

Fund forms

- Application form page 1
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How to complete the application form

Type of Investor	Sections to be Completed in Application Form	Verification Required	
Individuals/ Joint Applicants	<input type="checkbox"/> Section 1 <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 7 (if applicable) <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 14	Refer Section "A" on Page 9. For joint applicants, ID is required for both parties
Company			
Listed/Licensed	<input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "B" on Pages 9 and 10
Listed/Licensed Australian Registered Foreign Companies	<input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 3(b) <input type="checkbox"/> Section 1 (for each director) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10	<input type="checkbox"/> Section 11 <input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "C" on Page 9
Private and Unlisted/Unlicensed Public Australian Companies	<input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 1 for any individual shareholder owning 25% or more of the issued capital. Attach additional pages providing details as required by Section 3 for any company owning 25% or more of the issued capital. <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "D" and if applicable Section "G" on Page 10
Private and Unlisted/Unlicensed Public Foreign Companies	<input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 3(b) <input type="checkbox"/> Section 1 (for each director) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 1 for any individual shareholder owning 25% or more of the issued capital. Attach additional pages providing details as required by Section 3 for any company owning 25% or more of the issued capital. <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "E" and if applicable Section "G" on Page 10
Foreign Companies not registered in Australia	<input type="checkbox"/> Section 3(a) <input type="checkbox"/> Section 3(b) <input type="checkbox"/> Section 1 (for each director) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 1 for any individual shareholder owning 25% or more of the issued capital. Attach additional pages providing details as required by Section 3 for any company owning 25% or more of the issued capital. <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "F" and if applicable Section "G" on Page 10
Trusts			
Regulated Trust (e.g. Self Managed Super Fund) (e.g. APRA, ATO, ASIC regulated)	<input type="checkbox"/> Section 4 <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 8 (if applicable) <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "H" on Page 11
Government Superannuation Fund	<input type="checkbox"/> Section 4 <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 8 (if applicable) <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "H" on Page 11
All Other Trust Types	<input type="checkbox"/> Section 2 <input type="checkbox"/> Section 4 <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "I" on Page 11
Partnerships	<input type="checkbox"/> Section 5 <input type="checkbox"/> Section 1 (for each partner) <input type="checkbox"/> Section 2 (for partnership) <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "J" on Page 11
Association/Registered Co-operative/ Government Body	<input type="checkbox"/> Section 6 <input type="checkbox"/> Section 1 (for each president secretary or treasurer) <input type="checkbox"/> Section 2 (for association) <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 10 <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "K", "L" or "M" as applicable on Pages 11 and 12
Minor/Deceased Estate	<input type="checkbox"/> Section 7 <input type="checkbox"/> Section 1 (for each trustee) <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 9 (if applicable) <input type="checkbox"/> Section 11	<input type="checkbox"/> Section 12 <input type="checkbox"/> Section 15	Refer Section "A" and either "N" or "O" as applicable on Pages 9 and 12
Power of Attorney	Complete Sections as required above for the Investor on whose behalf the attorney is acting.		Investor type verification and Refer Section "P" on Page 12

Capital International Global Equities Fund ARSN 128 860 355
Capital International Global Equities Fund (Hedged) ARSN 135 752 180
Capital International Emerging Economies ARSN 087 779 833
Capital International World Equity ARSN 087 778 694
Capital International World Equity (Hedged) ARSN 094 966 631

21 September 2011
 Issued by WHTM Capital Management Limited
 AFSL Number 238371

A completed application is an instruction to invest in the Fund(s) identified in Section 10 of this application form

Please complete the sections of the form that apply to you and return the signed form by post with the relevant document/s (as specified on page 1) to:

JPMorgan Worldwide Securities Services
Attn: Unit Registry Team
GPO BOX 5111
Sydney NSW 2001

Cut-off time for applications on any business day: 12:00 pm AEST (Sydney Time)

Please cross the boxes where appropriate.

