

MCCA INCOME FUND

APPLICATION – INDIVIDUAL/JOINT



MCCA Income Fund ARSN 138 726 931. Product Disclosure Statement dated 22 August 2014

PLEASE REFER TO INSTRUCTIONS IN THIS PDS FOR GUIDANCE WITH COMPLETING THE APPLICATION FORM.

Section A: Investor Details

Do you have an existing investment account with MCCA?

Yes Existing Investor No.

No

STAMP OF MCCA
OR AUTHORISED
REPRESENTATIVE

APPLICANT 1

Title First name

Last name Date of birth
DD / MMM / YYYY

Tax File Number or exemption*

Tax residence (non-Australian residents)

*It is not against the law if you choose not to give your TFN or exemption reason, but if you decide not to, tax maybe taken out of your distributions at the highest marginal tax rate (plus Medicare levy). If you are an overseas investor, please indicate your country of residence for tax purposes.

Residential address
STREET DETAILS
SUBURB
STATE **POSTCODE**

Postal address (if different from above)
PO BOX
STATE **POSTCODE**

PRIMARY CONTACT DETAILS

Contact Name
Home
 Business
 Mobile
Email

APPLICANT 2

Title First name

Last name Date of birth
DD / MMM / YYYY

Tax File Number or exemption*

Tax residence (non-Australian residents)

*It is not against the law if you choose not to give your TFN or exemption reason, but if you decide not to, tax maybe taken out of your distributions at the highest marginal tax rate (plus Medicare levy). If you are an overseas investor, please indicate your country of residence for tax purposes.

Residential address (if different to Applicant 1)
STREET DETAILS
SUBURB
STATE **POSTCODE**

Postal address (if different from above)
PO BOX
STATE **POSTCODE**

PRIMARY CONTACT DETAILS

Contact Name
Home
 Business
 Mobile
Email

ACCOUNT AUTHORISATIONS – JOINT ACCOUNTS

Account authorisations for account changes and redemptions

Both signatories Either signatory

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Section A1: Minor (Child under the age of 18 years) (identification required)

First Name

Last Name

Section B: Redemptions, Income Distributions and Bank Accounts Details

Please indicate how you would like your redemptions and income distributions to be paid. If no nomination is made income will be reinvested in the MCCA Income Fund.

Please reinvest my/our income distributions in the MCCA Income Fund **OR**

Please credit my/our bank account details as follows:

Financial Institution

Branch

Account Name

BSB

Account Number

Section C: Investment Details

INITIAL INVESTMENT AMOUNT/S:

\$

Please indicate how this investment will be made:

- Cheque attached (payable to MCCA Income Fund)
- Authorisation to Deduct – this will permit us to deduct one off investment amounts, or regular investment amounts, from your bank account and is available from mcca.com.au
- BPAY or EFT. We will provide details to you once your account has been established.

Section D: Statement Frequency

UNLESS A DIFFERENT ARRANGEMENT IS CONSIDERED BY THE MANAGER, PLEASE INDICATE HOW OFTEN YOU WOULD LIKE TO RECEIVE YOUR INVESTOR ACTIVITY STATEMENT:

Half-Yearly

Yearly

Section E: Appointment of Financial Adviser

INFORMATION MAY BE DISCLOSED TO YOUR ADVISER OR ADVISER DEALER GROUP, THEIR SERVICE PROVIDER AND ANY JOINT HOLDER OF YOUR INVESTMENT.

Please tick this box if you wish your Financial Adviser to have access to your investment account.

ROLE OF FINANCIAL ADVISER

I/We request that my/our Financial Adviser, as nominated in section F, receive access to my/our financial records in relation to my/our Fund investment and consistent with the terms and conditions, agree that my/our Financial Adviser has the same powers as I/we do to make further investments in or withdrawals from the Fund. I/We hereby release, discharge and agree to indemnify MCCA and the Investment Manager from and against all actions, proceedings, accounts, claims and demands however arising out of acting upon the instructions of my/our Financial Adviser or the release of this information to my/our Financial Adviser as nominated in section F.

Signature(s)

Date

Signature(s)

Date

MCCA INCOME FUND

Section F: Financial Adviser Details (to be completed by your Financial Advisor)

MCCA Financial Adviser No.

