



APPLICATION FORM

IMPORTANT NOTICE

This is the Application Form for the funds listed in section 4 ("Investment details") of this Application Form (AB Fund or AB Funds).

This Application Form should accompany the Product Disclosure Statement (PDS) and the Additional Information, which form part of the PDS for the relevant AB Fund issued by AllianceBernstein Investment Management Australia Limited (ABIMAL)
ABN 58 007 212 606 AFSL No. 230683.

It is important that you read the relevant AB Fund's PDS and Additional Information before making a decision to invest in an AB Fund.

Information in the PDS and the Additional Information may change from time to time. Any changes not materially adverse will be provided on our website at www.abglobal.com.au. Please check our website or contact us or your financial adviser for any updates prior to investing in an AB Fund. You can obtain the latest version of the PDS and the Additional Information from our website at www.abglobal.com.au. We will provide a paper or electronic copy of the PDS and Additional Information and any updates upon request and without charge.

An application in an AB Fund can only be made by a person receiving the PDS and this Application Form in Australia.

ABIMAL must comply with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF). This means that information such as your identity and the source of payment of the application monies must be collected and verified, prior to you being issued units in an AB Fund. ABIMAL will not accept your application request or issue units unless our AML/CTF check has been completed to our satisfaction. ABIMAL may in connection with AML/CTF disclose your personal information or be required to freeze accounts due to illegal or suspected illegal activities. ABIMAL will not be liable for any losses incurred or caused by the delay in accepting, processing, or rejecting an application or because of the freezing of an account. Please contact us by phone at (02) 9255 1299 or by email at aust_clientservice@abglobal.com with any questions about your application or the acceptable identification required.

PRIVACY

ABIMAL is committed to collecting and using your personal information in a way that respects your privacy, in accordance with our Privacy Policy and the requirements of the AML/CTF. By completing this Application Form, you may be providing personal information. We may collect your personal information for the purpose of:

- + processing and accepting your application;
- + carrying out and administering investments in AB Funds on your behalf (Investments), including but not limited to, monitoring, auditing, evaluating, modeling data and reporting to you in connection with your Investments;
- + offering you products or services;
- + answering queries;
- + dealing with complaints;
- + conducting our internal business operations (including meeting any relevant legal requirements); and
- + managing client relationships and improving the products and services we provide.

If you do not provide the information requested in this Application Form, or if the information you provide us is incomplete or inaccurate, we may be delayed in, or prevented from, processing or accepting your application. We may also be delayed in or prevented from providing to you any products or services, administering your Investments, providing information to you or otherwise meeting our obligations to you.

AB FUNDS APPLICATION FORM

We may disclose your personal information:

- + internally to our staff;
- + to our related bodies corporate;
- + to any person where necessary in connection with your Investments or the provision of our products or services;
- + to our professional advisers such as auditors, accountants and lawyers, insurance companies, property managers, consistent with normal business practices;
- + to third parties we may engage from time to time to assist us in the promotion of our products and services, and who may receive limited personal information for that purpose;
- + to external service providers (on a confidential basis) so they can provide us services related to our business: for example, mailing services, IT services, unit registry and custodial services as well as archival services.

ABIMAL and its related bodies corporate may use your personal information for the purpose of directly marketing their products or services to you. You may withdraw your consent to the use of personal information for direct marketing at any time by contacting us.

Some of the persons or entities listed above may be located or perform services overseas. As a result, your personal information may be disclosed to a recipient in a foreign country. Where this happens we will seek by contract or other means to ensure your personal information is protected.

Please refer to our Privacy Policy for information about how you can access and seek correction of the personal information we hold about you.

ABOUT THIS APPLICATION FORM

Accounts can only be opened by persons who qualify as wholesale clients under the Corporations Act and persons investing through an investor directed portfolio service (IDPS) or IDPS-like scheme or who otherwise qualify as a qualified investor as determined by ABIMAL.

Offers in AB Funds cannot be made within the United States or sold on account of or for the benefit of "US persons."

1. DO YOU ALREADY HAVE AN INVESTMENT IN AN AB FUND?

☐ No, go to section 2

☐ Yes

My account number is _____

My full name is _____

Go to section 3

2. TYPE OF APPLICANT

Depending on the type of account you want to open you may be required to complete more than one section. Please refer to the instructions below.

