

LIFT Facility Application Booklet



NEED ASSISTANCE? CALL 1300 734 867

How did you hear about LIFT Capital? (you may indicate more than one source)

- Stockbroker Financial Adviser Accountant Internet
- Advertisement, please specify Other, please specify

Important information on how to complete your LIFT facility Application Form

If you have read the terms and conditions and wish to apply for a LIFT facility, please complete and sign the relevant sections of the Application Form, attach supporting documentation as required and send to:

LIFT CAPITAL
GPO BOX 3812
SYDNEY NSW 2001

Please take a moment to review the checklist below to ensure timely approval of your LIFT facility.

CHECKLIST

Compulsory Sections:

PART A: Applicant Details

- Section 1** Individual / Joint Applicant
- Section 2** Company Applicant
- Section 3** Trust Applicant
- Section 4** Tax File Number
- Section 5** Facility Details
- Section 6** Adviser Details
- Section 7** Authorised Agent
- Section 12** Signature (Individual/Joint Applicants)
- Section 13** Signature (Company Applicants)

OPTIONAL Sections:

PART B: Product Specific Forms

- Gear Instalments Application
- OptionEdge Application

PART C: General Forms

- Loan or Security Transfer Form
- Nominated Bank Account Form
- Australian Standard Transfer Form

PLEASE NOTE THE FOLLOWING:

Individual / Joint Applicants – attach a copy of your drivers licence or your passport and proof of residential address.

Company Applicants – directors are required to attach a copy of their drivers licence or a copy of their passport and proof of residential address.

Trustee Applicants – attach a certified copy of the dated and stamped trust deed and any subsequent amendments.

Using the LIFT Facility – security is required to be lodged in advance. Please complete in Part C of this booklet the Loan/Security Transfer Form and/or the Australian Standard Transfer Form in respect of managed funds (if relevant).

Refinances – to transfer your existing margin loan, please complete the Loan / Security Transfer Form in Part C of this booklet.

IF YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING THE APPLICATION PLEASE CONTACT OUR CLIENT SERVICES TEAM ON 1300 734 867.

When you complete this Application Form:

- Use a **BLUE** or **BLACK** pen
- Print in **CAPITAL LETTERS**
- Use **CROSSES (X)** in boxes where applicable

If you have any questions, please call our Client Services Team on **1300 734 867**, from 8am to 6pm (EST), Monday to Friday.

PART A – Applicant Details (Compulsory)

Section 1 – Individual/Joint Applicant

First Individual Applicant Borrower Guarantor

Title	Given Name(s)	Surname	
Driver's Licence No. (ATTACH COPY)		Date of Birth	
Employer		Occupation	
Residential Address			
		State	Postcode
Postal Address (if different from above)			
Home Phone	Work Phone	Mobile	
Facsimile	Email		

Second Individual Applicant Borrower Guarantor

Title	Given Name(s)	Surname	
Driver's Licence No. (ATTACH COPY)		Date of Birth	
Employer		Occupation	
Residential Address			
		State	Postcode
Postal Address (if different from above)			
Home Phone	Work Phone	Mobile	
Facsimile	Email		

Section 2 – Company Applicant

Borrower Guarantor

Company Name		
ACN/ABN		
Registered Business Address		
	State	Postcode
Postal Address (if different from above)		
	State	Postcode
Director	Director/Secretary	
Driver's Licence No. (ATTACH COPY)	Driver's Licence No. (ATTACH COPY)	
Work Phone	Work Phone	
Mobile	Mobile	
Facsimile	Facsimile	
Email	Email	

Section 3 – Trust Applicant

Borrower Guarantor

Trust Name
Trustee(s)

Trustee(s) must: (i) Complete their individual or company details above as appropriate.
 (ii) Attach a certified copy of the dated & stamped trust deed and any subsequent amendments.

Section 4 – Tax File Number ("TFN")

First Applicant	Second Applicant
Company Applicant	Trust Applicant

Tick this box if an exemption applies

I/We hereby:

- provide my/our TFN or exemption to LIFT Capital in connection with the facility;
- appoint LIFT Capital as my/our agent and authorise them to provide my/our TFN to all investment bodies with whom LIFT Capital acts on my/our behalf; and
- request and authorise LIFT Capital to apply my/our TFN to any investment or account which I/we may in future make or open with or through LIFT Capital or related company to which my/our TFN may be lawfully applied.