Name

Company

STAMP

Address

STREET DETAILS

SUBURB

STATE

POSTCODE

Email address

Dealer group

Contact tel.

ABN

AFSL

IDENTITY VERIFICATION DECLARATION – IF CONDUCTED BY A FINANCIAL ADVISER

In accordance with the Financial Services Council/Financial Planning Association Industry Guidance Note 24, I confirm that customer identification has taken place under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ('Act') and that I will provide MCCA with access to the records as required, or that the industry agreed 'Customer Identification Form' confirming compliance is attached. I also agree to forward these documents to MCCA if I ever become unable to retain the documents. I understand and agree that MCCA is authorised to conduct random audits of these records in accordance with its obligations under the Act.

Adviser Signature

Date

DD / MMM /YYYY

Section G: Appointment of Investor Representative (other than Financial Adviser)

I/We have read the section on Investor Representatives and agree to its terms and conditions. I/We wish to appoint the following party to represent and deal with my/our Fund Investments.

Full Name of Investor Representative

Signature of Investor Representative

I/We request that my/our Investor Representative, as nominated above, receive access to my/our financial records in relation to my/our Fund investment and consistent with the terms and conditions, agree that my/our Investor Representative has the same powers as I/we do to make further investments in or withdrawals from the Fund. I/We hereby release, discharge and agree to indemnify MCCA and the Manager from and against all actions, proceedings, accounts, claims and demands however arising out of acting upon the instructions of my/our Investor Representative or the release of this information to my/our Investor Representative named above.

Signature(s) of Investor(s)

Date

DD / MMM /YYYY

Signature(s) of Investor(s)

Date

DD / MMM /YYYY

Section H: Applicant Identification Verification

This information is required by the Anti-Money Laundering & Counter-Terrorism Financing laws. EACH APPLICANT must complete the relevant sections below and provide the requested evidence of identity verification to us. You must send in one certified copy* (not originals) of each of the following for EACH APPLICANT

- one primary photographic identification document (Category A) **OR**
- one primary non-photographic identification document **AND** one secondary identification document (Category B)

Please note that we cannot accept certified copies by fax.

* For your document to be correctly certified, please refer to the certification of documents outlined in this Application. Documents not in English must be accompanied by an English translation prepared by an accredited translator.

Section H: Applicant Identification Verification (continued)

Identity Verification for Australian Residents

Please tick which document(s) you have provided:

CATEGORY A: a certified copy of ONE of the following documents that contains your photo and full name:

	APPLICANT 1	APPLICANT 2	INVESTOR'S REP.
Australian driver's licence: or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australian passport (current or expired less than 2 years ago): or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of age card issued under a state or territory law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category B: OR if you cannot provide one of the above documents, please provide one document from BOTH 1 AND 2 below:

1. A CERTIFIED COPY OF ONE OF THE FOLLOWING DOCUMENTS:	APPLICANT 1	APPLICANT 2	INVESTOR'S REP.
Australian birth certificate; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australian citizenship certificate; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension card issued by Centrelink; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care card issued by Centrelink;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AND

2. A certified copy of a notice that contains your name and residential address which was issued to you by EITHER:	APPLICANT 1	APPLICANT 2	INVESTOR'S REP.
The Commonwealth or a state or territory within the preceding 12 months and records the provision of financial benefits; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Australian Taxation Office within the preceding 12 months and records a debt payable by or to you; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A local government body or utilities provider within the preceding three months and records the provision of services to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identity Verification for Non-Australian Residents

Please tick which document(s) you have provided:

CATEGORY A: a certified copy of ONE of the following documents:

	APPLICANT 1	APPLICANT 2	INVESTOR'S REP.
Foreign passport or similar travel document bearing your signature and photograph;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR			
National identity card issued by a foreign government bearing your signature and photograph.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY B: OR if you cannot provide one of the above documents, please provide certified copies of TWO of the following documents:

	APPLICANT 1	APPLICANT 2	INVESTOR'S REP.
Foreign divers licence that contains your photograph; and/or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship certificate issued by a foreign government; and/or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate issued by a foreign government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION OF DOCUMENTS - Who can certify?

