

Power of Attorney/Custodian Appointments (Required if applicable)

TO BE COMPLETED BY APPLICANT'S ATTORNEY/CUSTODIAN

A. Name and Signature of Attorney(s) / Custodian

Full name	Full name
Email	Email
Phone	Phone

We require a certified copy of the Power of Attorney or Custodian appointment documentation along with certified ID/electronic verification for the individual(s) acting as the attorney(s).

B. Declaration

- (a) to release, discharge and agree to indemnify La Trobe Financial and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon my/our instructions, other than where arising from the negligence, wilful misconduct or fraud of La Trobe Financial, their employees, officers, contractors, agents or that of the Investment Manager or their employees, officers, contractors or agents;
- (b) at the time of submitting this application, I/we declare that we are validly appointed as attorney(s) / custodian and we are not aware of any revocation; and
- (c) (if applicable) if acting as custodian, I/we are licensed to provide custodial services and are providing the same in the ordinary course of carrying on a business providing such custodial services, and have carried out all required customer identification procedures and ongoing customer due diligence in relation to customers to whom I/we are providing custodial services.

Signature of Custodian/Attorney

Signature of Custodian/Attorney

Declaration

I/We have read the section on Third Party Access to Your Account in the Product Disclosure Statement and agree to be bound by those terms and conditions. I/We wish to appoint the above named Investor Representative to represent and deal with my/our account(s) pursuant to the authorisation(s) selected above. I/We hereby release, discharge and agree to indemnify La Trobe Financial and the Investment Manager from and against all actions, proceedings, accounts, claims and demands, however arising, resulting from La Trobe Financial and/or the Investment Manager acting upon the instructions contained in this form of my/our Investor Representative and/or the release of information to our Investor Representative.

Important note - ALL parties on the account must sign below:

Full name of account holder

Full name of account holder

Signature of account holder

Signature of account holder

Date

Date