This authorisation will apply to new investments from the date the Application Booklet is processed by LIFT Capital and will apply until such time as it is revoked in writing to LIFT Capital.

YOU ARE NOT OBLIGED TO PROVIDE THIS INFORMATION. HOWEVER, IF YOUR TFN IS NOT SUPPLIED TAX WILL BE DEDUCTED ON INCOME AT THE HIGHEST MARGINAL TAX RATE OF 48.5% (INCLUDING MEDICARE LEVY).

Section 5 – Facility Details

Please indicate your preferred Facility Limit in anticipation of the amount you are likely to borrow:

Less than \$100,000
 Less than \$500,000
 Less than \$1,000,000
 Other, please specify

Please indicate your preferred method and frequency of receiving your LIFT facility statement:

Post
 Email
 Monthly
 Quarterly
 Semi-annually

[If you do not select your preference you will receive your statement quarterly by post.]

Section 6 – Adviser Details (if applicable)

Financial Adviser

Adviser Name			Adviser Stamp
Company Name			
Address			
Work Phone	Mobile	Facsimile	
Email			

Stockbroker

Adviser Name		
Company Name		
Address		
Work Phone	Mobile	Facsimile
Email		

Section 7 – Authorised Agent (if applicable)

Please provide details of another person (other than an Applicant) who you authorise to act on your behalf in relation to your facility. We will seek instructions from this person in relation to your facility in the event that you are uncontactable. You hereby authorise us to act on the instructions of your authorised agent as well as provide information about your facility and securities to your authorised agent.

Title	Given Name(s)	Surname	
Relationship		Driver's Licence No. (ATTACH COPY)	
Home Phone	Work Phone	Mobile	
Facsimile	Email		
Signature			

Section 8 – Credit Information

Please note that for the purpose of this declaration, “you” include a company, its directors, secretary and any other officer.

You agree that we may use the information provided by you in connection with the facility, and obtain information about you, in the following ways, and for the duration of the facility. We may:

- give a credit reporting agency personal information about you, including identity particulars, that you have applied for credit from us and the amount, that we are providing you with credit, if you are overdue in a payment for more than 60 days and when that payment ceases to be overdue, and (only in specified circumstances) that we believe you have committed a serious credit infringement;
- obtain personal and commercial credit information about you from a credit reporting agency or any other business that provides information about your creditworthiness, if we think it necessary to process your application;
- exchange information with credit providers about your creditworthiness, credit standing, credit history or credit capacity. You acknowledge this information may be used to assess this application, to help you avoid defaults, to notify other credit providers of any default by you, to assess your creditworthiness and to assist in the collection of overdue payments;
- give any person you are using, or seek to use, as a guarantor information we have about your personal and commercial credit history and standing, including any notices we have sent to you;
- provide personal information and any of the above information to your adviser and/or authorised agent; and
- we may ask for any additional information about you at any point in time.

Section 9 – Declarations & Risk Disclosure

You declare that:

- all information you have given is true and accurate;
- no proceedings are current, pending, or to your knowledge, threatened which could affect your financial position adversely;
- you have read the Facility Agreement and all documentation associated with it, including the nominee terms as set out in the brochure and that you are prepared to comply with those provisions.

You understand that:

- if your application is approved, you have appointed an attorney (pursuant to the power of attorney) to sign any documents associated with the Facility Agreement on your behalf; and
- you will then be bound by all of the terms and conditions of the Agreement; and
- if your application is approved, you mortgage to us any securities which are placed in your LIFT facility via CHESS or lodged under nominee; and
- we may pay commissions to advisers for establishing your deposit account and your LIFT facility.

You acknowledge that:

- you are prepared to accept the risks outlined in this statement and all other associated risks;
- if you were introduced to us by a financial planner or adviser, your financial planner or adviser may insist that all communications (including notice of margin calls) go through them, in which case you authorise us to deal with your financial planner or adviser only and you agree that we have no obligation to contact you directly whatsoever, including in the event of a margin call;
- you have authorised us to collect, use and disclose information about you as described in the privacy section of the Facility Agreement. Where you have provided information about any other individual, you will inform that individual of the provisions of the privacy section; and
- The Lender may disclose information relating to your application as required by law.

