persons must also be completed. Refer to *Section 11(b)(iii)*. below for information on who is considered a Controlling Person.

Section 11(b) does not need to be completed in full by the following Entity Account Holders (if this is the case tick the appropriate box below and *proceed to Section 12*):

☐ Australian regulated Retirement Funds e.g. SMSFs and regulated super funds

Where the account is held by an entity acting in the capacity of executor or administrator of a deceased estate and:

☐ Proof of Death is attached

☐ Proof of Death has previously been provided

Entity Type

11(b)(i): Financial Institution

Please select the Financial Institution's status from one of the options below:

☐ a) Depository Institution

☐ b) Specific Insurance Company

☐ c) Custodial Institution

☐ d) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

☐ e) Other Investment Entity

If you have ticked a) - e), please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes:

- - -

If the Entity does not have a GIIN, please select your FATCA Foreign Financial Institution (FFI) status classification from the following:

☐ Deemed-Compliant Financial Institution

☐ Non-reporting IGA Financial Institution. If the Entity is a Trustee-Documented Trust, please provide the Trustee's GIIN:

- - -

☐ Exempt Beneficial Owner

☐ Excepted Financial Institution

☐ Non-participating Financial Institution

☐ US Financial Institution

☐ Other - Describe FATCA status:

11(b)(ii): Non-Financial Entity

Please select the Non-Financial Entity's (NFE) status from one of the options below:

- ☐ a) Active NFE - a corporation that is a public listed company, or a majority owned subsidiary of a public listed company (other than financial institutions)?
- i) Name of the market or exchange where the company is listed:
- ii) Name of the public listed parent company if a majority owned subsidiary (if applicable):
- iii) The company's unique exchange code e.g. ASX Code, ticker code:
- ☐ b) Active NFE - a government entity, central bank, or international organisation
- ☐ c) Active NFE - other - such as a company operating an active trade or business, that is not described above a start-up company or a non-profit organisation).
- ☐ d) Passive NFE - An entity (such as a family trust) earning 50% or more of its revenue from investment activities (e.g., rent, dividend, interest) or 50% or more of the entity's assets are used to generate investment income.
- ☐ e) Charitable organisation registered in Australia with the Australian Charities and Non-for-Profit Commission (ACNC)
- i) Provide ABN:

Entity Tax Information

Is the Entity a tax resident of any country outside Australia?

- ☐ Yes
- ☐ No

If No, please provide the entity's ABN and go to *Section 11(b)(iii) Controlling Persons*:

If Yes, please provide the Entity's country of foreign tax residence and Tax Identification Number (TIN) and other information below:

If the Entity is not tax resident in any country (e.g. because it is fiscally transparent), please indicate that below and provide its place of effective management, or country in which its principal office is located.

Country of foreign tax residence	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- ☐ If the Entity is a tax resident in more than one foreign country, provide details on a separate sheet and tick this box.

If a TIN is not provided, please select one of the three reasons specified (A, B, or C) for not providing a TIN.

Reason A - Country does not issue TINs

Reason B - TIN is available, but has not been obtained or has not been issued a TIN

Reason C - No TIN is required (only select if the domestic law of the jurisdiction does not require the collection of TINs issued by such a jurisdiction)

If Reason B has been selected above, explain why you have not obtained or been issued with a TIN:

Is the entity a US tax resident?

- ☐ Yes - If Yes, a US TIN must be included above (Reasons A, B & C do not apply)
- ☐ No

11(b)(iii) Controlling Persons Tax Information

You must complete this section if you have ticked option d) under 11(b)(i) or 11(b)(ii) above i.e. you are:

- an investment entity located in a Non-participating jurisdiction and managed by another Financial Institution, or
- a passive Non-Financial Entity ("Passive NFE")

Controlling Persons per entity type are as follows:

Entity Type	Controlling Persons
1. Trust	All beneficiaries, trustees, settlors, protectors and any other natural person (or persons) exercising ultimate effective control over the trust e.g. an appointer. Note: If any party is a company, then please refer to the definition of Controlling Persons in point (2) below.
2. Company	All beneficial owners i.e. individuals that control the company or own (directly/indirectly) 25% or more of the company's issued share capital. If no natural person meets the threshold, the Controlling Person will be the natural person who holds the position of senior managing official for the entity.
3. Partnership	All partners of a partnership
4. Association	Co-operative All governing members

Are any of the Entity's Controlling Persons tax resident of any country outside Australia?

