

Please complete the SMSF - Corporate Trustee Data Collection form in order to initiate your application in Olivia123. This process is essential for AUSTRAC security screening. We are required by law to confirm the legal identity of all investors (and their entities), as part of the Australian Government's protection measures against money laundering and anti-terrorism funding.

Full Name	Applicant 1	
Date	Applicant 2	

1. SMSF details

Full name of SMSF			
SMSF ABN		SMSF TFN	
Registered address			
Number of SMSF members		<i>If more than 2 members, complete additional form, section 2, 3, and 4.</i>	
I confirm that this entity is an Australian superannuation fund (and is therefore not a reporting entity for the purposes of FATCA or CRS) <i>(if you are NOT an Australian superannuation fund, please contact support@diogenesfm.com.au to select a different type of Investing Entity)</i>			__YES

2. SMSF Members

	Applicant 1	Applicant 2
Full Name _(Mr/Mrs/Ms/Miss)		
Date of birth		
Country of birth		
Residential Address		
Postal Address		
Occupation		
Phone		
Email		

3. Politically exposed persons (PEPs)

To comply with AML/CTF Law we require you to disclose whether you are or have an association with a politically exposed person (PEP).

Is this individual a PEP?	Applicant 1	__YES	__NO	Applicant 2	__YES	__NO
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A PEP is an individual who holds a prominent public position or function in a Government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de-facto partner, child and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with a PEP, we may request additional information from you.

Please provide description of PEP's position.

Applicant 1	
Applicant 2	

DFM - Data Collection form - SMSF Corporate Trustee

4. Directorship/Shareholder status	Applicant 1		Applicant 2	
Is this member also a director of the Corporate Trustee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this member also a shareholder of 25% or more of the Corporate Trustee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this individual a tax resident of Australia?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. Corporate Trustee

Please indicate whether the Corporate Trustee is		<input type="checkbox"/> Australian	<input type="checkbox"/> Foreign
<i>If foreign</i>	Foreign company ID number	ARBN	

6. Corporate Trustee Details

ABN/ACN			
Corporate Trustee name			
Registered office address			
Principal place of business			
Mailing address			
Nature of business activity			
Registration status	<input type="checkbox"/> Proprietary Company	<input type="checkbox"/> Public Company	
Is the Corporate Trustee regulated by an authority other than ASIC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>If yes, name of Regulator</i>			
Are there any directors of the Corporate Trustee that are NOT members of the fund?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>If yes, provide the number of Corporate Trustee Directors - ONLY count directors that are NOT members of the fund and have not been previously mentioned.</i>			
<i>If more than 1 Corporate Trustee Director, please complete section 7 on additional form</i>			

7. Corporate Trustee Director Details (SMSF)

Full Name <small>(Mr/Mrs/Ms/Miss)</small>	
Date of birth	
Country of birth	
Residential Address	
Postal Address	
Occupation	
Phone	
Email	

8. Regulatory Information - Australian Company/Corporate Trustee

Does the Corporate Trustee have an Australian Financial Services Licence (AFSL)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please provide AFSL number</i>		
<i>If no, is the Corporate Trustee regulated by an authority other than ASIC?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes please provide the name of Regulator</i>	<input type="checkbox"/> APRA	<input type="checkbox"/> OTHER
<i>If other, please provide Regulator details:</i>		

9. Investment Amount

The minimum investment amount for the Diogenes Disability Housing Fund No. 1 is \$50,000.	
Your investment amount \$	

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10. Source of Funds

Please select the origin and source of funds being invested - Tick all that apply			
<i>AUSTRAC and AML/CTF regulations require you to provide the following information regarding your investment. Please select at least one of the options to the questions below:</i>			
<input type="checkbox"/> savings	<input type="checkbox"/> super contributions	<input type="checkbox"/> donation/gift	<input type="checkbox"/> normal course of business
<input type="checkbox"/> investment	<input type="checkbox"/> commissions	<input type="checkbox"/> inheritance	<input type="checkbox"/> asset sale
other:			
What is the purpose of this investment?			
<input type="checkbox"/> savings	<input type="checkbox"/> retirement	<input type="checkbox"/> income	
<input type="checkbox"/> growth	<input type="checkbox"/> business account		

11. Bank Account Details

You must provide current bank account details for distribution (if applicable) and redemption payments. The bank account must be held in the same name as the Applicant / Investing Entity.			
Please provide Australian Bank Account Details			
BSB		Account Name	
Branch Name		Account Number	
Bank Name / Institution			

12. Statements and Reporting

The financial report for the Fund will be published on the Diogenes Funds Management Ltd website, and available by email.			
Please indicate the method by which you will receive the ANNUAL report:			
<input type="checkbox"/> via email to the email address/es below			
<input type="checkbox"/> no thanks, I will obtain the annual report from the website			
MONTHLY performance reports will be sent to the email address nominated below:			
Full Name			
Email			
Would you like a copy to be sent to another person or a second email address?			<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, please provide the 2nd recipients details</i>			
Full Name			
Email			

13. Further Instructions - SMSF Members

Please elect and list who has account signing authority for this investment.			
<input type="checkbox"/> Applicant 1		<input type="checkbox"/> Applicant 2	
Other			
<i>If there are multiple people with account signing authority, please select whether any listed signatory can execute transactions on the account, or if all signatories must sign before transactions are executed.</i>			
<i>If you do not select an option, all future instructions must be signed by all signatories or as otherwise permitted by law.</i>			
Who must sign to transact?			
<input type="checkbox"/> All signatories	<input type="checkbox"/> Only Applicant 1 / Signatory 1		
<input type="checkbox"/> Any signatory	<input type="checkbox"/> Only Applicant 2 / Signatory 2		

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14. Financial Advisor/Agent

Do you wish to nominate a Financial Advisor or Agent who should receive information about your application?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please complete the below</i>			
Name			
Authority Level	<input type="checkbox"/> Information Only	<input type="checkbox"/> Transaction & Information	
Is the Advisor/Agent part of a dealer group or company with an ABN, or an individual?			
<input type="checkbox"/> Dealer group or company		<input type="checkbox"/> Individual	
<i>If Dealer group or company, provide the below:</i>			
Dealer group or company name			
Does the company have an ABN/ACN?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
ABN/ACN:		Company Name:	
Advisors Address			
Business Phone			
Mobile Phone			
Email Address			

Please return the completed form to support@diogenesfm.com.au

One of our team will be in contact you in the next few days to finalise your application.

If you have any questions, please call us on 07 3473 0176