

CERTIFICATE OF 'CONTROL' OF TRUST OR COMPANY



Part 1 - Provide details of the Trust/Company controlled

Name of Company/ Trust	<input type="text"/>		
	<input type="text"/>		
ACN (if applicable)	<input type="text"/>		
TFN	<input type="text"/>	And/or	ABN <input type="text"/>

Part 2 - Provide details of Wholesale Client - Accountant Certified who controls the Trust/Company

Name of Controller	<input type="text"/>		
	<input type="text"/>		

Part 3 - Read and sign this declaration

By submitting this certificate, we, being each of the Directors/Trustees named below, represent to Praemium that all the details in this certificate are true and correct and we declare that:

1. The purpose of this certificate is to enable an investment with Praemium on the basis that the Trust/Company is a 'wholesale client' for the purposes of the Corporations Act 2001 (Cth).
2. We have provided you with a 'Certificate by a qualified accountant' demonstrating that the person named in Part 2 is a wholesale client.
3. We confirm that the person named in Part 2 'controls' the Trust/Company. In determining whether they control the Trust/Company, we have had regard to whether they have the capacity to determine the outcome of decisions about the Trust's/Company's financial and operating policies.
4. In determining whether the above named controller has this capacity, we have considered:
 - a. the practical influence they can exert (rather than the rights they can enforce); and
 - b. any practice or pattern of behaviour affecting the Trust's/Company's financial or operating policies (even if it involves a breach of an agreement or a breach of trust).
5. We confirm that the above named controller controls the Trust/Company.
6. We confirm that all directors/trustees have signed this form.
7. We release and indemnify Praemium, its directors, employees and associates against any and all claims and liabilities arising from Praemium's classification of the Trust/Company as a wholesale client in reliance on this certificate.

SIGNED SEALED AND DELIVERED AS A DEED

All signatures must be witnessed.

		Witnessed by:	
Director/ Trustee name	<input type="text"/>	Name	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
	Date <input type="text"/>		Date <input type="text"/>
		Witnessed by:	
Director/ Trustee name	<input type="text"/>	Name	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
	Date <input type="text"/>		Date <input type="text"/>

Continued overleaf

	Witnessed by:	
Director/ Trustee name		Name
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
Signature	Date	Signature
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
Director/ Trustee name		Name
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
Signature	Date	Signature
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
Director/ Trustee name		Name
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
Signature	Date	Signature
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
Director/ Trustee name		Name
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
Signature	Date	Signature
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>

Part 4 - Once completed please send this form to us:

Scan & Email: support@praemium.com.au
 By Mail: Praemium PO Box 322 Collins Street West, Victoria, 8007

This form is to be used for eligible products issued from the Separately Managed Account (ARSN 114 818 530) which is a registered Managed Investment Scheme under the Corporations Act 2001 (Cth).