

Application Form

ClearView Managed Investments

9 September 2010

Please print clearly in **BLOCK LETTERS**.

Part A: Your details

Section 1: Account details

Do you have an existing account?

Yes. Please link to my existing account (e.g. 900000000)

No. Please contact ClearView or refer to your Financial Planner.

Section 2: Identification details

Have you completed the relevant Identification Form required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006?

Yes. Please attach the Identification Form with this application.

No. You are unable to invest in the ClearView Managed Investments until this is completed.

Section 3: Investor details

Type of investor

Individual Joint Partnership Company Trust Trustee of Superannuation fund

Other (please specify)

Section 4: Tax File Number (TFN)/Australian Business Number (ABN) or exemption

Please refer to section titled 'Tax File Number (TFN)/Australian Business Number (ABN)' in the ClearView Managed Investments PDS for quoting your TFN/ABN.

Tax File Number (Investor 1)

 : : - : : - : :

Tax File Number (Investor 2)

 : : - : : - : :

Exemption (if applicable)

Exemption (if applicable)

If other than Australia, the country of residence for tax purposes

If other than Australia, the country of residence for tax purposes

Company/Trust/Partnership/Trustee of Superannuation Fund

ABN

 : - : : - : :

Section 5: Personal details

Investor 1/Trustee 1

Title

Mr Mrs Ms Miss Dr Other

Surname

Given name/s

Date of birth

Sex

Male Female

Residential address (cannot be PO Box address)

Suburb/Town

State

Postcode

Country, if not Australia

Home phone

Mobile

Business phone

Fax

Email

Postal address (if different to the above)

Suburb/Town

State

Postcode

Country, if not Australia

Section 5: Personal details (con't)

Investor 2/Trustee 2

Title

 Mr Mrs Ms Miss Dr Other

Surname

Given name/s

Date of birth

Sex

 Male Female

Residential address (cannot be PO Box address)

Suburb/Town

State

Postcode

Country, if not Australia

Home phone

Mobile

Business phone

Fax

Email

Postal address (if different to the above)

Suburb/Town

State

Postcode

Country, if not Australia

Section 5: Personal details (con't)

Company/Trust/Partnership/Trustee of Superannuation Fund

Name

Contact person

Street address

Suburb/Town

State

Postcode

Country, if not Australia

Business phone

Fax

Mobile

Email

Postal address (if different to the above)

Suburb/Town

State

Postcode

Country, if not Australia

Part B: Your Investment Details

Section 6: Payment Details

How do you wish to make your initial/additional investment?

- Direct Debit. Complete Section 7. Go to Section 8.
- Cheque. Please make cheque payable to 'ClearView Financial Management Limited'. Go to Section 8.
- BPAY®. Only available for additional investments. Complete your BPAY transfer and go to Section 9. The Customer Reference Number is your existing ClearView Managed Investments Number and BPAY biller code is 768135.

Section 7: Financial Institution Account Details

Complete this section if you want your nominated financial institution account to be used for:

- Any new or additional investment as nominated in Section 8.
- Regular Savings Plan as nominated in Section 9.
- TeleAccess.

Name of financial institution

Branch where account held

Name of account

Branch Number (BSB)

Account Number

Name of Account Holder 1

Name of Account Holder 2

Signature of Account Holder 1

Signature of Account Holder 1

Date

Date

Direct Debit Request and Authority to Direct Debit

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement. For further information, refer to the section titled 'Direct Debit Request Service Agreement' in the ClearView Managed Investments Additional Information.

I/We request and advise ClearView Financial Management Limited (user id 101077) to debit my/our nominated financial institution account in accordance with the payment options in Section 6. I/we understand that where a deduction is dishonoured, a fee maybe charged and a processing fee may be charged by my/our financial institution each time an investment is made. All account signatories must sign above.

Section 8: Investment Options

Enter the amount to be invested into each Investment Option and then select the distribution option.

Investment Options	Option Code	Amount to be invested	Distribution options	
			Reinvest	Credit to nominated account
Australian Shares Growth	ASUT599	<input type="text" value="\$"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversified Growth	DGUT279	<input type="text" value="\$"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversified Balanced	MGUT597	<input type="text" value="\$"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversified Stable	IMUT598	<input type="text" value="\$"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Payment	MIUT596	<input type="text" value="\$"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 9: Regular Savings Plan

Would you like to have a Regular Savings Plan?