- ☐ Yes - If Yes proceed to *Section 11(b)(iv)*
- ☐ No

11(b)(iv) Foreign Controlling Persons

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. For country specific TIN information, refer to <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

If a TIN is not provided, please select one of the three reasons specified (A, B, or C) for not providing a TIN.

If there are more Controlling Persons on the account who are a tax resident of a country other than Australia, please photocopy and complete *Section 11(b)(iv)* for each Controlling Person foreign tax resident.

Foreign Controlling Person details

Surname:		Given name (s):	
<input type="text"/>		<input type="text"/>	
Date of birth:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
y	y	y	y
Current residential address (a PO Box is NOT acceptable):			
<input type="text"/>			
<input type="text"/>			
State:	<input type="text"/>	Postcode:	<input type="text"/>
Country:	<input type="text"/>		

Nationality/ies:

Country of foreign tax residence	TIN	If no TIN, list reason A, B or C

☐ If there are more countries, provide details on a separate sheet and tick this box.

Reason A - Country does not issue TINs

Reason B - TIN is available, but has not been obtained or has not been issued a TIN

Reason C - No TIN is required (only select if the domestic law of the jurisdiction does not require the collection of TINs issued by such a jurisdiction)

If Reason B has been selected above, explain why you have not obtained or been issued with a TIN:

Is the Controlling Person a US person?

US person for FATCA purposes includes US tax residents, US citizens (even if residing outside the USA) and resident aliens of the USA.

☐ Yes - If Yes, a US TIN must be included above (Reasons A, B & C do not apply)

☐ No

Type of Controlling Person
Controlling Person of a Company:

☐ Control by ownership (direct or indirect) including a shareholder who owns, holds or controls 25% or more of the issued capital

☐ Control by other means

☐ Senior Managing Official

Controlling Person of a Trust:

☐ Settlor

☐ Trustee

☐ Appointer

☐ Protector

☐ Beneficiary

☐ Other (please specify):

Controlling Person of a legal arrangement (other than a company or trust):

☐ Governing member of an association or co-operative

☐ Beneficiary

☐ Partner

☐ Other (please specify):

Section 12: Investor identification documents

The following client identification requirements apply. Please check what type of documents are required below.

There are two ways to meet your client identification requirements. Please choose one from the options below.

☐ Option 1

Provide certified copies of required identification documents by post.

Please refer to *Section 16: Submitting your Application* for a list of professionals who are able to certify document copies for you. Please do not provide original documents as Invesco will not return documents provided by you for the purposes of client identification.

Note:

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

☐ Option 2

Visit your financial adviser and have them verify either the certified or original copies of the required identification documents.

Please ensure that your financial adviser has completed both *Section 7: Adviser details* and *Section 12(i): Record of Verification Procedure*.

Section 12(a): Individuals

I am completing this section as a(n):

☐ Individual

☐ Partner

☐ Sole trader

☐ Individual governing member of an Association or Registered Co-operative

☐ Individual Trustee

Please provide certified copies of documents from either Option 1 or Option 2 below:

☐ **Option 1**

One primary photographic document from the list below:

- ☐ Driver's licence or permit under a State/Territory Government or an equivalent authority of a foreign country
- ☐ Australian passport (that is current, or expired within the last two years)
- ☐ Foreign passport or other international travel document that has a photograph and signature of the individual.
- ☐ Proof of age card issued by a State/Territory government.
- ☐ National identity card issued by a foreign government that has a photograph and the signature of the individual.