Section 1. Investor details

Individual/Joint/ Trustee/
Director/ Partnership/
>25% Shareholder

INVESTOR 1

Investor Number (if existing Fund Investor)

Mr Mrs Miss Ms Other (eg Dr)

Given Name(s)

Surname

Date of Birth

Occupation

Gender Male Female

RESIDENCY DETAILS

Are you an Australian resident for taxation purposes?
If no, please state your country of residency.

Yes No

Residential Street Address

State Post Code

Country

Tax File Number or Exemption Number

If previously an Australian resident, what was the date you became a non-resident?

INVESTOR 2

Investor Number (if existing Fund Investor)

Mr Mrs Miss Ms Other (eg Dr)

Given Name(s)

Surname

Date of Birth

Occupation

Gender Male Female

RESIDENCY DETAILS

Are you an Australian resident for taxation purposes?
If no, please state your country of residency.

Yes No

Residential Street Address

State Post Code

Country

Tax File Number or Exemption Number

If previously an Australian resident, what was the date you became a non-resident?

**Section 2.
Contact Details**

All Applicants to
Complete

Contact Person

(if different from Investor 1 details in Section 1)

Mailing Address*

State Post Code

Country

Work Phone

Home Phone

Mobile Phone

Facsimile Number

Email

Contact Person

(if different from Investor 2 details in Section 1)

Mailing Address*

State Post Code

Country

Work Phone

Home Phone

Mobile Phone

Facsimile Number

Email

**Section 3.
Company Details**

Private/Public

3(a) COMPANY (if applicable)

Name of Company

Tax File Number or Exemption Number

Australian Business Number

Other Identification Number

Registered Address

State Post Code

Country

Mailing Address*

State Post Code

Country

The Company is (as registered with registration body):

A Private Company A Public Company Other type of Company (please state)

For private companies, state the full name of each Director:

Director 1:

Director 2:

Director 3:

Director 4:

For private companies (except private companies licensed and subject to Australian regulatory oversight), please name each shareholder who owns 25% or more of the issued capital of the company in the boxes below and complete Section 1 with the full names and details of these relevant shareholders (attach additional page(s) if necessary).

Shareholder 1:

Shareholder 2:

Shareholder 3:

Shareholder 4:

3(b) FURTHER INFORMATION FOR FOREIGN COMPANIES

Business Address in Australia (if applicable)

NOTE: Please also provide the full names and details of the relevant directors by completing Section 1 of the form (attach additional page(s) if necessary).

Country where company was formed, incorporated or registered:

If the company is registered by a foreign registration body, the name of the body and any registration number issued by the relevant foreign body: Registration Number:

* PO Boxes and/or C/- addresses without proof of residential address cannot be accepted.

**Section 4.
Trust Details**

Trust/Superannuation
Fund

4(a) GENERAL INFORMATION

Full name of Trust

Full business name (if any)

Country where Trust established

Tax File Number or Exemption Number

Type of Trust (select only one of the following trust types and provide the information requested).

Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN)

Regulated trust (e.g. SMSF) Provide name of regulator (e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration/licensing details

Government superannuation fund. Provide name of the legislation establishing the Fund

**Other trust type Trust description (e.g. Family, unit, charitable, estate)

4(b) TRUSTEE DETAILS

How many beneficiaries are there?

Provide full name, address and date of birth of each Trustee below.

Trustee 1 Full name(s) or company name.

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable).

State Post Code

Country

Date of Birth

Trustee 3 Full name(s) or company name.

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable).

State Post Code

Country

Date of Birth

Trustee 2 Full name(s) or company name.

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable).

State Post Code

Country

Date of Birth

Trustee 4 Full name(s) or company name.

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable).

State Post Code

Country

Date of Birth

**Section 5.
Partnership Details**

PARTNERSHIP (if applicable)

Name of Partnership

Full registered business name (if any) of Partnership

Country where Partnership established

NOTE: Please also provide the full names and details of the Partners in Section 1 of this form (attach extra page(s) if necessary).