Section 10 – Power of Attorney

This section of the Application Booklet comprises a deed, made by you on the day specified at the end of this Application Booklet.

Each person described in the Application Booklet as the borrower (“you”) and/or as the guarantor (“you”) for valuable consideration irrevocably appoint LIFT Capital Partners Pty Limited and each of its related bodies corporate (as defined in the Corporations Act) and each of their respective directors, secretaries or officers (attorneys) jointly and each of them severally as its true and lawful attorneys. An attorney may appoint sub-attorneys.

The attorneys may do in your name everything necessary or expedient to:

- a) do all such things required to sign and deliver on your behalf all of the documents in respect of the facility, including the mortgage;
- b) do all such things that are required for the conversion of any of your approved securities to the CHESS system or to Nominees; and
- c) if you are a company, to complete, sign and date any Australian Securities & Investments Commission form required to register the mortgage contained in the Agreement at the Australian Securities & Investments Commissions; and
- d) date and complete any blanks which may be left in any documents; and
- e) do anything which you can do or are obliged to do as owner of the mortgaged property (including completing blanks in any of those

documents, executing agreements, signing any off market transfer, authorising, instructing or requesting the amendment of your details as necessary, authorising and instructing a person to accept directions in respect of the mortgaged property) or do anything which you can do in respect of the transactions contemplated by those documents; and

f) do all things necessary to sign and deliver on your behalf all of the documents needed to enter into a new facility.

You declare that a person (including but not limited to a firm, body corporate, an incorporated association or authority) who deals with any of the attorneys in good faith may accept a written statement signed by any of the attorneys to the effect that this power of attorney has not to their knowledge been revoked as conclusive evidence of that fact.

You declare that anything the attorneys do in exercising the powers granted to them under this power of attorney will be as binding on you and anyone else as if you had done the act yourself. You agree to ratify and confirm whatever an attorney does under and in accordance with this power of attorney.

You indemnify the attorneys against liability, loss or costs they suffer or incur in exercising powers under this power of attorney.

You authorise the attorneys to exercise the powers under this power of attorney even if this involves a conflict of duty or the attorneys (or the person known to them) have a personal interest in doing so.

Section 11 – Business Purpose Declaration

You should only apply for a LIFT facility if you plan to use the funds wholly or predominately for business or investment purposes.

You must declare that the credit to be provided to you by the Lender will be applied wholly or predominantly for business or investment purposes (or for both purposes).

YOU SHOULD NOT SIGN THIS DECLARATION UNLESS THIS LOAN IS WHOLLY OR PREDOMINANTLY FOR BUSINESS OR INVESTMENT PURPOSES. BY SIGNING THIS DECLARATION YOU MAY LOSE YOUR PROTECTION UNDER THE CONSUMER CREDIT CODE.

Section 12 – Signatures executed as a Deed

First Individual Applicant Borrower Guarantor

<input type="text" value="Title"/>	<input type="text" value="Given Name(s)"/>	<input type="text" value="Surname"/>
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IN THE PRESENCE OF

Name of Witness

<input type="text" value="Title"/>	<input type="text" value="Given Name(s)"/>	<input type="text" value="Surname"/>
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Second Individual Applicant Borrower Guarantor

<input type="text" value="Title"/>	<input type="text" value="Given Name(s)"/>	<input type="text" value="Surname"/>
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IN THE PRESENCE OF

Name of Witness

<input type="text" value="Title"/>	<input type="text" value="Given Name(s)"/>	<input type="text" value="Surname"/>
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Section 13 – Company Applicant

Company Applicant Borrower Guarantor

Please indicate if you **DO NOT** wish to receive information about new products and services released by LIFT Capital from time to time.

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PART B – Product Specific Forms

If you wish to apply for LIFT Gear Instalments please complete this form.

Gear Instalments Application

NOTE:

- Minimum initial contribution \$1,000/ initial loan advance \$1,000/ initial total investment \$2,000
- A charge applies if the loan is terminated within 12 months.
- Not all managed funds allow regular contributions.
- Minimum initial investments and minimum monthly investments may apply. Ask your adviser or fund manager for details.
- Ensure you complete the Nominated Bank Account Form so your monthly contributions can be processed.