☐ **Option 2**

One primary non-photographic document:

- ☐ Australian birth certificate
- ☐ Australian citizenship certificate
- ☐ Foreign citizenship certificate
- ☐ Foreign birth certificate
- ☐ A Centrelink Pension card or a Centrelink Healthcare card.

AND

One secondary non-photographic document:

- ☐ A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months that contains the name and address of the individual.
- ☐ An income tax assessment notice issued within the last 12 months that contains the name and address of the individual
- ☐ A local government notice (e.g. council rates) or utilities notice (e.g. gas, electricity) issued within the last 3 months
- ☐ **If under 18 years** - a notice that was issued to the individual by a school principal within the preceding 3 months and contains the name and residential address and records the period of time that the individual attended that school.

Section 12(b): Companies (including corporate trustees)

Please attach at least one document from the list below:

- ☐ A certified copy of a certificate of registration issued by ASIC or other regulator
- ☐ A certified copy of a licence or other records issued by a domestic or foreign regulator
- ☐ Another document which verifies the identity of the company (please specify)

Section 12(c): Trusts

Trust identification documents

Please attach at least one identification document from the list below which verifies the identity of the trust.

Regulated Trust identification documents

- ☐ A print-out of a search of the ASIC, ATO, or relevant regulator's website (e.g. "Super Fund Lookup" at www.superfundlookup.gov.au)
- ☐ A copy of an offer document of the managed investments scheme (e.g. a copy of the PDS)
- ☐ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

Unregulated Trust identification documents

- ☐ A certified copy or extract of the Trust deed
- ☐ A letter from a solicitor or qualified accountant that confirms the name of the Trust
- ☐ A certified copy of a notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).

Trustee identification documentation

Please provide the relevant identification documents for one of the individual trustees, or the corporate trustee.

- ☐ **Individual Trustee** - please attach documentation as listed in *Section 12(a): Individuals*.
This information is only required for one Trustee, even if the Trust has a number of Trustees.
- ☐ **Corporate Trustee** - please complete *Section 12(b): Companies (including corporate trustees)*.

Section 12(d): Partnerships

Partnership identification documents

- ☐ A certified copy or certified extract of a current partnership agreement or minutes of a partnership meeting. Either copy must include the full name of the partnership; the registered business name; the country in which the partnership was established; and the full name and residential address of each partner.

Partner identification documentation

- ☐ Please complete *Section 12(a): Individuals* for all partners.

Section 12(e): Associations and Registered Co-operatives

Please attach identification document(s) from one of the lists below which verifies the Association or Registered Co-operative.

Incorporated Association or Registered Co-Operative ID Documents

- ☐ A certified copy of the constitution or rules of the association or co-operative.
- ☐ A certified copy of a certificate issued to the association or co-operative by ASIC or other regulator
- ☐ A certified copy of the minutes of an association or co-operative meeting

Unincorporated Association ID Documents

- ☐ A certified copy or certified extract of the constitution or rules of the Association

AND

- ☐ Documentation listed in *Section 12(a): Individuals* for all the governing members.

Section 12(f): Government body

Please attach at least one identification document from the list below which verifies the identity of the government body:

- ☐ A print-out of a search from the relevant Commonwealth, State, Territory or Foreign government website which proves the body's existence.
- ☐ A print-out of a search of the relevant Commonwealth, State, Territory or Foreign Country register of government bodies which proves the body's existence.
- ☐ A copy or extract of the legislation establishing the body obtained from a reliable and independent source, such as a government website.