Type of Applicant—Individual/Joint

Documents Required

- ☐ Completed Application Form for sections 2.1 and 3 through 6. Please provide full residential addresses. P.O. Box, RMD and locked bag addresses are **not acceptable**.
- ☐ For each individual named in the application, please provide an **original certified copy** of one of the following:
 - + current driver's license or a proof of age card issued by a state or territory containing a photograph of the person;
 - + Australian passport (a passport that has expired within the preceding two years is acceptable);
 - + current foreign driver's license, passport or similar travel document containing the signature of the person (e.g., proof of age card);
 - + foreign passport or national identity card issued by a foreign government containing a photograph of the person in whose name the card was issued; or
 - + FSC/FPA identification form completed by your financial adviser (where applicable).
- ☐ If you are appointing an attorney, please provide an **original certified copy** of the power of attorney.

AB FUNDS APPLICATION FORM

Type of Applicant—Trusts (Including Managed Investment Schemes and Superannuation Funds)

Documents Required

- ☐ Completed Application Form for sections 2.2 and 3 through 6. Please provide full business addresses. P.O. Box, RMD and locked bag addresses are **not acceptable**.
- ☐ FSC/FPA identification form completed by your financial adviser (where applicable).
- ☐ To verify the name of the trust, please provide an original certified copy of one of the following:
 - + trust deed or constitution;
 - + a notice of assessment (or other notice) issued by the Australian Tax Office within the last 12 months; or
 - + a letter from a solicitor or qualified accountant verifying the trust name.
- ☐ Full identification details of the trustees (refer to the documentation requirements for individual/joint applicants above or to the companies applicants below).

Type of Applicant—Companies

Documents Required

- ☐ Completed Application Form for sections 2.3 and 3 through 6. Please provide full business addresses. P.O. Box, RMD and locked bag addresses are **not acceptable**.
- ☐ FSC/FPA identification form completed by your financial adviser (where applicable).
- ☐ To verify the name of the company, please provide an **original certified copy** of one of the following:
 - + constitution; or
 - + a notice of assessment (or other notice) issued by the Australian Tax Office within the last 12 months.For foreign companies, please provide an original certified copy of the registration document.
- ☐ Full identification details of the directors (refer to the documentation requirements for individual/joint applicants above).

Please note, where evidence relied on as part of the identification process is in a language other than English, this document must be accompanied by an English translation that has been prepared by an accredited translator.

CERTIFICATION OF DOCUMENTS

An **original certified copy** is a document for which an authorised individual has certified that it is a true copy of the original document. In other words the copy and the original are identical documents. The authorised individuals certifying identification documents must:

- + state their full name;
- + provide the occupation or qualification that makes them eligible to certify documents;
- + state that the document is a “certified true copy.” Where an extract of a document is used, the authorised individual must state that the copied document is a “certified true extract.” The certification statement must be either written or stamped on the document; and
- + date and sign the document.

Authorised individuals who can certify your identification documents are:

- + a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (whoever described);
- + a judge of a court;
- + a magistrate;
- + a chief executive officer of a Commonwealth court;
- + a registrar or deputy registrar of a court;
- + a Justice of the Peace;
- + a notary public (for the purposes of the Statutory Declaration Regulations 1993);
- + a police officer;
- + an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- + a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;

AB FUNDS APPLICATION FORM

- + an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- + an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- + an officer with, or authorised representative of, a holder of an Australian financial services license, having two or more continuous years of service with one or more licenses; or
- + a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

2.1 INDIVIDUALS

Please complete this section if you are investing as an individual or jointly.

Investor 1—Individual Investor

Title _____ Full name _____

Occupation _____ Date of birth _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

Mailing address _____
(if different from above) _____

Country _____ State _____ Post code _____

Tax File Number (TFN) or exemption _____

Investor 2—Joint Investor

Title _____ Full name _____

Occupation _____ Date of birth _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

Mailing address _____
(if different from above) _____

Country _____ State _____ Post code _____

Tax File Number (TFN) or exemption _____

AB FUNDS APPLICATION FORM

TAX FILE NUMBER (TFN) OR EXEMPTION

You may, but are not required to, provide us with the Tax File Number (TFN) or an exemption. If you choose not to provide a TFN or claim exemption, we are required to deduct tax from any income at the highest marginal rate (plus the Medicare Levy). If you are exempt from quoting a TFN, please state the reason for the exemption or your exemption code. Collection of your TFN is authorised and its use and disclosure are strictly regulated by the tax laws and Privacy Act.

