



## Unitholders Verification Form

## PACIFIC BALANCED FUND

### SECTION A: INDIVIDUAL/JOINT UNITHOLDERS

#### APPLICANT 1

TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> SR. <input type="checkbox"/> JR.			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
FULL NAME:		DATE OF BIRTH:		
POSTAL ADDRESS:				
RESIDENTIAL ADDRESS:				
TELEPHONE:		MOBILE:		EMAIL:

#### APPLICANT 2

TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> SR. <input type="checkbox"/> JR.			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
FULL NAME:		DATE OF BIRTH:		
POSTAL ADDRESS:				
RESIDENTIAL ADDRESS:				
TELEPHONE:		MOBILE:		EMAIL:

#### APPLICANT 3

TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> SR. <input type="checkbox"/> JR.			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
FULL NAME:		DATE OF BIRTH:		
POSTAL ADDRESS:				
RESIDENTIAL ADDRESS:				
TELEPHONE:		MOBILE:		EMAIL:

### SECTION B: NON-INDIVIDUAL UNITHOLDERS

#### AUTHORISED OFFICER 1

TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> SR. <input type="checkbox"/> JR.			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
JOB TITLE:	FULL NAME:		DATE OF BIRTH:	
POSTAL ADDRESS:				
RESIDENTIAL ADDRESS:				
TELEPHONE:		MOBILE:		EMAIL:

## AUTHORISED OFFICER 2

TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> SR. <input type="checkbox"/> JR.			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
JOB TITLE:		FULL NAME:		DATE OF BIRTH:
POSTAL ADDRESS:				
RESIDENTIAL ADDRESS:				
TELEPHONE:		MOBILE:		EMAIL:

## AUTHORISED OFFICER 3

TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> SR. <input type="checkbox"/> JR.			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
JOB TITLE:		FULL NAME:		DATE OF BIRTH:
POSTAL ADDRESS:				
RESIDENTIAL ADDRESS:				
TELEPHONE:		MOBILE:		EMAIL:

## SECTION C: INVESTMENT DETAILS

CERTIFICATE NO:	HOLDER NO:	NUMBER OF UNITS:
REGISTERED ADDRESS:		

## SECTION D: BENEFICIARY DTAILS

Beneficiary details should also include copies of his/her Identification consistent with WCAL identification criteria. We encourage you to advise WCAL immediately should there be any changes to the beneficiary details.

TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> SR. <input type="checkbox"/> JR.			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
JOB TITLE:		FULL NAME:		DATE OF BIRTH:
POSTAL ADDRESS:				
RESIDENTIAL ADDRESS:				
TELEPHONE:		MOBILE:		EMAIL:

## SECTION E: UNITHOLDER BANK ACCOUNT DETAILS

ACCOUNT NAME:	ACCOUNT NUMBER:
BANK:	BRANCH BSB NUMBER:
BANK ADDRESS:	

## SECTION F: IDENTIFICATION REQUIREMENTS

All individuals and authorised officers must provide a minimum of two identification cards. The following identification are acceptable by Weathermen Capital Advisors Limited.

<b>PRIMARY IDENTIFICATION:</b>	<b>SECONDARY IDENTIFICATION:</b>
VALID PASSPORT <input type="checkbox"/>	SUPERFUND IDENTIFICATION <input type="checkbox"/>
DRIVERS LICENSE <input type="checkbox"/>	EMPLOYMENT IDENTIFICATION <input type="checkbox"/>
MARRIAGE CERTIFICATE <input type="checkbox"/>	INSURANCE POLICY DOCUMENTS <input type="checkbox"/>
BIRTH CERTIFICATE <input type="checkbox"/>	REFEREE LETTER WITH PHOTO <input type="checkbox"/>
NATIONAL IDENTITY CARD [NID] <input type="checkbox"/>	UTILITY BILLS, WATER, POWER, LAND RATES ETC. <input type="checkbox"/>

## SECTION G: DECLARATION SECTION

By signing this Unitholder Verification Form you agree, represent and warrant that you.

- Acknowledge that all the information you have provided is true and correct to the best of your knowledge.
- Acknowledge that if any personal circumstances change, you will contact your Adviser when if/this occurs.
- Acknowledge that information requested in this verification form, is being collected for the primary purpose of verifying your investment in Pacific Balanced Fund and may also be used or disclosed for the secondary purposes of processing and delivery of your investment transactions and sending marketing material to keep you informed of your investments.
- Are over the age of 18 years and not of any legal disability.

## INDIVIDUAL APPLICANTS TO COMPLETE

<b>SIGNATURE</b> [Applicant 1]:	<b>NAME:</b>	<b>DATE:</b>
<b>SIGNATURE</b> [Applicant 2]:	<b>NAME:</b>	<b>DATE:</b>
<b>SIGNATURE</b> [Applicant 3]:	<b>NAME:</b>	<b>DATE:</b>

## NON-INDIVIDUAL TO COMPLETE

Number of signatures required to authorize a transaction \_\_\_\_\_

Do NOT affix a common seal unless it is essential to sign the Agreement under seal. If essential, please ensure that it is executed in accordance with the constitution of the corporation/association.

Signed for Applicant by an Authorised Officer (Director/Secretary as named in Section B)

<b>SIGNATURE</b> [Authorised Officer 1]:	<b>NAME:</b>	<b>DATE:</b>
<b>SIGNATURE</b> [Authorised Officer 2]:	<b>NAME:</b>	<b>DATE:</b>
<b>SIGNATURE</b> [Authorised Officer 3]:	<b>NAME:</b>	<b>DATE:</b>

## Witness

Signed in the presence of

<b>SIGNATURE:</b>	<b>NAME:</b>	<b>DATE:</b>
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## OFFICE USE ONLY

<b>DATE RECEIVED:</b>	<b>RECEIVED BY:</b>
<b>UPDATED BY:</b>	<b>SIGNATURE:</b>
<b>ASSIGNED TO ADVISOR:</b>	<b>DATE:</b>

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