

# Application Booklet

## JANA Investment Trusts

6 August 2024



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## Completing the Application Form

A completed Application Form received by CIML is an instruction to invest in the JANA Investment Trusts. This Application Form relates to the IM dated 6 August 2024 issued by CIML. Please read the IM in full before completing the Application Form.

Once you have completed the Application Form, please read the Declaration and Authorisation and have the form signed by the authorised signatories and then return the completed form to Channel Client Services. Application Monies should be sent by electronic transfer to the Trust's application account noted in this application form.

For an Application Form to be valid, it must be correctly completed and it must comply with the designated minimum investment amounts and be appropriately signed by the applicant/s. However, CIML may, at its discretion, accept amounts less than the minimum initial investment amounts. Where CIML has accepted amounts less than the minimum initial investment amounts of \$500,000, the investor is required to provide an accountant's certificate, which can be found in PART E of this Application Form.

### Incomplete applications

If, for any reason, we are unable to process your application (for example, the Application Form is incomplete or incorrectly completed or we are not satisfied that we have received the necessary proof of identification requirements to meet our obligations under AML/CTF Requirements as set out in the Application Form, the Application Monies will be held by us in a non-interest bearing trust account for up to 30 days (while we endeavour to verify your identification information or obtain any necessary outstanding information) after which we will return the Application Monies to you. No interest is received on Application Monies, including monies for additional investments, and no interest will be paid to you if for any reason your application cannot be accepted.

We reserve the right not to accept (wholly or in part) any application for any reason or without reason. If we refuse to accept an application, any monies received from you will be returned to you without interest.

### Tax File Number

Investors have the choice of whether or not to quote their Tax File Number (TFN) when opening a Trust investment account. The investor does not have to quote a TFN, but it is a requirement of relevant taxation laws that CIML will withhold tax (plus Medicare levy) from income distributions to the investor if they have not quoted their TFN or provided appropriate exemption information. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the taxation laws and the Privacy Act.

If you are exempt from quoting a TFN, please quote the equivalent ATO code in the TFN space provided (e.g. Aged pension is 444 - 444 - 441).

### Additional applications

If you are an existing unitholder in the JANA Investment Trusts you may apply for additional Units by completing the Additional Unit Application Form. The application process will be subject to the process and timings of your original investment (set out previously). The additional investment amount will be added to your existing investment in the Trust. Please insert your investor number, name and personal details as well as your additional investment amount into the spaces provided on the form. Please read the Declaration and Authorisation and have the form signed by the authorised signatories and then return the completed form to us. Additional Application Monies should be sent by electronic transfer to the Trust's application account noted on the Application Form.

### Submitting the application form

Once the Application Form is complete, please send it to the following address and/or email details set out below:

Channel Client Services  
Attention: Applications  
GPO Box 206, Brisbane, QLD 4001  
Email | [clientservices@channelcapital.com.au](mailto:clientservices@channelcapital.com.au)  
Telephone | 1800 940 599

If you require assistance completing the Application Form, please do not hesitate to contact us.

### Power of Attorney

If signing under a power of attorney, you are certifying that the power of attorney has not been revoked (a certified copy of power of attorney must be submitted with this application unless it has already been sighted). For the purposes of anti-money laundering compliance, the attorney must complete the same identification requirements as an individual (see PART E – Section A).

### Anti-Money Laundering/ Counter Terrorism Financing

The prevailing AML Requirements require that the identity of an investor is verified. Without this information we may not be able to deal with you and monies cannot be paid to you if and when investments are realised. CIML may require additional information to verify the identity of an investor, any underlying owner of units in a fund or beneficiary of a trust and the source of any payment. Where we request such information from you, processing of new applications may be delayed until the requested information in a satisfactory form is received. Please refer to the IM for further details on Anti-Money Laundering/ Counter Terrorism Financing.

## Privacy

CIML has a Board approved privacy policy. We collect and manage your personal information in accordance with this policy, the Privacy Act 1998 (Cth) and the Australian Privacy Principles ('APP').

CIML may collect personal information from you in the Application Form and any other relevant forms in order to process your application, administer your investment and for other purpose permitted under the Privacy Act 1988 (Cth). Tax, company and anti- money laundering law also require some of the information to be collected in connection with an application. In some cases, we collect personal information from third parties including public sources, our related companies, referrers, brokers, agents, your adviser(s) and our service providers.

If you do not provide us with your relevant personal information, we will not be able to provide you with products or services (such as issuing you units).

Privacy laws apply to our handling of personal information and we will collect, use and disclose your personal information in accordance with our privacy policy, which includes details about the following matters:

- the kinds of personal information we collect and hold;
- how we collect and hold personal information;
- whether collection is required or authorised by law;
- the purposes for which we collect, hold, use and disclose personal information;
- the entities or persons to which personal information is usually disclosed;
- how you may access personal information that we hold about you and seek correction of such information (note that exceptions apply in some circumstances);
- how you may complain about a breach of the APPs, or a registered APP code (if any) that binds us, and how we will deal with such a complaint; and
- whether we are likely to disclose personal information to overseas recipients and, if so, the countries in which such recipients are likely to be located if it is practicable for us to specify those countries.

Personal information is unlikely to be disclosed to any third parties overseas.