2.2 TRUSTS

Please complete this section if you are investing as a managed investment scheme, a trust or a superannuation fund. Trusts with individual trustees should complete section 2.2.1 ("Individual Trustees"), and trusts with corporate trustees should complete section 2.2.2 ("Corporate Trustee"). Please also complete section 2.2.3 ("Trust Beneficiaries") with details of the Trust's beneficiaries.

Full Trust name _____

Business address _____
(no P.O. boxes) _____

Country established _____ State _____ Post code _____

Business activity _____

Please indicate the type of trust:

☐

Superannuation Fund

☐

Self-Managed Superannuation Fund

☐

ASIC registered Managed Investment Scheme

☐

Government Superannuation Fund

Other Trust Type (please specify) _____

Regulator (e.g., ASIC, APRA, ATO) _____

Registration Number (e.g., ARSN) _____

Australian Business Number (ABN) _____

Tax File Number (TFN) _____

AB FUNDS APPLICATION FORM

2.2.1 INDIVIDUAL TRUSTEES

Individual Trustee 1

Title _____ Full name _____

Occupation _____ Date of birth _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

Individual Trustee 2

Title _____ Full name _____

Occupation _____ Date of birth _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

2.2.2 CORPORATE TRUSTEE

Company name _____

Australian Company Number (ACN) _____

Australian Business Number (ABN) _____

Country established _____

Registered office address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

AFSL number (if applicable) _____

Directors of the corporate trustee must also complete identification details in section 2.1 ("Individuals") and provide the requested supporting information documentation requested for individuals.

AB FUNDS APPLICATION FORM

2.2.3 TRUST BENEFICIARIES

Please include the following details of the trust beneficiaries. Attach additional pages for more beneficiaries, if necessary.

Title _____ Full name _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

Title _____ Full name _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

2.3 COMPANIES

Please complete this section if you are investing in the capacity of a company or custodian/nominee.

Company name _____

Australian Company Number (ACN) _____

Australian Business Number (ABN) _____

Registered office address _____
(no P.O. boxes) _____

Country established _____ State _____ Post code _____

AFSL number (if applicable) _____

AB FUNDS APPLICATION FORM

2.3.1 DIRECTORS

Director 1

Title _____ Full name _____

Date of birth _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

Director 2 or Company Secretary

Title _____ Full name _____

Date of birth _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

2.3.2 SHAREHOLDERS AND BENEFICIAL OWNERS

Please provide full details of all persons that hold 25% or more of the equity of the company or the beneficial owner (if you are holding the investment in the capacity of custodian or nominee). Attach additional pages for more shareholders or beneficiaries, if necessary.

Title _____ Full name _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

Title _____ Full name _____

Residential address _____
(no P.O. boxes) _____

Country _____ State _____ Post code _____

AB FUNDS APPLICATION FORM

3 CONTACTS AND FINANCIAL ADVISER

3.1 CONTACT FOR THE ACCOUNT

To assist with the processing of this application and the administration of your account, please provide us with your preferred contact details.

Name _____ Telephone _____

Email _____ Fax _____

You can elect to have information (such as statements and transaction confirmations) sent to you by email. If you not do make an election to receive information by email, you will receive correspondence by mail to your registered address.

I wish to receive information by email. ☐ Email _____

AB Fund annual financial reports will be available on our website www.abglobal.com.au. You may choose not to receive financial reports. Please indicate in the appropriate box below if you do not want to receive copies of financial reports. If you do not indicate your preference, you will receive financial reports.

I do not wish to receive a copy of the annual financial reports. ☐

I wish to receive a copy of the annual financial reports. ☐

Please contact us at (02) 9255 1299 or by email at aust_clientservice@abglobal.com if you need to change your communication preferences, details or nominations.

3.2 FINANCIAL ADVISER/ADMINISTRATOR

If applicable, please provide details of your financial adviser or administrator.

