

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	<input type="text"/>	Name	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
	<input type="text"/>		<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"/>	Date	<input type="text"/>
	<input type="text"/>		<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"/>	Date	<input type="text"/>
	<input type="text"/>		<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"/>	Date	<input type="text"/>
	<input type="text"/>		<input type="text"/>

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

This form can be scanned returned to us electronically or sent by mail to the address below.

Return this completed form and any supporting documents to your Financial Adviser. Alternatively, return to us by post: Powerwrap Client Services, PO Box 16071, COLLINS ST WEST VIC 8007

This form is to be used in respect of Powerwrap Investment Account (ARSN 137 053 073) issued by Powerwrap Limited ("Responsible Entity", "Powerwrap") ABN 67 129 756 850 AFSL 329829