CIML may also be allowed or obliged to disclose information by law. If an investor has concerns about the completeness or accuracy of the information CIML has about them or would like to access or amend personal information held by CIML, they can contact CIML's Privacy Officer at:

Attention: Privacy Officer  
Channel Investment Management Limited  
GPO Box 206  
Brisbane QLD 4001  
Phone: 1800 940 599

## Politically Exposed Persons

In accordance with the AML Requirements, we are required to ask you whether you are a politically exposed person ("PEP"), a family member of a PEP or a close associate of a PEP. Please refer to Part A Section 1 of the Application Form.

PEP means an individual:

1. who holds a prominent public position or function in a government body or an international organisation, including:
  - a. Head of State or head of a country or government; or
  - b. government minister or equivalent senior politician; or
  - c. senior government official; or
  - d. Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation; or
  - e. governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; or
  - f. senior foreign representative, ambassador, or high commissioner; or
  - g. high-ranking member of the armed forces; or
  - h) board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any state enterprise or international organisation; and
2. an immediate family member of a person referred to in paragraph (1), including:
  - a. a spouse; or
  - b. a de facto partner; or
  - c. a child and a child's spouse or de facto partner; or
  - d. a parent; and
3. a close associate of a person referred to in paragraph (1), which means any individual who is known (having regard to information that is public or readily available) to have:
  - a. joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (1); or
  - b. sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in paragraph (1).

## Correct Forms of Registrable Names

An Application Form must be signed in the name(s) of natural persons, companies or other legal entities. At least one name given in full and the surname is required for each natural person.

The name of the beneficiary or any other non-registrable name should be included by way of an account designation, completed as described in the examples of correct forms of registrable names below.

Type of investor	Correct form of Registrable Title
Individual or Joint Applicants <ul style="list-style-type: none"> <li>• Use given names in full</li> <li>• Do not use initials</li> </ul>	Mr John Alfred Smith and Mrs Mary Anne Smith
Partnerships <ul style="list-style-type: none"> <li>• Use partners' personal names</li> <li>• Include the name of the partnership as account designation</li> </ul>	Mr John Smith and Mr Michael Smith < John Smith and Son A/C >
Company <ul style="list-style-type: none"> <li>• Use company title</li> <li>• Do not use abbreviations</li> </ul>	ABC Pty Ltd
Trusts <ul style="list-style-type: none"> <li>• Use trustee(s) personal name(s) or registered company name</li> <li>• Include the name of the trust</li> </ul>	Mrs Sue Smith < Sue Smith Family A/C >
Association <ul style="list-style-type: none"> <li>• Use office bearer(s) personal name(s)</li> <li>• Include the name of the club, etc.</li> </ul>	Mr Michael Smith < ABC Tennis Association A/C >
Superannuation Funds <ul style="list-style-type: none"> <li>• Use name of trustees and fund</li> <li>• Do not use the name of fund only</li> </ul>	Mr John Henry Smith and Mrs Susan Jane Smith < J & S Smith Super Fund A/C >
Co-operative <ul style="list-style-type: none"> <li>• Use name of co-operative</li> <li>• Do not use abbreviations</li> </ul>	ABC Co-operative Limited
Government Body <ul style="list-style-type: none"> <li>• Use name of government body</li> </ul>	ABC Department or Department of ABC

## Application Form checklist

Please indicate type of investor by, ticking the below and complete the sections of the Application Form that apply to you, and then return the signed form with the relevant document(s) to the address provided.

Please cross boxes where appropriate

	Type of investor	Sections to be Completed in Application Form		Verification Documentation Required	
		PART A	PART B, C & D	PART E	
<input type="checkbox"/>	Individual / Joint Applicants	Section 1	Complete all Sections in Part B & C (as applicable)		
<input type="checkbox"/>	Regulated Trust (e.g. SMSF) – Individual Trustee/s	Sections 1 & 3		Section B	
<input type="checkbox"/>	Regulated Trust (e.g. SMSF) – Corporate Trustee	Sections 2a & 3		Section B	
<input type="checkbox"/>	All Other Trust Types – Individual Trustee/s	Sections 1 (trustee and beneficial owners) & 3		Section H	
<input type="checkbox"/>	All Other Trust Types – Corporate Trustee	Sections 1 (for beneficial owners), 2a & 3		Section H	
<input type="checkbox"/>	Private and Unlisted/ Unlicensed Public Australian Company	Sections 1 (for beneficial owners) & 2a		Section C	
<input type="checkbox"/>	Listed / Licenced Australian Company	Section 2a		Section E	
<input type="checkbox"/>	Foreign Listed/Licenced Company (Australian Registered)	Sections 2a & 2b		Ensure Part D – Investor Declaration is signed by all required applicants	Section D
<input type="checkbox"/>	Foreign Private and Unlisted/ Unlicensed Public Company (Australian registered)	Sections 1 (for trustees and beneficial owners), 2a & 2b			Section F
<input type="checkbox"/>	Foreign Company (not registered in Australia)	Sections 1 (for trustees and beneficial owners), 2a & 2b			Section G
<input type="checkbox"/>	Partnerships	Sections 1, 2, 3 (as applicable) & 4		Contact Channel Client Services	
<input type="checkbox"/>	Association / Registered Co-operative / Government Body	Sections 1 (as applicable) & 5		Contact Channel Client Services	

**PART A**

**Section 1**

**Individual**

Trustee/Director/  
Partner/25% or  
more Shareholder or  
Beneficial Owner

If there are more than (2)  
two Trustees, Directors,  
Partners, 25% or more  
shareholder or Beneficial  
Owners, please print  
additional pages.

