Application Form for Self Managed Super Fund



| Super Fund Name: | _ | | | | | |
|----------------------------------|----|---------------------------------|------------------|-------------------------|----------------------------|-------------|
| ABN / ACN: | _ | | | | | |
| Registered Address: | _ | | | | | |
| Purpose of Account: (tick one) | 3. | Investment [Payment of GOThers: | | 2. Business vices □ | - | |
| Mobile Number: | _ | | | | | |
| Email: | _ | | | | | |
| We confirm that: | | nmo of the owner fund |) will open on a | occupt with Wealth00 fo | ar huving (calling digital | ourrencies. |
| Also, we authorise: | | | | ccount with Wealth99 fo | | currencies. |
| (Member / Director Signature) | | | - | (Member / Director Sig | unature) | |
| (manager, photos eighten) | | | | (manual, photos elg | , lata. 6) | |
| (Full Name of Member / Director) | | | - | (Full Name of Member | · / Director) | |
| Date: | / | 1 | - | Date: | | 1 |
| (Member / Director Signature) | | | - | (Member / Director Sig | gnature) | |
| (Full Name of Member / Director) | | | - | (Full Name of Member | · / Director) | |
| Date: | / | / | | Date: | / | / |

As part of our KYC process, Wealth99 needs to collect relevant information of all key personnel associated with the company. Once key personnel have been identified, they will receive an email to verify their identity via hello@wealth99.com.

Member/Director/Trustee/Beneficial Owner

| Full Name: | | | | | | | |
|--|------------|-----------|------------|---------------|--|--|--|
| | | | | Phone Number: | | | |
| | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Member/Direc | tor/Truste | e/Benefic | cial Owner | | | | |
| Full Name: | | | | | | | |
| Date of Birth: | | | | Phone Number: | | | |
| Email: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Member/Director/Trustee/Beneficial Owner | | | | | | | |
| Full Name: | | | | | | | |
| Date of Birth: | | | | Phone Number: | | | |
| Email: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Member/Direc | tor/Truste | e/Benefic | cial Owner | | | | |
| Full Name: | | | | | | | |
| Date of Birth: | | | | Phone Number: | | | |
| Email: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |

Document Checklist

| No. | Documents Required | Tick Box |
|-----|--|----------|
| 1. | APPLICATION FORM – Completed & Signed (The application form needs to be completed and signed by all members, directors, trustees, shareholders, etc.) | |
| 2. | COPY OF SMSF TRUST DEED (a full copy of the trust deed needs to be emailed or posted to Wealth99. Please note that we need the trust deed as one file. We will not accept a trust deed if it is emailed or posted to us in parts) | |