

Application Form**September 2021**

State Street Active Funds

Before applying for units please;

- read the current Product Disclosure Statement (PDS).
- read the information booklet.
- complete the form in black ink using capital letters and mark crosses.

Certain fields must be provided in accordance with AML and Counter Terrorism Financing Act 2006.

If you have not received personal investment advice about whether a particular Fund is a suitable investment for you, you may wish to consider the target market determination (TMD) we have prepared for the Fund. The TMD describes the class of investors for whom the Fund would likely be consistent with their likely objectives, financial situation and needs. It is not intended to be a recommendation, or a substitute for obtaining your own investment advice. The TMDs for the Funds are accessible at ssga.com.

If you have any questions please call **1300 382 689**.

The Responsible Entity for the State Street Active Funds is State Street Global Advisors, Australia Services Limited (SSGAASL), ABN 16 108 671 441.

Please Complete the Following Steps to Apply for Units

	Complete and sign this Application Form.
	Complete the Client Identification Form(s) (not required for existing investors unless details have changed).
	Attach original certified copies of identification documents (See page 12 of this form for instructions on how to certify documents).
	Attach your cheque or transfer your application monies in accordance with section 11.
	Post the completed original Application Form, Client Identification Form(s) and Certified Identification documents to: State Street Unit Registry, GPO Box 804, Melbourne VIC 3001, Australia. A fax copy will not be accepted.

Existing Investor

Please cross (X) here if you are an existing investor in State Street Australia's Investment Funds. If yes, please fill out your investor details below and then go to section 8.

Existing Investor Number

Investor Name

If any of your details have changed please complete the relevant sections for your investor type.

1. Investor Type

Please select the investor type and ensure the client identification form is filled in which can be found on our website at ssga.com. Please follow instructions on the Client Identification Form for guidance on supporting documentation (eg. driver's licence or company extract) that must be provided in addition to the form for your investor type.

Investor Type	Sections to Complete	Client Identification Form to Complete
<input type="checkbox"/> Individual , which includes: <ul style="list-style-type: none"> • Joint investors • Sole Traders 	Section 2 and then 5 onwards	Individual & Sole Trader Identification Form
<input type="checkbox"/> Company , which includes: <ul style="list-style-type: none"> • Wraps • Australian company • Foreign company 	Section 3A and then 5 onwards	Australian Company or Foreign Company Identification Form
<input type="checkbox"/> Custodian* , opening account on behalf of: <ul style="list-style-type: none"> • Another entity 	Section 3A and 3B and 5 onwards	Australian Company or Foreign Company Identification Form
<p>* Please note if you are a custodian opening an account on behalf of another entity, you are required to complete the custodian section 3A for your entity as well as section 3B for your client's entity you are acting on behalf of.</p>		
<input type="checkbox"/> Trust , which includes: <ul style="list-style-type: none"> • Superannuation Funds • SMSF • Unregulated Trust (such as charities) • Registered Managed Investment Scheme 	With individual trustee(s) — section 2 and then 4 onwards With corporate trustee — section 3A and then 4 onwards	Australian Regulated Trust or Unregulated Trust & Foreign Trust Identification Form. For unregulated trusts with a corporate trustee you must also complete a Company Identification Form for that Company.
<input type="checkbox"/> Partnership	Section 3A and then 5 onwards	Partnership Identification Form
<input type="checkbox"/> Association	Section 3A and then 5 onwards	Association Identification Form
<input type="checkbox"/> Registered Co-operative	Section 3A and then 5 onwards	Registered Co-operative Identification Form
<input type="checkbox"/> Government Body	Section 3A and then 5 onwards	Government Body Identification Form

**2. Individual/Individual
Trustee(s)/Sole Trader**

Individual 1/Trustee 1

Title

Surname

Given Name(s)

Country of tax residence,
if not Australia

Tax File Number
(or state reason for exemption)

It is not an offence to not provide your Tax File Number (TFN). However, we are required to withhold tax at the highest marginal tax rate if a TFN is not provided. If exempt please supply supporting documentation.