Individual 1 – Please tick capacity

- Trustee  Individual  
 Partner  >25% Shareholder/Beneficial Owner  
 Director  
 Mr  Mrs  Miss  Ms  Other(e.g. Dr)

Given Name(s)

Surname

Date of Birth  
  /   /

Residential Street Address

State Postcode

Country

Are you an Australian resident for taxation purposes?

- Yes  No

If yes, please provide your Tax File Number or  
Exemption Number.

If no, please also complete section 11 of the application form as  
required.

Are you a Politically Exposed Person (as defined on page 2)

- No  Yes  If yes, please provide details below

If you are a beneficial owner or controlling person indicate your role  
(such as managing director)

Individual 2– Please tick capacity

- Trustee  Individual  
 Partner  >25% Shareholder/Beneficial Owner  
 Director  
 Mr  Mrs  Miss  Ms  Other(e.g. Dr)

Given Name(s)

Surname

Date of Birth  
  /   /

Residential Street Address

State Postcode

Country

Are you an Australian resident for taxation purposes?

- Yes  No

If yes, please provide your Tax File Number or  
Exemption Number.

If no, please also complete section 11 of the application form as  
required.

Are you a Politically Exposed Person (as defined on page 2)

- No  Yes  If yes, please provide details below

If you are a beneficial owner or controlling person indicate your role  
(such as managing director)

**Section 2 (a)**

**Company Details  
Private/Public**

Please also complete  
Section 1 of this form for  
any shareholders with  
ownership greater than  
25%, or if no shareholder  
with greater than 25%, for  
each managing official or  
director of the Company.

Name of Company (as registered with ASIC or foreign registration body)

Tax File Number or Exemption Number

Other Identification Number

Australian Business Number

Registered Address (PO Box NOT acceptable)

State Postcode

Country

- A Private Company  A Public Company

Other type of Company (please state)

Principal Place of Management (if any)

State Postcode

Country

For private companies, state the full name of each Director:

Director 1:  Director 2:

Director 3:  Director 4:

If there are more directors, provide details on a separate sheet and attach to your application form.

Please also complete Section 1 of this form for any shareholders with ownership greater than 25%, or if no shareholder with greater than 25%, individuals who directly or indirectly control (includes exercising control through the capacity to determine decisions about financial or operational policies; or by means of arrangements, voting rights of 25% or more, or power of veto) the company, or if no such person exists, for each managing official or director of the Company.

Section 2 (b)

Further Information for Foreign Companies

Business Address in Australia (if applicable)

State

Postcode

NOTE: Please also complete Section 1 of the form (attach additional page(s) if necessary) for all directors and/or shareholders who hold an interest of greater than 25%.

Country where company was formed, incorporated or registered:

If the company is registered by a foreign registration body, the name of the body and any registration number issued

Relevant foreign body:

Registration Number:

Section 3

Trust or Superannuation Fund Details

Full name of Trust

Full business name (if any)

Country where Trust established

Tax File Number or Exemption Number

Type of Trust (Select one of the following trust types and provide the information requested):

Registered management investment scheme

Provide Australian Registered Scheme Number (ARSN)

Regulated trust (e.g. SMSF)

Provide name of regulator (e.g. ASIC, APRA, ATO)

Provide the Trust's ABN

or registration/licensing details

Government superannuation fund

Provide name of the legislation establishing the Fund

Other trust type

Trust description (e.g. Family, unit, charitable, estate)

Name of trust beneficiaries or details of the class of beneficiaries:

.....

Number of Trustees\*\*:

Full Name of Settlor\*:

\* Only required where initial contribution to the trust was greater than \$10,000 (unless settlor is deceased).

\*\*Note: Please complete Section 1 for each Individual Trustee and each beneficiary of the trust, or complete Section 2 for a Corporate Trustee.

Please also complete Section 1 for individuals who directly or indirectly control (see section 2(a) for what constitutes "control") an unregulated trust.

Section 4

Partnership  
Details

Name of Partnership

Full registered business name (if any) of Partnership

Country where Partnership established

NOTE: Please provide the full names and details for each of the Partners in Sections 1, 2, 3 or 4 of the form as required (attach extra page(s) if necessary).

Section 5

Association/ Registered  
Co-operative/  
Government

Please cross type of Investor

Association  Registered Co-Operative  Government Body

Name of Association/Registered Co-operative/Government Body

Tax File Number or Exemption Number

Other Identification Number

Australian Business Number

Registered Address

State

Postcode

Country

Principal place of business/operations address (if same as registered address, please write 'AS ABOVE').

State

Postcode

Country

Full name of the association's President, Secretary and Treasurer (or other equivalent officers in each case). This section is only to be completed by Associations.

Name of President

Name of Secretary

Name of Treasurer

Please complete Section 1 with the full names and details of the President, Secretary or Treasurer (attach additional page(s) if necessary) and provide ID for one of the officers.

The Government Body is an entity established under legislation of: Commonwealth of Australia

State, Territory or foreign country (if so, name of state, Territory or foreign country)

Section 6

Contact Details

Mailing Address

  

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Contact Phone

Email

State

Postcode

Country

  

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## PART B

### Section 7 Delegation of Authority

The people whose names and signatures appear below or as provided on attached authorized signatories lists are authorised to act on our behalf in dealing with the Trustee in connection with matters relating to the administration of our investment in the JANA Investment Trusts.