Full name of adviser _____

Company _____

Business address _____

Dealer group _____ AFSL _____

Telephone _____ State _____ Post code _____

Email _____

Relationship to investor _____

If you want your financial adviser or administrator to receive copies of your account information (such as statements and transaction confirmations), please tick the appropriate box below:

Please send my financial adviser copies of my account information. ☐

Please **do not** send my financial adviser copies of my account information. ☐

AB FUNDS APPLICATION FORM

4. INVESTMENT DETAILS

Please enter the amount to be invested, your income distribution option and the date of the PDS you received.

| Fund Name | APIR Code | Fund code (include reference with your payment) | Minimum investment amounts Initial/ (Additional) | Investment amount A\$ | Income distribution payment option (select only one) | | Insert the date of the PDS you received |
|-------------------------------------|-----------|---|--|---------------------------------|--|----------|--|
| | | | | | Reinvest | Pay Cash | |
| AB Dynamic Global Fixed Income Fund | ACM0001AU | 7FCI | \$25,000/ (\$5,000) | | | | |
| AB Global High Income Fund | ACM0004AU | 7FCO | \$25,000/ (\$5,000) | | | | |
| AB Managed Volatility Equities Fund | ACM0006AU | 7FCH | \$25,000/ (\$5,000) | | | | |
| AB Global Equities Fund | ACM0009AU | 7FD9 | \$25,000/ (\$5,000) | | | | |
| AB Global Plus Fixed Income Fund | ACM0012AU | 7FEI | \$25,000/ (\$5,000) | | | | |

In the absence of distribution payment instructions, distributions will be automatically reinvested and additional units will be issued to you.

5. PAYMENT METHOD AND DETAILS

Please indicate your preferred method of payment by ticking the appropriate box below:

- Direct Credit** ☐ Please pay account: State Street Australia Limited ACF AllianceBernstein Investment Management Australia Limited
BSB: 032 006 A/C no.: 735899
Please reference the relevant AB Fund code per section 4 above
- Austraclear** ☐ Please pay Austraclear account SSBS20
Please reference the relevant AB Fund code per section 4 above
- SWIFT** ☐ Please pay SWIFT code WPACAU2S
Please reference the relevant AB Fund code per section 4 above
- Cheque** ☐ Please make cheques out to "State Street Australia Limited ACF AllianceBernstein Investment Management Australia Limited – Reference the relevant AB Fund code per section 4 above"

Please contact us at (02) 9255 1299 or by email at aust_clientservice@abglobal.com with any questions about payments.

In addition to making your payment, please send your completed Application Form together with the required identification documents to us by mail, courier or fax at:

Address: AllianceBernstein Investment Management Australia Limited
C/-State Street Australia Limited
Attention: Unit Registry
Level 14, 420 George Street
Sydney NSW 2000

Fax: (02) 9323 6411

6. PAYMENT INSTRUCTIONS FOR WITHDRAWALS AND INCOME DISTRIBUTIONS

Please nominate an account with an Australian bank or financial institution into which we can make payments to you. Only Australian dollar-denominated accounts in the name of the Applicant will be accepted. If you want your income distributions paid in cash, please indicate your income distribution payment option in section 4 ("Investment details"). You may provide different accounts for payments of withdrawals and income distributions.

Account for withdrawal payments

| | |
|----------------------|--------------------|
| Bank name _____ | Account name _____ |
| Branch/BSB No. _____ | Account no. _____ |

Account for income distribution payments

Please pay income distributions to the account nominated above for withdrawals. ☐

| | |
|----------------------|--------------------|
| Bank name _____ | Account name _____ |
| Branch/BSB No. _____ | Account no. _____ |

7. DECLARATIONS, ACKNOWLEDGMENTS AND SIGNATURES

7.1 CITIZENS OR PERSONS OF THE UNITED STATES OF AMERICA

Individuals Only

Are you a citizen of the United States of America? Yes ☐ No ☐

If not, are you a resident for tax purposes of the United States of America? Yes ☐ No ☐

All Applicants

I/We declare that:

- + I am/we are not a United States (US) person;
- + I/we will not be receiving an investment in an AB Fund in the United States; and
- + I am/we are not investing on account of, or for the benefit of, a US person.

In making an investment in an AB Fund I/we agree that:

- + if my/our investment becomes a US Account for the purposes of the US Foreign Account Tax Compliance Act (FATCA), I/we will promptly notify ABIMAL; and
- + I/we will provide ABIMAL with any information requested to assist ABIMAL and its agents to comply with FATCA.

You are considered to be a US person if you are an individual who is a US citizen or US resident alien, a partnership, corporation, company, or association created or organised in the United States or under the laws of the United States, a US estate or a US trust (as defined in Regulations section 301.7701-7).

