

**Application Form****February 2022**

# State Street 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](http://ssga.com).

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

The Responsible Entity for the State Street Funds is State Street Global Advisors, Australia Services Limited (SSGAASL), ABN 16 108 671 441, Australian Financial Services Licence Number 274 900.

---

**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 check here if you are an existing investor in State Street Funds.  
If yes, please fill out your existing 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](http://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"/> <b>Individual</b> , which includes: <ul style="list-style-type: none"> <li>• Joint investors</li> <li>• Sole Traders</li> </ul>	Section 2 and then 5 onwards	Individual & Sole Trader Identification Form
<input type="checkbox"/> <b>Company</b> , which includes: <ul style="list-style-type: none"> <li>• Wraps</li> <li>• Australian company</li> <li>• Foreign company</li> </ul>	Section 3A and then 5 onwards	Australian Company or Foreign Company Identification Form
<input type="checkbox"/> <b>Custodian*</b> , opening account on behalf of: <ul style="list-style-type: none"> <li>• Another entity</li> </ul>	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"/> <b>Trust</b> , which includes: <ul style="list-style-type: none"> <li>• Superannuation Funds</li> <li>• SMSF</li> <li>• Unregulated Trust (such as charities)</li> <li>• Registered Managed Investment Scheme</li> </ul>	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 the Company
<input type="checkbox"/> <b>Partnership</b>	Section 3A and then 5 onwards	Partnership Identification Form
<input type="checkbox"/> <b>Association</b>	Section 3A and then 5 onwards	Association Identification Form
<input type="checkbox"/> <b>Registered Co-operative</b>	Section 3A and then 5 onwards	Registered Co-operative Identification Form
<input type="checkbox"/> <b>Government Body</b>	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)

Tax File Number  
(or state reason for exemption)

Country of tax residence,  
if not Australia

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

---

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 provide details)

---

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

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 (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](http://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.

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	<input type="text"/>
Branch name	<input type="text"/>
Full account name	<input type="text"/>
BSB	<input type="text"/> <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"/>

---

**8. Distributions**

Please put an 'X' in the appropriate box beside each fund (within the table in section 9 on page 8) to indicate how you wish to receive distribution payments (either Cash or Reinvestment).

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

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

Fund Name	APIR Code/ISIN	Fund Code	Amount to be Invested	Distributions	
				Cash	Reinvest
<b>Indexed</b>					
State Street Australian Cash Trust	SST0003AU/AU60SST00035	Q3U9			
State Street Australian Equities Index Trust	SST0004AU/AU60SST00043	Q3TP			
State Street Australian Fixed Income Index Trust	SST0005AU/AU60SST00050	Q3U6			
State Street Australian Listed Property Index Trust	SST0007AU/AU60SST00076	Q3TY			
State Street Climate ESG International Equity Fund	SST0057AU/AU60SST00571	Q3TX			
State Street Global Fixed Income Index Trust	SST0009AU/AU60SST00092	Q3U7			
State Street International Equities Index Trust	SST0013AU/AU60SST00134	Q3TW			
State Street International Equities Index (Hedged) Trust	SST0022AU/AU60SST00225	7FLL			
State Street Passive Balanced Trust	SST0016AU/AU60SST00167	Q5VJ			
<b>Enhanced</b>					
State Street Global Index Plus Trust	SST0010AU/AU60SST00100	7F3J			
State Street Global Index Plus (Hedged) Trust	SST0021AU/AU60SST00217	7F7L			
<b>Total</b>					

**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

<input type="checkbox"/> Savings	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift
<input type="checkbox"/> Redundancy	<input type="checkbox"/> Superannuation savings	<input type="checkbox"/> Sale of asset
<input type="checkbox"/> Business activity	<input type="checkbox"/> Other (please provide details)	<input type="text"/>

Investor 2 (if applicable)

<input type="checkbox"/> Savings	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift
<input type="checkbox"/> Redundancy	<input type="checkbox"/> Superannuation savings	<input type="checkbox"/> Sale of asset
<input type="checkbox"/> Business activity	<input type="checkbox"/> Other (please provide details)	<input type="text"/>



**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**

**For all funds except the State Street Australian Cash Trust (Q3U9)**  
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

**For State Street Australian Cash Trust (Q3U9)**

**Account name:** State Street Australian Cash Trust Application Account  
**BSB:** 083-001  
**Account number:** 33-386-9388  
**Your Reference:** Please insert your investor name

**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	<input type="text"/>	Date of Birth	<input type="text"/>
Surname	<input type="text"/>	Given Names(s)	<input type="text"/>
Mailing address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of residence for tax purposes if not Australia	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>
Fax	<input type="text"/>		
Email	<input type="text"/>		

---

**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](http://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.

**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.