Certified copy of authorised signatories list attached.

OR

Full Name	Phone
Specimen Signature	Position

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Full Name	Phone
Specimen Signature	Position

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Full Name	Phone
Specimen Signature	Position

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Full Name	Phone
Specimen Signature	Position

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Full Name	Phone
Specimen Signature	Position

Signature instructions (eg number of signatures required, company seal required).

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Section 8

Investment Amounts

Please note that Application Monies will not be invested until a completed and signed Application Form is received and accepted. Minimum investment amount is \$500,000 per Trust. CIML may, at our discretion, accept amounts less than the minimum initial investment amount.

Please note cut off times for Trusts can vary. Please refer to the IM for cut off times.

Trust	APIR	Investment Amount (AUD \$)
JANA Core Australian Share Trust	CHN6123AU	\$
JANA High Alpha Australian Share Trust	MLC3634AU	\$
JANA Select Exclusions Australian Share Trust	CHN5219AU	\$
JANA Passive Trust - Australian Share Class	CHN9438AU	\$
JANA Small Caps Australian Share Trust	CHN0336AU	\$
JANA Enhanced Index Global Share Trust	CHN5471AU	\$
JANA Enhanced Index Global Share Trust with Currency Hedged	CHN4165AU	\$
JANA High Alpha Global Share Trust	MLC1460AU	\$
JANA High Alpha Global Share Trust with Currency Hedged	MLC2457AU	\$
JANA Select Exclusions Global Share Trust	CHN5524AU	\$
JANA Select Exclusions Global Share Trust with Currency Hedged	CHN4397AU	\$
JANA Passive Trust - Global Share Class	CHN7247AU	\$
JANA Passive Trust - Global Share Class with Currency Hedged	CHN2022AU	\$
JANA Emerging Markets Share Trust	CHN6433AU	\$
JANA Global Property Trust	CHN0875AU	\$
JANA Real Estate Trust	CHN0022AU	\$
JANA Diversified Infrastructure Trust	CHN8832AU	\$
JANA Private Equity Trust	CHN7767AU	\$
JANA Alternatives Trust	CHN2721AU	\$
JANA Multi-Sector Credit Trust	CHN6464AU	\$
JANA Diversified Fixed Income Trust	CHN8582AU	\$
JANA Short-Maturity Diversified Debt Trust	CHN9780AU	\$
JANA Cash Trust	CHN7604AU	\$
JANA Moderate Trust	MLC4466AU	\$
JANA Tailored Option (Please Specify)		\$
		\$
<b>Total Investment Amount</b>		\$

Section 9

Payment and Sources of Funds

PAYMENT DETAILS

BSB	Account Number	Account Name	Reference
082-401	263 073 471	CIML JANA Investment Trusts Applications Account	Please include your Investor Name in the reference field of your EFT.

SOURCE OF FUNDS

Please tick the most relevant option.

<input type="checkbox"/> Retirement Savings	<input type="checkbox"/> Sale of Assets	<input type="checkbox"/> Financial Investments
<input type="checkbox"/> Employment Income	<input type="checkbox"/> Inheritance/gift	
<input type="checkbox"/> Business Activities	<input type="checkbox"/> Other (provide detail)	<input type="text"/>

Section 10a

Nominated Account Details - Redemptions

REDEMPTIONS

The following AUD account will be credited for payment of Redemptions.

Account Name	<input type="text"/>															
Financial Institution	<input type="text"/>					Branch	<input type="text"/>									
BSB (Branch)	<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"/>

Section 10b

Nominated Account Details – Income Distributions

INCOME DISTRIBUTIONS

Please specify how you would like any income distributions from the Trusts to be paid. Income is reinvested automatically by CIML unless otherwise instructed.

Distribution to be reinvested in the Trusts       Credit to my/our nominated account listed below.

The following AUD account will be credited for payment of distributions. (if blank, nominated account listed in 10a will apply)

Account Name	<input type="text"/>															
Financial Institution	<input type="text"/>					Branch	<input type="text"/>									
BSB (Branch)	<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"/>

Section 10c

Nominated Account Details – Rebates Agreements

REBATE AGREEMENTS

By crossing the following box and complete Section 10c, you acknowledge that JANA will communicate any applicable rebates to CIML on your behalf. You also acknowledge that the below statements in section 10d regarding issuing a Recipient Created Tax Invoice and GST apply. A summary of the rebate terms will be provided by JANA to the Investor upon completion of the agreement.

Please specify how you would like any rebates from the Trusts to be paid. Rebates are reinvested automatically by CIML unless otherwise instructed.