Occupation/Business

Employer Name

Individual 2
(for joint investors)/Trustee 2

Title

Surname

Given Name(s)

Country of tax residence,
if not Australia

Tax File Number
(or state reason for exemption)

It is not an offence to not provide your Tax File Number (TFN). However, we are required to withhold tax at the highest marginal tax rate if a TFN is not provided. If exempt please supply supporting documentation.

Occupation/Business

Employer Name

3A. Company
/Corporate Trustee
/Partnership
/Association
/Government Body
/Co-operative
/Custodians*

Full Legal Name

Tax File Number
 (or state reason for exemption)

Country of tax residence,
 if not Australia

ABN/ACN/ARBN

Are you a Charity? Yes No

Nature of business activity

* Custodians of managed investment schemes, superannuation funds, investor directed portfolio service (IDPS) like schemes or managed discretionary account services should complete Section 3A with their own details, as well as completing Section 3B to provide details of the entity on whose behalf you are acting as agent.

3B. Custodian of an Investment Vehicle or a Platform (if applicable)

Full Legal Name

ABN/ACN/ARBN

Registered Office Address
 (PO Box not acceptable)

Licence Number (e.g. RSE, AFSL)

Custodian/Platform Name

Custodian/Investment Platform Type Registered MIS Super Fund IDPS

Other (please specify)

Registration Details (e.g. ARSN, Super Fund Reg. No.)

4. Trust/Superannuation Fund

Full Trust/Superannuation Fund Name
(e.g. ABC Superannuation Fund)

Type of Trust

SMSF Government Superannuation Fund
 Registered Managed Investment Scheme
 Other (please specify)

Tax File Number
(or state reason for exemption)

Country of Tax Residence,
if not Australia

ABN/ARSN

Nature of Trust Activity

Are you a Charity?

Yes No

5. Investor Contact Details

Individual applicant(s) are required to supply a residential address. Business applicants are required to supply the registered office address or principal place of business address, if different. We provide documents such as disclosure documents, confirmation statements and tax statements via our web portal login and via the registered email in this section.

Residential or registered office address/Principal place of business (PO Box will **NOT** be accepted)

Street Address

Suburb

State

Postcode

Country

Phone (Home)

Phone (Business)

Mobile

Fax

Email Address (required)*

* You agree through the provision of your email address that we may use this address to provide transaction statements and confirmations, and other material about your investment such as new PDSs for the Fund. We may still need to send you letters via post from time to time. You will be given access to an online portal to view your investment (s) and transaction activity. Once your account is set up you will receive a welcome email.

Address for Correspondence
(if different from the address
on previous page)

Street Address

Suburb

State

Postcode

Country

A copy of the annual financial report will be made available on our website ssga.com each year. If you also wish to receive an electronic copy place an 'X' in the appropriate box below.

I would like to receive an electronic copy of the annual financial report by email.

6. Adviser Contact Details (Optional)

Please complete this section if you have a financial adviser;

- You consent to your financial adviser being given access to your information.
- Your adviser will have online access and able to make enquiries to your account but will not be allowed to transact on your account.

Adviser Name

Adviser Authorised
Representative No.
(If Applicable)

Adviser Firm Name

Mailing Address

Suburb

State

Postcode

Country

Phone

Mobile

Fax

Adviser's Email (required)

Dealer Group Name

Dealer Group AFSL No.

Dealer Group Stamp
(If Applicable)

7. Banking Details

Please note;

- bank account must be in the name of the investor and with an Australian ADI.
- if the investor is a trustee the bank account name must include the name of the trustee.
- Payments such as distributions and redemptions will be made electronically.
- Third party payments will not be allowed.