Section 12(g): Custodians

If you are a custodian of a managed investment scheme, Superannuation Fund, Investor Directed Portfolio Service (IDPS), IDPS-like scheme or managed discretionary account service, please provide one of the documents below to confirm your appointment as custodian:

- ☐ A certified copy of an extract of the custody agreement
- ☐ A letter from the operator/issuer of the relevant fund/scheme

Section 12(h): Power of Attorney

Please complete this section if one or more attorneys are completing and signing this form under power of attorney and attach the applicable documents:

- ☐ A certified copy of the Power of Attorney's driver's licence, passport or other photographic identification which confirms the full name and the residential address and contains their signature;

AND

- ☐ A certified copy of the Power of Attorney which confirms that any attorney completing and signing this form is authorised to do so under the power of attorney. If the power of attorney does not contain a sample of each attorney's signature, please also provide a list containing the name of each attorney and a sample of each attorney's signature.

Section 12(i): Record of Verification Procedure

This section should be completed by your Financial Adviser. All relevant identification documents selected in Section 12 need to be sighted by your Financial Adviser and noted in the boxes below. For more than four documents please duplicate this page as required.

Document 1

Document type:	<input type="text"/>
Verified from:	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy <input type="checkbox"/> Performed a search
Document Issuer/ website:	<input type="text"/>
Issue date/ search date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Expiry date (if applicable):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Document number (if applicable):	<input type="text"/>
Accredited English translation:	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Document 2

Document type:	<input type="text"/>
Verified from:	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy <input type="checkbox"/> Performed a search
Document Issuer/ website:	<input type="text"/>
Issue date/ search date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Expiry date (if applicable):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Document number (if applicable):	<input type="text"/>
Accredited English translation:	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Document 3

Document type:	<input type="text"/>
Verified from:	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy <input type="checkbox"/> Performed a search
Document Issuer/ website:	<input type="text"/>
Issue date/ search date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Expiry date (if applicable):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Document number (if applicable):	<input type="text"/>
Accredited English translation:	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Document 4

Document type:	<input type="text"/>
Verified from:	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy <input type="checkbox"/> Performed a search
Document Issuer/ website:	<input type="text"/>
Issue date/ search date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Expiry date (if applicable):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Document number (if applicable):	<input type="text"/>
Accredited English translation:	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Financial Adviser details

By completing and signing this Record of Verification Procedure I declare that I have verified the identity of the customer as required by AML/CTF Rules and the identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

AFSL Number:

AFSL Licensee Name:

Full name(s) of Adviser or representative:

Email:

Telephone Number:

Date:

//

d d m m y y y y

Adviser Stamp:

Adviser Signature:

> Please proceed to Section 13: What are your investing attributes

Section 13: What are your investing attributes

The following questions are designed to assist Invesco in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market.

Have you received personal financial advice in relation to this investment?

- ☐ **Yes** Please ensure the details of your financial adviser are fully completed in *Section 7*.
You do not need to complete *Section 13*
- ☐ **No** Please proceed to complete *Section 13* below

If you are a direct retail investor you are required to indicate the purpose of your investment by responding to each of the questions in *Section 11*. Your responses should reflect your objectives and needs for this investment.

Please read and answer these questions carefully. Make sure that the fund you want to invest in matches the specific needs and goals for this part of your investment. The questions in this section should be answered in line with what you want from this particular fund, not your overall investment portfolio as a whole.

Different financial products have unique features, goals, risks and returns.

To see if this fund is right for you, check its Product Disclosure Statement (PDS) for details on the fund's specific objectives and outcomes.

These questions help us comply with our regulatory obligations by allowing us to assess if the fund is being offered to its intended target market. We reserve the right to refuse your application.