Rebates to be reinvested in the Trusts       Credit to my/our nominated account listed below

The following AUD account will be credited for payment of Rebate. (if blank, nominated account listed in 10a will apply)

Account Name	<input type="text"/>															
Financial Institution	<input type="text"/>					Branch	<input type="text"/>									
BSB (Branch)	<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"/>

## Section 10d

Nominated Account  
Details – RCTI and  
GST

### ISSUING A RECIPIENT CREATED TAX INVOICE AND GST

- (i) Unless the context requires otherwise, words and phrases used in this clause that have a specific meaning in the GST law (as defined in the A New Tax System (Goods and Services Tax) Act 1999 (Cth) shall have the same meaning in this clause.
- (ii) The parties to this Agreement agree that any Fee Rebate Amount paid by CIML under this Agreement represents consideration paid by CIML as responsible entity of the Fund for a supply made by the investor to invest or agreement to invest in the Fund.
- (iii) Unless the consideration for a supply is expressly stated to be GST inclusive, the party providing the consideration for a taxable supply under this Agreement must pay as additional consideration an amount equal to the amount of GST payable on that supply (the GST Amount).
- (iv) If an adjustment event occurs in relation to a supply made under or in connection with this Agreement, the GST Amount will be recalculated to reflect that adjustment and an appropriate payment will be made between the parties.
- (v) For administrative efficiency, the parties to this Agreement agree that they are parties to a Recipient Created Tax Invoice agreement. It is agreed that CIML can and will issue the Investor with a Recipient Created Tax Invoice in respect of the supplies of this Agreement. The Investor agrees it will not issue tax invoices in respect of the supplies of this Agreement. CIML acknowledges that it is registered for Goods and Services Tax (GST) at the time of this Agreement and will notify the Investor if it ceases to be registered. The Investor acknowledges that it is registered for GST at the time of this Agreement and will notify CIML if it ceases to be registered. Once either party ceases to be registered for GST, no further Recipient Created Tax Invoices can be issued.
- (vi) CIML will issue the original or a copy of a valid Recipient Created Tax Invoice to the Investor within 28 days after determining the value of the supplies and the fee rebate and retain the original (or copy).
- (vii) CIML shall reasonably comply with its obligations under Australian taxation laws.
- 

## Section 10e

Annual Financial  
Statements

### ANNUAL FINANCIAL STATEMENTS

The Trust's Annual Financial Statements are accessible in a cost effective and environmentally friendly manner online at [www.jana.com.au](http://www.jana.com.au).

Please choose an option below if you would like to receive a copy of the Annual Financial Statements:

I/We elect to receive Annual Financial Statements via: Email  or Printed copy

If an option is not selected you will NOT be sent Annual Financial Statements, however you may still view them online at [www.jana.com.au](http://www.jana.com.au).

**FATCA and CRS –  
Self-certification  
Declaration**

Information about investors that are foreign tax residents must be reported to the Australian Tax Office (ATO) in accordance with international tax reporting standards and laws to which Australia is subject. These include the OECD Common Reporting Standard (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia's obligations under CRS or FATCA, please visit the ATO website [www.ato.gov.au](http://www.ato.gov.au)

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on their domicile, place of management, principal office or incorporation, the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list the reason (of the of the three reasons specified as A, B or C) for not providing a TIN.

You do not need to complete this section if you are a Regulated Australian Super Fund.

**Section 11  
Individuals**

Individual 1

Are you a tax resident of another country?

No

Yes  Please provide your name and Tax Identification Number (TIN) below:

	Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided
1			
2			
3			

Reason A: The country of tax residency does not issue TINs to tax residents.

Reason B: The individual has not been issued with a TIN.

Reason C: The country of tax residency does not require the TIN to be disclosed.

Individual 2

Are you a tax resident of another country?

No

Yes  Please provide your name and Tax Identification Number (TIN) below:

	Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided
1			
2			
3			

Reason A: The country of tax residency does not issue TINs to tax residents.

Reason B: The individual has not been issued with a TIN.

Reason C: The country of tax residency does not require the TIN to be disclosed.

**Section 12a**

Entities (Company, Trust, Partnership, Association, etc)

Select the appropriate entity type from one of the four options below and provide requested information.

1.  A Financial Institution (A custodial or depository institution, an investment entity or specified insurance company for FATCA/CRS purposes)

Provide the entity's Global Intermediary Identification Number (GIIN), if applicable

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select one)

- Deemed Compliant Financial Institution
- Excepted Financial Institution
- Exempt Beneficial Owner
- Non Reporting IGA Financial Institution
- Nonparticipating Financial Institution
- Other (describe the FATCA status in the box provided)

Please answer the question below for all Financial Institutions

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

- Yes – Please see section 12b (Country of Tax Residency for Entity)
- No

2.  Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate.
3.  A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income)
- For other types of Active NFEs, refer to section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at [www.oecd.org](http://www.oecd.org)
- If the entity is a Foreign Charity or Active NFE, please proceed to section 12b (Country of Tax Residency for Entity).
4.  Other (Entities that are not previously listed e.g. proprietary company – Passive Non-Financial Entities) Please see section 12b (Country of Tax Residency for Entity)

Is the entity a tax resident of a country other than Australia?

- No
- Yes Please provide the entity's country of tax residency and tax identification number (TIN). Please include multiple countries and TINs, if applicable. If a TIN is not provided, please list the reason (of the of the three reasons specified as A, B or C) for not providing a TIN.

	Country of Tax Residence	Tax Identification Number (TIN)	Reason Code if no TIN provided
1			
2			
3			

Reason A: The country of tax residency doesn't issue TINs to tax residents.

Reason B: The individual has not been issued with a TIN.

Reason C: The country of tax residency does not require the TIN to be disclosed.

For Companies only - Are any of its beneficial owners' tax residents of countries other than Australia?

