

# Instruction Form (Part B)

Responsible Entity  
MLC Investments Limited  
ABN 30 002 641 661  
AFSL 230705

Before signing this instruction form, you should read the current Product Disclosure Statement (and any supplementary PDS) and Constitution(s) (for the appropriate Trust(s)) to which this instruction form relates. Instructions should be completed in accordance with the instructions contained within this form.

Please complete this instruction form, attach your cheque or arrange for payment through Real Time Gross Settlement (RTGS) system with your bank, or via Austraclear (account NNLM30) and forward it to the address shown below:

**Institutional Operations Team**, Level 12, MLC Building, 105-153 Miller Street, North Sydney NSW 2060, Australia. GPO Box 4295, Sydney NSW 2001.  
Tel (61 2) 9936 4577 Fax (61 2) 9936 4500.

**PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS**

## 1 CONTACT DETAILS

### 1.1 Account details

Account Number (if known)

--	--	--	--	--	--	--	--	--	--

Account Name

### 1.2 Contact Details

Name

Company Name

Mailing Address

Postcode	

Telephone

Fax

## 2 TRANSACTION INSTRUCTIONS

We direct that the following amounts be applied/redeemed to each Trust in respect of this application/redemption.

*Note: Minimum initial investment \$500,000 per Trust.*

	Application	Redemption	Amount	or	%
CNA-Capital International Global Equity Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
CNA-Capital International Global Equity Trust With Currency Management	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
CNA-Capital International Global Equity Trust With Currency Hedged	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
CNA-Capital International Emerging Markets Equity Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
CNA-Capital International Global Small Capitalisation Equity Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
CNA-Capital International Global Aggregate Bond Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
CNA-Capital International Global High Yield Bond Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

### 3 METHODS OF PAYMENT

(For applications only)

Please tick the appropriate box:

**By cheque(s) payable to:**

Account title: National Nominees Ltd ATF  
MLC Investments Limited  
(NCIT) Application Account

**By Electronic Funds Transfer (EFT)**

Bank: National Australia Bank  
SWIFT Address: NATAAU3303X  
BSB Number: 083-043  
Account Number: 85-641-3777  
Account Name: National Nominees Ltd ATF  
MLC Investments Limited  
(NCIT) Application Account

**AND**

the funds transfer date  /  /

**OR**

Via Austraclear, Account NNLM30

Your Austraclear account number from which the funds will be transferred

**AND**

the funds transfer date  /  /

(For subsequent investments, go to Section 9)

### 4 PAYMENT DETAILS

(For redemptions only)

Cheque Payee

Austraclear Account

Account Name

Financial Institution

Branch Name

BSB Number

   -   

Account Number

        

(For redemptions, go to Section 9)

### 5 INCOME DISTRIBUTION INSTRUCTIONS

(For initial applications only)

**Please note:** Unless one of the following options is elected, income will be automatically reinvested.

I/We direct any income to be distributed as nominated below (please tick the appropriate box):

- Reinvest in additional units (back into the Trust)
- Pay by cheque to the address nominated in Question 1
- Pay via Austraclear  
Austraclear account number
- Pay to the following financial institution account

Financial Institution

Financial Institution Address

  

---

  

---

Postcode

Account Name

Branch Name

BSB Number

   -   

Account Number

        

### 6 REINVESTMENT OF REBATE OF MANAGEMENT FEE ELECTION

(For initial applications only)

**Please note:** Unless one of the following options is elected, your rebate entitlement will be automatically reinvested.

Until subsequent written instruction is provided, I/we authorise the Trustee to process my/our rebate entitlement as follows (please tick appropriate box):

- Reinvest in additional units
- Pay by cheque to the address nominated in Question 1
- Direct Deposit into the following account

Financial Institution

Financial Institution Address

  

---

  

---

Postcode

**Question 6 continued...**

Account Name

Branch Name

BSB Number

   -   

Account Number

        

**7 NOTIFICATION OF TAX FILE NUMBER (TFN) / AUSTRALIAN BUSINESS NUMBER (ABN)**

(For initial applications only or if previously unadvised.)

Australian Resident Investors only.

You are not obliged to provide your TFN, ABN or exemption details when making an investment in a Trust. However, if the Trustee has not been notified, tax will be deducted from any distributions made by the Trust (including reinvested distributions), at the highest marginal tax rate (including Medicare Levy) until the relevant TFN, ABN or exemption details have been provided to the Trustee in writing. If you are in any doubt as to the quotation of your TFN, ABN or exemption details you should consult your financial adviser or the Australian Tax Office.