Consumer Attributes

Guide to consumer attribute categories

1: Your investment objective (tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> Capital Growth | You are looking for an investment that provides Capital Growth. Capital growth (also referred to as capital appreciation or capital gain) means an increase in the value of an asset over time. However, this is not guaranteed, and your investment could also lose value, leading to a loss. Think about how much risk you are able to accept when aiming for a Capital Growth outcome. |
| <input type="checkbox"/> Capital Preservation | You are looking for an investment that focuses on Capital Preservation. This strategy is used by investment funds to primarily safeguard the invested capital. Typically, funds aimed at Capital Preservation have a lower risk level and are less volatile compared to growth investments. You should think about whether you are okay with potentially lower returns (either growth or income) in exchange for choosing a fund with a lower risk profile. |
| <input type="checkbox"/> Income Distribution | You are looking for an investment that offers Income Distribution. This means the income produced by the assets in a fund is regularly paid or distributed to investors at set intervals. The amount of income can vary each period, and there is no guarantee that income will be available at each relevant period. |

2: Your intended product use (% of Investable Assets). Investable Assets are those assets that the investor has available for investment, excluding the residential home (tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> Solution/Standalone (up to 100%) | You may hold the investment as up to 100% of your total investable assets.
You are likely to seek a product with very high portfolio diversification. |
| <input type="checkbox"/> Major allocation (up to 75%) | You may hold the investment as up to 75% of your total investable assets.
You are likely to seek a product with at least high portfolio diversification. |
| <input type="checkbox"/> Core component (up to 50%) | You may hold the investment as up to 50% of your total investable assets.
You are likely to seek a product with at least medium portfolio diversification. |
| <input type="checkbox"/> Minor allocation (up to 25%) | You may hold the investment as up to 25% of your total investable assets.
You are likely to seek a product with at least low portfolio diversification. |
| <input type="checkbox"/> Satellite allocation (up to 10%) | You may hold the investment as up to 10% of your investable assets.
You may seek a product with very low portfolio diversification.
Products classified as extremely high risk are likely to meet this category only. |

3: Your investment timeframe

Specify your minimum intended timeframe in years (whole numbers only)

4: Your Risk (ability to bear loss) and Return profile (taking into account the impact of fees, costs and taxes) (tick one box only)

<input type="checkbox"/> Low	<p>For the relevant part of your portfolio, you:</p> <ul style="list-style-type: none"> - have a conservative or low risk appetite, - seek to minimise volatility and potential losses (e.g. have the ability to bear up to 1 negative return over a 20 year period (SRM* 1 to 2)), and - are comfortable with a low target return profile. <p>You typically prefer stable, defensive assets (such as cash).</p>
<input type="checkbox"/> Medium	<p>For the relevant part of your portfolio, you:</p> <ul style="list-style-type: none"> - have a moderate or medium risk appetite, - seek low volatility and potential losses (e.g. have the ability to bear up to 4 negative returns over a 20 year period (SRM* 3 to 5)), and - are comfortable with a moderate target return profile. <p>You typically prefer defensive assets (for example, fixed income).</p>
<input type="checkbox"/> High	<p>For the relevant part of your portfolio, you:</p> <ul style="list-style-type: none"> - have a high risk appetite, - can accept high volatility and potential losses (e.g. have the ability to bear up to 6 negative returns over a 20 year period (SRM* 5 or 6)), and - seek high returns (typically over a medium or long timeframe). <p>You typically prefer growth assets (for example, shares and property).</p>
<input type="checkbox"/> Very High	<p>For the relevant part of your portfolio, you:</p> <ul style="list-style-type: none"> - have a very high risk appetite, - can accept very high volatility and potential losses (e.g. has the ability to bear 6 to 7 negative returns over a 20 year period (SRM 6 or 7)), and - seek to maximise returns (typically over a medium or long timeframe). <p>You typically prefer high growth assets (such as high conviction portfolios, hedge funds, and alternative investments).</p>
<input type="checkbox"/> Extremely High	<p>For the relevant part of your portfolio, you:</p> <ul style="list-style-type: none"> - have an extremely high risk appetite, - can accept significant volatility and losses, and - seek to obtain accelerated returns (potentially in a short timeframe). <p>You seek extremely high risk, speculative or complex products which may have features such as significant use of derivatives, leverage or short positions or may be in emerging or niche asset classes (for example, crypto-assets or collectibles).</p> <p>*The Standard Risk Measure (SRM) for each Fund is based on industry guidance to allow investors to measure investment risk in a consistent way. It aims to provide a guide as to the likely number of negative annual returns expected over any 20 year period.</p>