- Yes - Please complete section 11 for those individuals  No

For Unregulated Trusts only - Are any of its controlling persons (an individual who directly or indirectly exercises control over the Unregulated Trust, which includes all trustees, settlors, protectors and beneficiaries) tax residents of countries other than Australia?

- Yes - Please complete section 11 for those individuals  No

If the Trustee is a company - Are any of the company's controlling persons (an individual who directly or indirectly exercises control over the Trustee company, which includes beneficial owners controlling more than 25% of the share in the company or senior managing officials) tax residents of countries other than Australia?

- Yes - Please complete section 11 for those individuals  No

**Section 12b**

Country of Tax Residency for Entity

**Investor Declaration**

By completing and signing the Application Form, the investor confirms:

- a. I/We have read and understood the IM to which this application relates and agree to be bound by the provisions of each of the Trusts constitutions;
- b. I/We confirm that I/we are a wholesale client (as defined in section 761G of the Corporations Act) and where required under the Application Form, have provided an accountant’s certificate;
- c. I/We have received personally a complete and unaltered IM prior to completing the Application Form and declare that all the details given in this Application Form are true and correct;
- d. I/We confirm that I/we are in compliance with all relevant laws and regulations (including, without limitation, the requirements of the Corporations Act) and will not cease to be in compliance if I/we are allocated Units;
- e. I/We authorise the use of the TFN information provided on the Application Form in respect to my/our investment;
- f. I/We acknowledge that neither CIML and its associates guarantees the capital invested by investors or the performance of the specific investments of the Trusts;
- g. I/We acknowledge that the provision of the products available through the Trusts should not be taken as the giving of investment advice by CIML, as CIML is not aware of the investor’s investment objectives, financial position or particular needs;
- h. I/We acknowledge that I/we are responsible for ensuring that the information on the Application Form is complete and correct;
- i. I/We have such knowledge and experience in financial and business matters that I/we are capable of evaluating the merits and risks of a purchase of the Units and you acknowledge that an investment in the Trusts involves a degree of risk;
- j. I/We have the financial ability to bear the economic risk of the investment in the Trusts;
- k. I/We have had access to all information that I/we believe is necessary or appropriate in connection with this application for Units. I/We acknowledge and agree that the only information and representations provided by CIML are those contained in the IM to which this Application Form relates;
- l. I/We have made and relied upon my/our own assessment of the Trusts and have conducted My/our own investigation with respect to the Application and the Trust including, without limitation, the particular tax consequences of subscribing, owning or disposing of the Units in light of my/our particular situation as well as any consequences arising under the laws of any other taxing jurisdiction;
- m. Except to the extent that liability cannot by law be excluded, I/we acknowledge that none of the directors, officers, employees or advisers of CIML or the Trusts, or any of their respective related bodies corporate, accept any responsibility in relation to the Application;
- n. I/We acknowledge that the Trusts, CIML and its affiliates will rely upon the truth and accuracy of the foregoing acknowledgments, representations, warranties and agreements. I/We indemnify the Trusts, CIML and their affiliates against any loss, damage or costs incurred and arising out of or in relation to any breach by you of the acknowledgments, representations, warranties and agreements;
- o. I/We agree that CIML, may:
  - i) require me/us to provide any additional documentation or other information and perform any acts to enable compliance with any laws relating to anti-money laundering and counter terrorism financing (‘AML’) or any other law;
  - ii) at its absolute discretion and without notice to me/us, take any action it considers appropriate, including blocking or delaying transactions on your account or refuse to provide services to me/us to comply with any law relating to AML or any other law; and
  - iii) in its absolute discretion and without notice to Me/us, report any or any proposed transaction or activity to anybody authorised to accept such reports relating to AML or any other law;
- p. I/We certify that if we are signing under a power of attorney, the power of attorney has not been revoked;
- q. I/We have read and understood CIML’s privacy collection statement in this Application Booklet and understand that a copy of the Privacy Policy is publicly available at [www.channelcapital.com.au](http://www.channelcapital.com.au);
- r. I/We consent to my/our personal information being collected, held, used and disclosed in accordance with the Privacy Policy; and
- s. I/We consent to CIML disclosing this information to my/our financial adviser (named in this form). Where the financial adviser no longer acts on my/our behalf, I/we will notify CIML of the change.



(i.e. Individual/Trustee/Director/Secretary/Partner)

Date

  /   /    



(i.e. Individual/Trustee/Director/Secretary/Partner)

Date

  /   /

**Section A**

Individuals/Joint Applicants  
(Trustee/Director/ Partner/25% or more Shareholder or Beneficial Owner)

Minimum Identification Required  
For each Investor please provide:

- a) an original or certified copy of a valid Driver’s Licence (Australian State or Territory, or Foreign Country equivalent) with photograph; or
- b) an original or certified copy of a passport issued by Australian Commonwealth or expired passport which has not been cancelled and was current within the preceding two years; or
- c) Passport or similar document issued for the purpose of international travel that contains a photograph and signature of the person and is issued by a foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English;

Or

d) Both:

(i) an original or certified copy of a valid primary I.D. document

- National Identity Card with a photograph and signature issued by Australian Commonwealth, State or Territory; or
- Foreign National Identity Card with a photograph and signature issued by a foreign government, UN or UN Agency, with English translation provided by an accredited translator, if not in English; or
- Birth Certificate or birth extract issued by Australian State or Territory; or
- Birth Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or
- Citizenship Certificate issued by Commonwealth government; or
- Citizenship Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or
- Pension card issued by Centrelink;