7.2 TRANSACTING BY FAX

When transacting by fax I/we agree with ABIMAL and its agents that:

- + You may, but do not need to, give notices or instructions (Communications) such as application and withdrawal notices by fax;
- + Only persons authorised by you will give us and our agents Communications by fax;
- + We are entitled to assume that any Communication received by fax which purports to have been sent by or on behalf of you has been authorised by you, and we are not required to investigate or confirm authority. We will have no liability to you for relying on any fax Communications, whether or not the Communication has been authorised by you;
- + Without limiting the above, we may refuse to act on any fax Communication until its validity has been verified, and will have no liability to you for any loss caused by the refusal to act upon the fax Communication; and
- + You agree to indemnify us and our agents against any claim, expense, cost or liability incurred by us or our agents as a result of fax Communications, unless incurred as a direct result of our gross negligence or willful default.

7.3 DECLARATIONS AND ACKNOWLEDGEMENTS

I/We declare that:

- + All details in this application are true, correct and up to date;
- + I/We have read and understood the PDS for the AB Fund to which this application applies and agree to be bound by its provisions;
- + I/We have legal power to apply for and invest in the AB Fund;
- + If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it);
- + Sole signatories signing on behalf of a company confirm that they are signing in their capacity as sole director of the company;
- + In the case of joint applications, the joint applicants agree that unless otherwise expressly indicated on this application form, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions, including additional contributions and withdrawals;
- + I/We will not knowingly do anything to put ABIMAL in breach of AML/CTF laws and will immediately notify ABIMAL if I/we are aware of anything that may put ABIMAL in breach of AML/CTF laws; and
- + I/We are not aware and do not suspect that the money used to pay for the investment in the AB Fund is derived from or is in any way related to money laundering, terrorism financing, illegal or similar activities, and the proceeds of the investment in the AB Fund will not fund any illegal activities.

I/We acknowledge that:

- + Any personal information that I/we may have provided may be used in accordance with the terms set out in the PDS;
- + Neither I/we nor my/our related parties or agents guarantee or underwrite the performance of the AB Fund, the repayment of capital, the rate of income, the capital return or the price at which units may be issued or redeemed;
- + Acceptance of the application is dependent upon cleared funds being available for investment;
- + I/We have conducted my/our own inquiries and where necessary I/we have obtained independent advice about investing in the AB Fund;
- + I am/we are bound by the terms and conditions of the AB Fund's constitution to which this application applies;
- + I/We will provide additional information or assistance requested and will comply with any reasonable requests to help ABIMAL comply with any applicable laws;
- + Any additional units issued to me/us will be issued on the same terms and conditions as set out in the PDS as updated from time to time, and will be subject to the same declarations, acknowledgments, representations and warranties made by me/us in this application form, and I/we agree that I/we will be bound by the terms and conditions of the relevant AB Fund constitution in respect of any additional units.

AB FUNDS APPLICATION FORM

SIGNING INSTRUCTIONS

Individuals—where an investment is in one name, the investor must sign.

Joint Holdings—where an investment is a joint holding in more than one name, all investors must sign.

Companies incl. corporate trustees—two directors or a director and a secretary must sign, unless you are a sole director.

Trusts—all the trustees or the responsible entity must sign.

Power of Attorney—Please provide a certified copy of the Power of Attorney. If signed by an attorney, the attorney certifies that the Power of Attorney has not been revoked.

APPLICANT(S) SIGNATURE(S)

First individual, director or authorised signatory

X _____ / /
Signature Date

Print name Office held (e.g., director/secretary/sole director/
attorney/trustee or other (please specify))

Second individual, director/company secretary or authorised signatory

X _____ / /
Signature Date

Print name Office held (e.g., director/secretary/sole director/
attorney/trustee or other (please specify))

For Company Investments Only: This document was executed in accordance with its constitution and the Corporations Act 2001.

Financial Adviser Declaration

By signing below, the financial adviser represents to ABIMAL that he/she:

- + has identified the applicant in accordance with FSC/FPA Industry Guidance and complied with AML/CTF laws;
- + will upon request provide the Applicant's original identification records to ABIMAL and that he/she has kept and will keep records of the applicant's identification records as required by the relevant law;
- + will provide ABIMAL with a copy of his/her applicant identification procedures used;
- + will not knowingly do anything to put ABIMAL in breach of AML/CTF laws and will notify ABIMAL if he/she is aware of anything that may put ABIMAL in breach of AML/CTF laws: and
- + will obtain from the applicant and provide ABIMAL with any additional information reasonably requested.

Financial Adviser

X _____ / /
Signature Date

Print name