5: Your need to access capital (tick one box only)

<input type="checkbox"/> Within one week of request	Please consider what minimum level of liquidity is acceptable in connection with your investment.
<input type="checkbox"/> Within one month of request	
<input type="checkbox"/> Within three months of request	
<input type="checkbox"/> Within one year of request	
<input type="checkbox"/> Within 5 years of request	
<input type="checkbox"/> Within 10 years of request	
<input type="checkbox"/> 10 years or more	

> Please proceed to Section 14: Declaration

Section 14: Declaration

Section 14(a): Declaration Details

Please read this declaration carefully. If you do not agree with these declarations, you should not make an investment in the Fund(s).

- I/We acknowledge that I/we have read and understood the accompanying PDS to which this application form relates and agree to be bound by the terms of the offer set out in the PDS and the terms of the relevant Invesco Fund constitution in which I/we are invested (in each case, as amended from time to time).
- I/We confirm that I/we have received and accepted this offer in Australia.
- I/We declare that I/we have the legal capacity and power to make an investment in the Invesco Funds in accordance with this Application Form.
- I am/we are not in the United States or a 'US Person' (as defined in Regulation S under the US Securities Act 1933, as amended) ('US Person'), nor am I/are we acting for the account or benefit of a US Person, and I/We agree to notify Invesco immediately if I/we become a US Person.
- I/We acknowledge that Invesco retains the right not to provide services or issue products to any Applicant that Invesco decides, in its sole discretion, that it does not wish to supply or if the Application Form and supporting information are incomplete.
- I/We acknowledge that a paper copy of the PDS is available free of charge from Invesco. where I have appointed an Authorised Representative in this Application Form, then they will be given online access to my/our account.
- I/We acknowledge that any investment in the Fund is subject to investment risk including possible delays in repayment and loss of income and capital invested.
- If you choose not to quote your TFN/ABN or claim an exemption, we are required to deduct tax at the highest marginal rate plus the Medicare levy from any income payable to you. If provided, your TFN/ABN will apply automatically to any future investment in the fund(s) unless you indicate otherwise. You can choose not to quote your TFN/ABN or claim an exemption. Deciding not to quote a TFN is not an offence. We are authorised to receive TFN information under tax law. For more information about TFNs/ABNs please contact the Australian Taxation Office.
- I/We declare that all the details given in this Application Form are true and correct.
- I/We agree to provide any additional information and/or documentation requested by Invesco, and to inform Invesco if a change in circumstances means that any of the information or documentation provided is no longer correct.
- I/we have considered the features of the Invesco Fund to which this application relates (including its investment objectives, minimum suggested investment timeframe, risk level, withdrawal arrangements and investor suitability) and, after obtaining any financial and/or tax advice that I/we deemed appropriate, am/are satisfied that my/our proposed investment in the Invesco Fund is consistent with my/our investment objectives, financial circumstances and needs.

Anti Money-Laundering (AML) and Counter Terrorism-Financing (CTF) Laws

- I/We will not knowingly do anything to put Invesco in breach of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Laws). I/We agree to promptly notify Invesco if I/we am/are aware of anything that would put Invesco in breach of AML/CTF Laws.
- I/We acknowledge that I/we have no reason to suspect that the money used to fund my/our investments is derived from or will be used in relation to money laundering, terrorism financing or similar activities.

Privacy

- By signing this Application form or any other forms you give to us, you agree to Invesco, Link Market Services and other third party service providers we may engage to provide fund related services, and their respective related bodies corporate and associates (who may be outside Australia), collecting, holding and using your personal information to process your application, deal with transactions in relation to your investments and manage the products and services provided and to comply with our legal obligations. This includes monitoring, auditing, evaluating and modelling data, dealing with complaints and answering queries.
- Under the Privacy Act 1988 (Cth), you may request access to your personal information held by us or our related bodies corporate and associates. You can obtain a copy of our privacy policy electronically at www.invesco.com/au. You can also contact us to make such a request or to arrange for a copy of the relevant entity's privacy policy to be sent to you (free of charge) by calling our Client Services team on 1800 813 500 or by emailing us at clientservices.au@invesco.com.