- Yes. Complete the amount you wish to invest each month in each Investment Option and complete Section 7. Go to Section 10.
- No. Go to Section 10.

Investment Options	Amount	
Australian Shares Growth	\$ <input type="text"/>	per month
Diversified Growth	\$ <input type="text"/>	per month
Diversified Balanced	\$ <input type="text"/>	per month
Diversified Stable	\$ <input type="text"/>	per month
Monthly Payment	\$ <input type="text"/>	per month

Section 10: Switching

If you have an existing ClearView Managed Investments would you like to switch any of the current amounts that you are currently invested in?

- Yes. Complete the amounts you wish to switch below.
- No. Go to Section 11.

Investment Options	Amount to be switched from	Amount to be switched to	Distribution options	
			Reinvest	Credit to nominated account
Australian Shares Growth	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversified Growth	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversified Balanced	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversified Stable	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Payment	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 11: Fixed Payment Plan

Would you like to receive regular fixed payment(s)?

- Yes. Complete the amount you would like to receive for each Investment Option and complete the Direct Credit Details below.
- No. Go to Section 12.

Investment Options	Monthly (around the 15th)	or	At Distribution time
	Australian Shares Growth	\$ <input type="text"/>	
Diversified Growth	\$ <input type="text"/>		\$ <input type="text"/>
Diversified Balanced	\$ <input type="text"/>		\$ <input type="text"/>
Diversified Stable	\$ <input type="text"/>		\$ <input type="text"/>
Monthly Payment	\$ <input type="text"/>		\$ <input type="text"/>

Direct Credit Details

Would you like the regular fixed payment(s) to be made to the same nominated financial institution account as specified in Section 7?

- Yes. Go to Section 12.
- No. Complete information below.

Name of financial institution

Branch where account held

Name of account

Branch Number (BSB)

Account Number

Section 12: ClearView Family Fee Discount

Have you completed and attached a ClearView Family Fee Discount Election Form?

- Yes. Please attach the Family Fee Discount Election Form with this application.
- No.

Section 13: Additional Instructions/Notes

Are there any additional instructions? Yes No

If yes, please complete below.

Section 14: Acceptance of Transaction Instructions

Please complete below to advise us of your transactional authority requirements.

- Single investor** – Your signature is required for all written requests.
- Joint investors** – Account signing authority for written requests for withdrawals and switches only, please indicate. If no nomination, all future transactions will require both investors/trustees to sign.
- Investor 1 & 2 Either Investor 1 or 2 Investor 1/Trustee 1 only Investor 2/Trustee 2 only
- Company/Trust/Partnership/Trustee of Superannuation Fund** – Account signing authority for written requests for withdrawals and switches only, please indicate. If no nomination, all future transactions will require both signatories to sign.
- One Director Two Directors One Director & Company Secretary

Section 15: Declaration and signatures

I/We

- Acknowledge that I/we have read and understood the information contained in the PDS, Additional Information, any current Supplementary PDS and Updates issued at the time I/we made this application and the Application Form;
- Agree to be bound by the Constitution(s), under which ClearView Managed Investments have been established and which may be amended from time to time;
- Acknowledge that ClearView Financial Management Limited has the right to refuse any application at its discretion;
- Acknowledge and agree that ClearView Financial Management Limited nor any of the ClearView group of companies will guarantee the repayment of capital or the performance of the Investment Options;
- Acknowledge that ClearView Financial Management Limited may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authority in compliance with the AML/CTF Act;
- Consent to the collection, use and disclosure of my/our personal information as set out in the 'Privacy and your personal information' section in the PDS and Additional Information;
- Declare that this investment application has been made either on the basis of (please indicate)
 - my/our understanding of the information in the PDS and Additional Information; or
 - a written recommendation to me/us by a Financial Planner and my/our understanding the information in the PDS and Additional Information; and
- Declare the information provided in this application is correct to the best of my/our knowledge.

Name of Investor 1/Trustee 1/Director 1

Name of Investor 2/Trustee 2/Director 2/Company Secretary

Signature

Signature

Date

Date



Financial Planner name

Financial Planner number

PLANNER STAMP HERE