And

(ii) an original or certified copy of a valid secondary I.D. document:

- notice issued to an individual by Centrelink within preceding 12 months which records the provision of financial benefits to an individual and the individual’s name and residential address; or
- notice of a foreign welfare department equivalent within preceding 12 months which records the provision of financial benefits to an individual and the individual’s name and residential address; or
- notice issued to an individual by the ATO or relevant foreign Taxation authority within the preceding 12 months which records the name and residential address of the individual; or
- notice issued to an individual by a local government body or utilities provider within preceding three months which records the provision of services to that residential address or that individual; or
- For persons under 18, a notice issued by a school principal within the preceding three months containing the name of the person and his or her residential address and recording the period of time that the person attended the school.

**Section B**

Regulated Trust

Registered managed investment schemes, regulated trusts and Government Superannuation Fund  
Original or certified copies of:

- a search of the relevant regulator e.g.: ASIC, ATO, APRA etc;

And

For Self Managed Superannuation Fund

Original or certified copies of:

- ATO database search or the trust/ superannuation deed;

And

In respect of one of the trustees:

- if the trustee is an individual, then ID required as per the individual requirements set out in section ‘A’; or
- if the trustee is a company, then ID required as per the company requirements set out in section ‘C’



<p><b>Section C</b> Private and Unlisted/ Unlicensed Public Australian Companies</p>	<p>Minimum Identification Required Original or certified copies of:</p> <p><input type="checkbox"/> a Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database, or other appropriate document(s) including reliable independent electronic data (e.g. Dun &amp; Bradstreet report); and</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" must also be satisfied,</p>
<p><b>Section D</b> Foreign Listed / Licensed Company (Australian Registered)</p>	<p>Australian Registered Foreign Company Original or certified copies of:</p> <p><input type="checkbox"/> a Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database, search of the licence or other records of the relevant regulator, other appropriate document(s) including reliable independent electronic data (e.g. Dun &amp; Bradstreet report); and</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" must also be satisfied.</p>
<p><b>Section E</b> Listed / Licensed Australian Companies</p>	<p>Original or certified copies of:</p> <p><input type="checkbox"/> a search of the relevant ASIC database or relevant stock exchange or other appropriate document(s) including reliable independent electronic data (e.g. Dun &amp; Bradstreet report).</p>
<p><b>Section F</b> Foreign Private and Unlisted / Unlicensed Public Companies (Australian Registered)</p>	<p>Australian Registered Foreign Company Original or certified copies of:</p> <p><input type="checkbox"/> a search of the relevant ASIC or other government database, a search of the relevant foreign stock exchange, a search of the licence or other records of the relevant regulator or other appropriate document(s) including reliable independent electronic data (e.g. Dun &amp; Bradstreet report); or</p> <p><input type="checkbox"/> Certificate of Incorporation or recent extract of public company register or document issued by the foreign government (including a registration certificate).</p>
<p><b>Section G</b> Foreign Companies (not registered in Australia)</p>	<p>Unregistered Foreign Company Original or certified copies of:</p> <p><input type="checkbox"/> Foreign registration certificate, Certificate of Incorporation, recent extract of company register: or</p> <p><input type="checkbox"/> other appropriate document(s) including a search of the relevant government database, a search of the relevant stock exchange, a search of the licence or other records of the relevant regulator, or other appropriate document(s) including reliable independent electronic data (e.g. Dun &amp; Bradstreet report); and</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" must also be satisfied.</p>
<p><b>Section H</b> Other Trust Types</p>	<p>Original or certified copies of:</p> <p><input type="checkbox"/> the trust deed;</p> <p><input type="checkbox"/> if the Settler of the Trust has made a material asset contribution of &gt;\$10,000 and is still living, the identification requirements set out in Section "A" must be satisfied; and</p> <p><input type="checkbox"/> where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section "A" must also be satisfied.</p> <p>And In respect of one of the trustees:</p> <p><input type="checkbox"/> if the trustee is an individual, then ID required as per the individual requirements as per Section 'A'; or</p> <p><input type="checkbox"/> if the trustee is a company, then ID required as per the company requirements as per Section 'C', 'D', 'E', 'F' or 'G'.</p>

## CATEGORY OF ACCEPTABLE REFEREES

Certified Copy means a document that has been certified as a true copy of an original document by one of the following persons:

1. A person who, under a law in force in a State or Territory, is currently licensed or registered to practice in an occupation listed in Part 1 of Schedule 2 of the Statutory Declarations Regulations 2018;
2. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
3. A person listed in Part 2 of Schedule 2 of the Statutory Declarations Regulations 2018. For the purposes of these Rules, where Part 2 uses the term '5 or more years of continuous service', this should be read as '2 or more years of continuous service';
4. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees;
5. An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees; and
6. A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents.

The Statutory Declaration Regulations 2018 are accessible through the following website: [www.legislation.gov.au](http://www.legislation.gov.au).

## Accountant's Certificate

Where CIML has accepted an initial application for a Trust for an amount less than the \$500,000 minimum, the below wholesale certification is required. This is not required where the minimum initial investment amount for a Trust is met.