☐ **I/We have read and understood the Declaration statement and declare that all of the information provided is true and correct.**

> Please proceed to Section 15: Signatures

Section 15: Signatures

Section 15(a): Who should sign?

☐ **Non-individual investor**

Applications must be signed under seal or Power of Attorney. If the application is being signed under Power of Attorney, please attach a certified copy of the Power of Attorney with this application.

☐ **Individual investor**

The individual(s) in whose name the investment is held should sign.

Section 15(b): Account signing authority

Please nominate the signatory required when written authorisation is required on the account. If you do not nominate one individual we will assume all must sign.

☐ **Sole Director and Secretary or Sole Trustee**

☐ **Either can sign**

☐ **All must sign**

Section 15(c): Signatures

Investor 1

Full name(s) of investor/Director/Secretary/Trustee:

Signature:

Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d		m	m		y	y	y	y

Investor 2

Full name(s) of investor/Director/Trustee:

Signature:

Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d		m	m		y	y	y	y

Company Seal (if required)

> Please proceed to Section 16: Submitting your Application

Section 16: Submitting your Application

Section 16(a): Tax File Numbers and Australian Business Numbers

Unitholders may quote their Tax File Number ('TFN') or Australian Business Number ('ABN') (if applicable) in relation to their investment. It is not an offence to fail to quote a TFN or ABN, but if we are not notified of a TFN, ABN or exemption, tax must be withheld from distributions at the highest marginal rate plus the Medicare Levy.

Section 16(b): Submission via post

You will need to send original or certified copies of the requested identification documents with your completed application form and any supporting documentation.

Please see to the right for a list of professionals who are able to certify those documents for you.

Please send the completed application form and any relevant supporting documentation to:

Invesco Australia
C/- Link Market Services
Locked Bag 5038
Parramatta, NSW 2124

Section 16(c): Submission via Financial Adviser

You do not need to include certified copies of the identification documentation - If your Financial Adviser is processing your application they can verify your identity for you.

Please ensure your adviser completes *Section 12(i): Record of Verification Procedure*. Submission via Financial Adviser can be sent by post (address above) or by email to clientservices.au@invesco.com.

Section 16(d): Application turnaround time

We will endeavour to open your account as soon as possible. In some circumstances, where questions are not completed, we will not be able to open your portfolio until this information is provided/completed. If we do not receive completed documentation within 30 days, money will be returned. If your application form is incomplete and does not allow us to fulfil our AML/CTF legal obligations, the processing of your application may not proceed until it has been completed in full.

Section 16(e): Submission checklist

Please confirm that you have provided the following:

- ☐ **Completed application form**
- ☐ **Relevant supporting client identification documents**
(see *Section 12: Investor identification documents*)
- ☐ **Payment** (see *Section 9: Payment information*).

Who can certify documents?

A certified true copy is a copy of a document that has been certified as a true copy of the original, by a person authorised to certify documents. It may include a certified true copy of a print out from an electronic source such as a website. The authorised person should also print their name and position and if possible affix an official stamp.

Persons authorised to certify documents are:

- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having 2 or more continuous years of service with one or more licensees;
- Finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993);
- An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- A Justice of the Peace;
- 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 of a court;
- A magistrate;
- A chief executive officer of a Commonwealth court;
- A registrar or deputy registrar of a court;
- An Australian police officer;
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership; or
- A notary public officer (for the purposes of the Statutory Declaration Regulations 1993).

The person certifying the document must see the original and the copy they are to certify.

Need help?

For assistance in completing this form please contact us:

- Freecall 1800 813 500
- clientservices.au@invesco.com