The certifying officer must be:

- Currently employed in one of the professional or occupational groups listed below;
- Contactable by telephone during normal working hours.

The certifying officer must:

- Write on the copy "this is a true copy of the original documents sighted by me";
- Sign and print their name;
- Provide an address and a contact telephone number;
- State their profession or occupation group (as below);
- Write on the copy the date certified; and
- Affix the official stamp or seal of the certifier's organisation on the copy.

In addition, if the certifying officer is a justice of the peace, the certifying officer must:

- List registration number and state/territory of registration.

Who can certify documents within Australia?

- Accountant – member of a recognised professional accounting body or a registered tax agent
- Manager of a bank or credit union, other than managers of bank travel centres

- Manager of an Australian bank overseas
- Barrister, solicitor or patent attorney
- A police officer
- Postal manager
- Principal of an Australian secondary college, high school or primary school
- A justice of the peace with a registration number
- A dentist
- A veterinary practitioner
- A pharmacist
- A registered medical practitioner within the meaning of the Medical Practice Act 1994
- A notary public
- A minister of religion authorised to celebrate marriages (not a civil celebrant)

Who can certify documents outside Australia?

- An authorised officer of an Australian overseas diplomatic mission
- An authorised officer of an Australian education centre
- A private representative of a university
- A university or college registrar
- A school headmaster or other recognised examining authority

Section I: Annual Fund Audited Financial Report

The Fund's latest annual audited financial report when available can be viewed at www.mcca.com.au

Please tick if you wish to receive a paper copy of the report in the mail.

Please tick if you wish to receive the annual report to the email address in Section A.

Section J: Declaration and Signature

- 1 I/We hereby apply for registration in the MCCA Income Fund ("the Fund").
- 2 I/we declare that we have received a paper or electronic copy of the PDS dated 22 August 2014 and read this PDS in full before completing this Application form and the details in the Application form are true and correct.
- 3 I/We agree to be bound by the provisions of the Fund Constitution dated 14 August 2009 as amended from time to time, a copy of which is available for my/our inspection.
- 4 I/We authorise the disclosure to the Financial Adviser or Authorised Representative whose details appear herein of any information in relation to this application or the investment relating thereto ("personal information") and I/we consent to the payment of brokerage and fees to the financial adviser or Authorised Representative as set out in this PDS or subsequent disclosure.
- 5 I/We understand and agree that MCCA may disclose information about me/us to courts, tribunals or as required by law, including to verify my/our identity as necessary for MCCA to comply with its obligations under the Act.
- 6 I/We understand that MCCA may use my/our personal information for marketing to you products and services offered by us and organisations with which we are affiliated or which we represent. You have the right not to receive marketing material by ticking this box:
- 7 I/We understand and agree that MCCA may provide personal information to an external organisation that provides information technology services.
- 8 I/We hereby irrevocably appoint MCCA, and any Director, agent, attorney or substitute nominated by it and the Manager to be my/our attorney for the purpose of performing its duties under the Fund's Constitution.
- 9 I/we hereby acknowledge that neither MCCA nor its Authorised Representatives if relevant has provided me/us with any personal financial product advice, made any representation or given any guarantee as to the Fund performance, the maintenance of capital or any particular rate of Investor return.
- 10 If signed under a power of attorney, I/we declare that I/we have no knowledge of the revocation of that power of attorney.

Signature(s)

Date

 DD/MM/YY

Name (Please print)

Signature(s)

Date

 DD/MM/YY

Name (Please print)

Capacity to execute Applicant / Power of Attorney/ Trustee
(Please circle applicable title)

Capacity to execute Applicant / Power of Attorney/ Trustee
(Please circle applicable title)

Send your completed Application form, certified copies of your identification documents and your cheque to:

MCCA Asset Management Limited
PO Box 73, Moreland Victoria 3058
Australia

PLEASE DO NOT USE THIS FORM UNLESS ATTACHED TO THE PDS.

MCCA is not responsible for the return on any investment nor does it make any recommendation of any investment.

You and your Financial Adviser are responsible for the suitability of any investment selected by you.