**7.1 Tax File Number / Australian Business Number**

If you are exempt from providing a TFN, please go to Question 7.2.

If there is no partnership TFN, the TFN of one of the partners must be quoted.

If there is no Trust TFN, please provide the Trustee's TFNs or exemption. This includes accounts held for another person such as an invalid or child.

An ABN can only be quoted if the investment being made by you is in the course or furtherance of your enterprise.

Investor 1

Full Name / Business Name

TFN /ABN

Investor 2

Full Name

TFN

**7.2 Exemptions**

(Please tick the appropriate box)

Non-resident

Please state country of residence

Tax exempt

Please explain basis for exemption

Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act.

Note: In quoting my TFN or ABN to the Trustee, I authorise and acknowledge that the Trustee will apply my TFN/ABN to all investments in units in the Capital National Alliance Trusts held or to be held in the account to be established pursuant to this application unless I indicate at anytime in writing that I do not wish to quote for a particular investment in the future.

**8 DELEGATION OF AUTHORITY**

(For initial applications only)

The people whose names and signatures appear below are authorised to act on our behalf in dealing with the Trustee in connection with matters relating to the administration of our investment in the Capital National Alliance Trusts.

The Trustee may therefore, until receipt of further written notice, accept and act on notices, instructions, requests, data, information and evidence given, made or furnished under this Delegation of Authority. We indemnify the Trustee and its agents in respect of any claim or liability incurred by any of them arising directly or indirectly from action taken or omissions made in reliance on or pursuant to such notices, instructions, requests, data, information or evidence.

Full Name

Specimen Signature

Specified Matters\*

Full Name

Specimen Signature

Specified Matters\*

**Question 8 continued ...**

Full Name

Specimen Signature

Specified Matters\*

Full Name

Specimen Signature

Specified Matters\*

\* if the delegated authority is not limited to specific matters (eg benefit payments) the word 'General' should be entered. Please attach a schedule if more space is required.

Signature instructions (eg number of signatures required, company seal required).

**9 DECLARATION**

I/We wish to subscribe for/redeem units in the Capital National Alliance Trusts in the amount and allocation detailed above and in doing so, agree to be bound by the provisions of the relevant Trust's constitution, as amended from time to time, and further acknowledge that, where this instruction is made in one or more names, the investment is held as Joint Tenants.

I/We warrant that the making of the initial application is an amount of not less than \$500,000 for units in any individual Trust and/or I/we otherwise fall within the categories of 'wholesale client' under the Corporations Act or if I/we am/are a New Zealand investor, our principal business is the investment of money or I/we, in the course of, or for the purpose of our business, habitually invest money and I/we indemnify the Trustee and its agents for any loss or damage which may arise if this is not the case.

I/We acknowledge that an initial application will not be accepted by the Trustee until both Part A (or C) and B forms are completed and applicants are verified in accordance with the Anti – Money Laundering and Counter – Terrorism Financing Act 2006.

I/We have read and understood the Product Disclosure Statement to which this instruction relates, and acknowledge that an investment in the Capital National Alliance Trusts does not represent a deposit with or liability of National Australia Bank Limited or any of its related bodies corporate or associated companies or businesses of the National Australia Group of companies and is subject to investment risk, including possible delays in repayment and loss of income and capital invested.

I/We have read and understood the 'privacy' section of the PDS.

I/We agree to receive annual tax statements in soft copy. I/We agree to obtain financial reports via the internet.

**Question 9 continued ...**

None of the National Australia Bank Limited, MLC Investments Limited, National Corporate Investments Services Limited or other member company in the National Group of companies or appointed investment managers, guarantee the repayment of capital, payment of income or the performance of the Capital National Alliance Trusts.

Where this instruction is signed under the power of attorney the donee declares that they have not received any notification of revocation whether by death or otherwise.

Full Name

Signature

Date / /

Office Held

Full Name

Signature

Date / /

Office Held

A corporation may execute this instruction with or without a common seal. In either case it must be signed by a director or secretary or otherwise in accordance with the corporation's constitution and the Corporations Act 2001.

If the corporation has only one director, and that director is the corporation's sole company secretary then that director alone may sign. If this is the case, the sole director must state next to his/her name that he/she is the sole director and sole company secretary.