Redemption and Distribution Bank Account Details (this section is mandatory)

Name of Australian Financial Institution

Branch Name

Full Account name

BSB

Account Number

8. Distributions

Please put an 'X' in the appropriate box below to indicate how you wish to receive distribution payments.

If you do not select an option, distributions will automatically be reinvested in additional units in the relevant fund.

- Automatic reinvestment as additional units
- Electronic payment into the nominated Australian bank account detailed in section 7

9. Investment Amount (Minimum Initial Investment \$25,000)

Fund Name	APIR Code/ISIN	Fund Code	Amount to be Invested
State Street Australian Equity Fund	SST0048AU/AU60SST00480	RBZZ	<input type="text"/>
State Street Floating Rate Fund	SST4725AU/AU60SST47259	QSYA	<input type="text"/>
State Street Global Equity Fund	SST0050AU/AU60SST00506	Q3AS	<input type="text"/>
Total			<input type="text"/>

10. Source of Funds

Please indicate with an 'X' in the box below the source of funds for making this investment. This section is mandatory to comply with regulatory obligations.

Investor 1

Savings Inheritance Gift

Redundancy Superannuation savings Sale of asset

Business activity Other (Please provide details)

Investor 2 (If Applicable)

Savings Inheritance Gift

Redundancy Superannuation savings Sale of asset

Business activity Other (Please provide details)

11. Payment Instructions

Please put an 'X' in the appropriate box below to indicate how your application payment will be made:

 Cheque

Make your cheque payable to State Street Global Advisors Applications Account and crossed 'Not Negotiable'

 Electronic Funds Transfer

Please transfer funds to:

Account name	State Street Global Advisors Application Account
BSB	083-001
Account number	80-611-4250
Your Reference	Please insert your investor name

 BPAY® Details

You can make your payment using telephone or internet banking. You will need to quote the biller code and your customer reference number when making this payment. If this is a new investment, we will notify you of your customer reference number once we receive your application form. Please make your payment within 14 days of this notification.



Biller Code: See Table Below
Ref: Customer Reference Number

Biller Code:	
State Street Australian Equity Fund	264366
State Street Floating Rate Fund	270181
State Street Global Equity Fund	264374

**12. Applying Under
A Power of Attorney
(If Applicable)**

If you are completing this Application Form under a Power of Attorney (POA) please complete the details below and provide an original certified copy of the Power of Attorney. If applying under a POA we require 2 identification forms. One for the investor and one for the POA.

Please mark an 'X' against the type of agent you are:

- Individual (complete the Client Identification Form for Individuals)
 Corporate (complete the Client Identification Form for Company)

By completing this section you confirm the Power of Attorney remains current and has not been revoked.

Relationship
with investor

Date of Birth

Given Names(s)

Surname

Mailing address

Suburb

State

Country

Postcode

Country of residence for tax purposes if not Australia

Phone

Mobile

Fax

Email

**13. Declaration
and Signature**

By completing this Application Form, I/We:

