



Wholesale Access Fund (WAF) account name	Account number
Investor surname	
Investor given name	
Joint investor surname	
Joint investor given name	

**Section 1: Investment redemptions**

The funds you nominate below will be sold and the proceeds used to purchase the funds you nominate in Section 2.

Name of wholesale fund (see Product List)	APIR Code	Amount (% or \$)
Total investment amount:		

**Section 2: Investment purchases**

Unless you specify otherwise, your switch request will be processed as a dollar value and once all redemption proceeds are received.

Name of wholesale fund (see Product List)	Reinvest Please select (✓)	APIR Code	Amount (% or \$)
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total investment amount:			

**Section 3: Margin lending**

For PMS applications only - please confirm if either of the investments in sections 1 and 2 are part of a margin loan:

No

Yes, the margin loan provider is

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Margin lending reference number is

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Please note the lender must be an accepted Wholesale Access Fund margin lending provider. See the Product List for accepted margin lenders.



**Section 4: Declaration and signature by applicants**

I/We have read and understood the Wholesale Access Fund Guide to which this application relates and the declarations, conditions and acknowledgments contained under the heading 'Effect of the Application Form' and agree that they are incorporated into this declaration. I/We agree, acknowledge and accept them and declare that all the details given in this application are true and correct.

I/We have received a current prospectus or product disclosure statement (except where not required) in regard to each wholesale fund which I/we have selected in Section 2.

I/We acknowledge that I/we have personally received a complete and unaltered Wholesale Access Fund Guide (or a print out of it), accompanied by or attached to the Application Form, before applying for the securities to which this form relates.

I/We confirm that I/we have read and understood the Privacy Disclosure Statement contained in the Guide. If this form is incomplete, I/we authorise Australian Executor Trustees to hold my/our application money in a trust account within the Australian Executor Trustees Cash Deposit Fund, pending receipt from me/us of a completed current Application Form.

**Signature of applicant**

X

Date

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**Signature of joint applicant**

X

Date

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*Please return to Australian Executor Trustees Limited by:*

*Fax 1800 781 166  
Email forms@aetlimited.com.au  
or Post Australian Executor Trustees Limited  
Administration Services  
GPO Box 546  
Adelaide SA 5001*

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