All Australian resident investors who are wholesale clients on the basis that they are high net worth individuals who are applying for interests in the Trusts are required to submit an Accountant's certificate in the following form or another form acceptable for the purposes of sections 708(8)(c) and 761G(7)(c) of the *Corporations Act 2001* (Cth) (**Act**).

The certificate must be issued no more than 2 years before the date of the offer of interests in Trusts.

To: Channel Investment Management Limited ACN 163 234 240

I certify as follows:

1. I am a qualified and practicing accountant for the purposes of the Act.
2. I am giving this certificate in accordance with sections 708(8)(c) and 761G(7)(c) of the Act at the request of, and with reference to, [application Name] and acknowledge that this certificate will be relied upon to make offers of securities or financial products to the applicant without issuing a Disclosure Document or Product Disclosure Statement to the applicant, which may otherwise be required under either Part 6D.2 or Part 7.9 of the Act.
3. I certify that having reviewed the financial position of the Applicant:
  - (a) the applicant has net assets of at least A\$2.5 million; or
  - (b) the applicant had a gross income for each of the last 2 financial years of at least A\$250,000 a year.
4. I certify that the financial products and financial services provided to the applicant under this offer are not provided for use in connection with a business based on my understanding of the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.

If you require any information regarding your investments, please contact: [clientservices@channelcapital.com.au](mailto:clientservices@channelcapital.com.au)

This additional unit application form is for existing investors in the JANA Investment Trusts (the 'Trusts') who wish to apply for additional units in the Trusts. The additional investment amount will be added to your existing investment in the Trusts.

You should read the IM or Offer Letter to which this application relates issued by Channel Investment Management limited ACN 163 234 240 AFSL 439007 before completing this Additional Unit Application Form.

**Section 1. Investor Identification**

Investor Number

Full name(s) of Registered Holding

Registered Address

Suburb

State

Postcode







**Section 2. Payment Details**

BSB	Account Number	Account Name	Reference
082-401	263 073 471	CIML JANA Investment Trusts Applications Account	Please provide the Investor Name as a reference.

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### Section 3. Investment Amount and Source of Funds

Please note that Application Monies will not be invested until completed and signed Application Form is received and accepted. Minimum initial investment amount is \$500,000 per Trust. CIML may, at our discretion, accept amounts less than the minimum initial investment amount. There is no minimum amount for subsequent, additional investments.

Please note cut off times for Trusts can vary. Please refer to the IM for cut off times.

<b>Trust</b>	<b>APIR</b>	<b>Investment Amount (AUD \$)</b>
JANA Core Australian Share Trust	CHN6123AU	\$
JANA High Alpha Australian Share Trust	MLC3634AU	\$
JANA Select Exclusions Australian Share Trust	CHN5219AU	\$
JANA Passive Trust - Australian Share Class	CHN9438AU	\$
JANA Small Caps Australian Share Trust	CHN0336AU	\$
JANA Enhanced Index Global Share Trust	CHN5471AU	\$
JANA Enhanced Index Global Share Trust with Currency Hedged	CHN4165AU	\$
JANA High Alpha Global Share Trust	MLC1460AU	\$
JANA High Alpha Global Share Trust with Currency Hedged	MLC2457AU	\$
JANA Select Exclusions Global Share Trust	CHN5524AU	\$
JANA Select Exclusions Global Share Trust with Currency Hedged	CHN4397AU	\$
JANA Passive Trust - Global Share Class	CHN7247AU	\$
JANA Passive Trust - Global Share Class with Currency Hedged	CHN2022AU	\$
JANA Emerging Markets Share Trust	CHN6433AU	\$
JANA Global Property Trust	CHN0875AU	\$
JANA Real Estate Trust	CHN0022AU	\$
JANA Diversified Infrastructure Trust	CHN8832AU	\$
JANA Private Equity Trust	CHN7767AU	\$
JANA Alternatives Trust	CHN2721AU	\$
JANA Multi-Sector Credit Trust	CHN6464AU	\$
JANA Diversified Fixed Income Trust	CHN8582AU	\$
JANA Short-Maturity Diversified Debt Trust	CHN9780AU	\$
JANA Cash Trust	CHN7604AU	\$
JANA Moderate Trust	MLC4466AU	\$
JANA Tailored Option (Please Specify)		\$
		\$
<b>Total Investment Amount</b>		\$

## Source of Funds

Please tick the most relevant option.

Retirement Savings

Sale of Assets

Financial Investments

Employment Income

Inheritance/gift

Business Activities

Other (provide detail) :

## Section 4. Declaration and Authorisation

I/We have read and understood the IM to which this application relates and the declarations conditions and acknowledgements contained under Part D 'Investor Declaration' of the Application Form and agree that they are incorporated in 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 personally a complete and unaltered IM prior to completing the Additional Unit Application Form.

I/We certify that if we are signing under a power of attorney the power of attorney has not been revoked.

Investor 1

Date  /  /

Name

Capacity (i.e. Individual/Trustee/Director/Secretary/Partner)

Investor 2

Date  /  /

Name

Capacity (i.e. Individual/Trustee/Director/Secretary/Partner)

## Return form



If you have any questions in relation to this form, please call Channel Client Services on 1800 940 599



Please complete this form and return to:  
[clientservices@channelcapital.com.au](mailto:clientservices@channelcapital.com.au)



Post to:  
Channel Client Services  
GPO Box 206, Brisbane, QLD 4001