- i. Confirm that I/we have read and understood the PDS(s), Information Booklet and TMD(s) before applying for units in the Fund(s);
- ii. Agree to be bound by the Constitution of the Funds as amended from time to time;
- iii. Declare that I/we have the capacity and power to make an investment and hold units in the Fund(s).
- iv. Acknowledge that:
 - a. I/we are over the age of 18 years.
 - b. Investments in the Funds are not a deposit, or other liability of any company in the State Street Corporation group of companies (including State Street Bank and Trust Company (SSBT) and SSGA ASL).
 - c. Investments in the Funds are subject to investment risk, including possible delays in repayment and loss of income and principal invested, and no member of the State Street Corporation group of companies (including SSGA ASL) or their related entities, directors or officers guarantee the performance of the Funds, the repayment of capital from the Funds or any particular rate of return.
 - d. If resident in a jurisdiction other than Australia, represent and warrant that I/we may invest in the Funds without the offer contained in the current PDS and Information Booklet being registered with or regulated by the regulator of that jurisdiction.
 - e. The email address provided in this Application Form may be used for all types of communication between SSGA ASL and the unit holder (including transaction statements);
 - f. If any information provided by me/us in this Application Form, Client Identification Form(s) or identification documents changes I/we will inform SSGA ASL immediately.
 - g. SSGA ASL reserves the right to refuse an application for units at its discretion.
 - h. SSGA ASL has the authority to deduct tax from distributions if required under applicable tax law.
 - i. I/we have read the Privacy Policy referred to in the Information Booklet and consent to my/our personal information being used in the manner described in the Privacy Policy as amended from time to time.
 - j. If purchasing through an adviser, I/we authorise SSGA ASL to disclose to the adviser noted on this Application Form, information relating to my/our application for investment into the State Street Investment Funds to which this application applies or any subsequent information relating to my/our investment (excluding disclosure of my/our Tax File Number/s or any information in relation to it/them). This authority will continue unless revoked in writing by me/us.
 - k. Distribution and redemption payments will be paid electronically by direct credit. SSGA ASL will not make payments by cheque.
 - l. If an email address of an adviser has been provided, I/we consent for that email address to be used for communication purposes including for transaction statements and PDSs.

- m. The processing of my/our application may be delayed while SSGA ASL verifies and considers information, even if all information requested on this application form has been provided and received by SSGA ASL prior to the cut-off time for receiving instructions, my/our application may be processed at the unit price applicable for the business day as at which all information has been received and verified.
- n. If my/our investment becomes an account in respect of account holders who are resident for tax purposes outside of Australia, as SSGA ASL reasonably determines and for the purposes of the US Foreign Account Tax Compliance Act (FATCA) or OECD Common Reporting Standard (CRS), I/we will promptly inform SSGA ASL and provide on request any information which is necessary for SSGA ASL to comply with any obligations it may have in connection with the U.S FATCA/ OECD CRS.
- v. Confirm that all the information I/we have provided on this Application Form and Client Identification Form(s) is true and correct at the time of completing, and I/We were physically in Australia at the time of completing the Application Form.
- vi. Confirm that if I/we are applying under a Power of Attorney the Power of Attorney has not been revoked and I/we will indemnify SSGA, SSGA ASL, SSBT and State Street Australia Limited from and against all losses, liabilities, actions and claims arising from instructions received from my/our attorney, whether or not the attorney was acting as authorised.

All individual trustees must sign the form. If we are unable to match signatures to the certified ID this will delay your account opening.

Where the investment is in more than one name, all investors must sign.

A company must execute by signature of a director and secretary or two directors or in the case of a sole director company, by that director. Alternatively, if the form is completed by an agent of the investor, please attach an original certified copy of the Power of Attorney.

Signature of Applicants (This form must be signed with wet ink. Electronic Signatures WILL NOT BE ACCEPTED. Please also provide full name.)	Title (eg. Trustee/ Director/Secretary/ Individual/Power of Attorney)	Date
1. Signature Name		
2. Signature Name		
3. Signature Name		
4. Signature Name		

The Certification Process:
How to Certify

For an extensive list of certifiers please visit ssga.com.

Please note the following;

- ID documents, must be original certified copies. e.g. we must be able to see the wet ink of the certifier to accept the document.
- We do not accept self-certification.
- Certification date must be dated no more than 12 months old.

Please review the certification process on our website for a full list of who can certify.

Typically certifiers are;

- Justice of the Peace
- Legal practitioner
- Officer or Authorised Rep of an AFSL licence, with 2 years continuous service.
- Dentists
- Nurse
- Police Officer
- Pharmacists
- Accountants
- Marriage Celebrant

Please include the following;

- Signature and the date they signed the certification
- Full name
- Phone number
- Occupation
- Company name and full business address if applicable
- Company or organisation stamp if applicable

For certifying deeds and longer documents, please ensure either every page is certified, or the certification states the actual page numbers that are being certified.

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