Do you wish to start Gear Instalments immediately Yes No (Month: _____ Year: _____)

Initial Investment Details

Please specify the managed funds you wish to make your initial investment and complete the necessary application form(s) excluding the Applicant and Signature Section of the form.

Name of Managed Fund (APIR Code)	Your Initial Investment	Initial Loan Advance	Total Initial Investment
TOTAL	\$	\$	\$

How do you wish to make your initial contribution? By way of: Existing Security Cheque Attached
 Direct Debit (complete Nominated Bank Account Form)

Regular Monthly Investments

Name of Managed Fund (APIR Code)	Your Monthly Investment	Monthly Loan Advance	Total Monthly Investment
TOTAL	\$	\$	\$

Execution

Yes, I/We have read the relevant Product Disclosure Statement for the above managed investment(s).

Signature	Signature
Full Name	Full Name
Date	Date

If you wish to trade options, please complete this form.

OptionEdge Application

Please indicate the option transactions anticipated:

Buy call options
 Sell covered call options
 Buy put options
 Sell cash covered options
 All of the above
 Other, please specify

Form of Acknowledgment from Client to Australian Clearing House

To:
 Australian Clearing House Pty Limited
 Level 6, 20 Bridge Street
 Sydney NSW 2000

And to:
 LIFT Capital Partners Pty Limited
 Level 14, 15-19 Bent Street
 Sydney NSW 2000

Name of Broker/Clearing Participant

Address of Broker/Clearing Participant

Dear Sir/Madam

Client Acknowledgment of the Master Deed of Priority.

I refer to the Master Deed of Priority dated 14 March 2005 (the "Deed") between the Australian Clearing House Pty Ltd (ABN 48 001 314 503) (the "Clearing House") and LIFT Capital Partners Pty Limited (ABN 22 111 015 500, AFSL 281618) ("Margin Lender"). Terms defined in the Deed have the same meaning in this letter. I am a Client of the Margin Lender and have instructed my Broker/Clearing Participant (as above) to register Options Market Contracts with ACH.

2. I agree to be bound by the Deed and acknowledge and confirm the order of priorities between the ACH Securities and the Margin Lender Securities set out in the Deed.
3. I will co-operate in the implementation, and assist in giving effect to the Deed and will not do anything inconsistent with the terms of the Deed.

I acknowledge, consent to and confirm the following.

1. I indemnify ACH for any costs, liabilities or loss incurred by it, or its agents or employees in connection with the:
 - (a) execution and stamping of the Deed; and
 - (b) costs, charges and expenses incurred by ACH in connection with any exercise or non exercise of rights under or any, variation, waiver or discharge in relation to; the Deed.

Signature
Full Name
Date

Signature
Full Name
Date

PART C – General Forms

If you wish to transfer an existing loan or transfer shares from your sponsored broker to LIFT Capital, please complete this form.

Loan or Security Transfer Form

Full Name of Borrower or Security Holder	
Other Name(s) Securities are Registered in (if different from above)	
Lender's Name or Stockbroker's Name	Contact
Account No.	HIN

If you do not wish to transfer all of your securities, please list individually below:

Security Name/Code	No. of Shares	Name Shares are held in

I/We authorise the Lender and/or Sponsoring Participant named above to:

- provide LIFT Capital with any and all information regarding my/our accounts.
- transfer my/our CHESS HIN and managed fund holdings to LIFT Capital.
- transfer my/our open option positions and associated cash and collateral to LIFT Capital, if any.
- process the release, effective immediately, of lodgments with ASIC and notice of mortgages lodged with fund managers relevant to my/our account.

I/We authorise LIFT Capital to pay out any outstanding loan(s) with the Lender, if any.

Signature of Borrower(s) and/or Security Holders

Signature	Signature
Full Name	Full Name
Date	Date

NEED ASSISTANCE? CALL 1300 734 867

If you wish LIFT Capital to direct debit funds from your nominated bank account or pay funds directly to your nominated bank account, please complete this form.

Nominated Bank Account Form

The nominated bank account must be in the same name(s) as the LIFT facility (or the same as one of the signatories). Third party accounts cannot be accepted. If a joint bank account is nominated, both parties must sign.

I/We

authorise you LIFT Capital Partners Pty Limited (APCA User ID No. 209664) to arrange for funds to be debited from, or credited to my/our nominated account (as the case may be) at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Direct Debit Service Agreement below.

Nominated Account Details

Name of Financial Institution		Branch Name	
BSB No.	Account No.		
Account Name			

- Monthly Interest Payment DEBIT DAY: 1st of every month 15th of every month
- Fixed Amount \$ _____ DEBIT DAY: 1st of every month 15th of every month
- Regular Gear Instalments – my monthly contribution

I/We authorise the following:

- LIFT Capital to verify the details of the account with my/our Financial Institution
- The Financial Institution to release information allowing LIFT Capital to verify the account details

Signature	Signature
Full Name	Full Name
Date	Date

Direct Debit Service Agreement

Our Arrangements

1. We reserve the right to charge a transaction fee if any debit item already debited from your nominated account is returned as unpaid by the financial institution.
2. We will keep the information about your nominated account at the financial institution private and confidential unless this information is required by us to investigate a claim made on it relating to an alleged incorrect or wrongful debt, or as otherwise required by law.
3. In the event of a debit returned unpaid we may attempt a redraw on your nominated account.
4. We will advise you 14 days in advance of any changes to the Direct Debit arrangements.

Your Rights

5. You may terminate the Direct Debit arrangement with us, however this termination must be in writing.
6. Where you consider the debit is incorrect in either the due date or amount or both, you should raise the matter with LIFT Capital on 1300 734 867.

Your Responsibilities

7. It is your responsibility:
 - to check with the financial institution where your account is held before completing this form as Direct Debiting through Bulk Electronic Clearing System (BECS) is not allowed on the full range of accounts. You should also complete your account details (including Bank State Branch (BSB) number) directly from a recent account statement from your financial institution;
 - to ensure sufficient cleared funds are available in the nominated account to meet the debit on the due settlement date of your transactions executed by LIFT Capital;
 - to ensure that the authorisation to debit the nominated account is in the same name as the account signing the instruction held by the financial institution where the account is held;
 - to advise us if the account you have nominated to debit is transferred or closed;
 - to ensure that suitable arrangements are made if the Direct Debit is cancelled;
 - by yourself;
 - by your nominated financial institution; or
 - for any other reason.

If you wish to lodge existing managed funds as security for your LIFT facility, please complete this form. A separate form is required for each managed fund investment, please make additional copies or download from our website www.liftcapital.com.au

Australian Standard Transfer Form

Full name of Fund Manager	
Description of Unit Trust(s)	
Quantity	Words Figure
Full name(s) of seller(s)	
Consideration	NIL
Full name of buyer(s)	LIFT CAPITAL NOMINEES NO.1 PTY LIMITED A/C
Full Address of buyer(s)	GPO BOX 3812 SYDNEY NSW 2001
<ul style="list-style-type: none"> • I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) or to the several buyers named in Part 2 of the Brokers Transfer Form(s) or Split Transfer Form(s), the Securities as specified above standing in my/our name(s) in the books of the above-named company or eligible body subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities subject to the same conditions. • I/We the registered holder(s) and undersigned seller(s) hereby transfer the above securities to the several transferees named in Part 2 of the Brokers Transfer Form(s) or Split Transfer Form(s) relating to the above securities. • I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed. <p>* Delete whichever does not apply.</p>	
Seller(s) sign here	Date
Buyer(s) sign here	Date

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Please mail completed form to:
LIFTCapital GPO Box 3812 Sydney NSW 2001

Disclaimer: The information in this brochure contains general advice, for this reason any individual should, prior to acting on the information contained in this brochure, consider the appropriateness of the information, having regard to the individual's objectives, financial situation and needs. Reference in this brochure to specific strategies, are for illustrative purposes only and are not provided as personal advice. You should obtain a Product Disclosure Statement (PDS) relating to the financial products mentioned in this brochure and consider the respective PDS before making any decision to invest. Prior to making any financial decisions you should obtain independent advice. This guide is provided in good faith and based on information available at the time of preparation, and is subject to change. LIFT Capital assumes no responsibility for errors or omissions. Please ask for full details of any product or service mentioned.