* PO Boxes and/or C/- addresses without proof of residential address cannot be accepted

** Please complete 4(b).

**Section 6.
Association Details**

Association/
Registered Co-operative/
Government Body

Please cross type of Investor

ASSOCIATION REGISTERED CO-OPERATIVE GOVERNMENT BODY

Name of Association/Registered Co-operative/Government Body

Tax File Number or Exemption Number

Australian Business Number

Other Identification Number

Registered Address

State

Post Code

Country

Principal place of business/operations address (if same as registered address, please write 'AS ABOVE').

State

Post Code

Country

Full name of the association's President, Secretary and Treasurer (or other equivalent officers in each case).

Name of President

Name of Secretary

Name of Treasurer

Please complete Section 1 with the full names and details of the President, Secretary or Treasurer (attach additional page(s) if necessary) and provide ID for one of the officers.

The Government Body is an entity established under legislation of:

Commonwealth of Australia

State, Territory or foreign country (if so, name of state, Territory or foreign country)

**Section 7.
Minor/Deceased
Estate**

Person under 18/
Name of Deceased

(if applicable please cross type of Investor)

ACCOUNT DESIGNATION: MINOR DECEASED ESTATE

Designation Name (full name of relevant minor or deceased person)

< _____ A/C>

Please provide the full names and details of the relevant Trustee(s) by completing Section 1 of the form.

**Section 8.
Custodian**

NAME OF CUSTODIAN

Please provide a copy of the document which evidences the custodian's appointment on behalf of the Investor (e.g. custody agreement) and a copy of the custodian's authorised signatory list.

**Section 9.
Authorised
Representative**

AUTHORISED REPRESENTATIVE

Are you appointing an Authorised Representative? Yes No

If yes, please complete the Authorised Representative form on page 8 and provide identification as per Section "Q" on page 12.

**Section 10.
Investment and
Income Distribution
Details**

INVESTMENT DETAILS

Please select:

Fund	New investment	Additional investment
Global Equities Fund	<input type="checkbox"/>	<input type="checkbox"/>
Global Equities Fund (Hedged)	<input type="checkbox"/>	<input type="checkbox"/>
Emerging Economies	<input type="checkbox"/>	<input type="checkbox"/>
World Equity	<input type="checkbox"/>	<input type="checkbox"/>
World Equity (Hedged)	<input type="checkbox"/>	<input type="checkbox"/>

Please make cheques payable to **WHTM CM – Capital International Funds Apps** and crossed 'Not negotiable'. If you wish to make a direct deposit, please refer to the information on page 7 of the PDS. You may either (i) provide a single cheque, or make a single direct deposit, for the total amount of investment or (ii) provide a separate cheque, or make a separate deposit, for each investment in each Fund. Please note that application funds will not be invested until a complete and signed Application for is received and accepted.

Total investment amount (minimum \$25,000 per fund for initial investment and \$5,000 per fund for additional investment)

Fund	Amount (\$)	Cheque drawer	Deposit reference number (if funds direct deposited)
Global Equities Fund	\$		
Global Equities Fund (Hedged)	\$		
Emerging Economies	\$		
World Equity	\$		
World Equity (Hedged)	\$		
Total amount enclosed/transferred	\$		

INCOME DISTRIBUTION

Please specify how you would like any income distributions from a Fund to be paid. Income is reinvested automatically by the Responsible Entity unless otherwise instructed.

Reinvested in the Fund Credit to my/our nominated account (ensure Section 11 is completed)

**Section 11.
Nominated Account
Details**

NOMINATED ACCOUNT DETAILS

The following account will be credited for payment of distributions and redemptions (if applicable).

Account Name
 Financial Institution Branch
 BSB Number - Account Number

**Section 12.
Investor
Communication**

AUDITED FINANCIAL STATEMENTS

The Funds' audited Annual Financial Statements are accessible in a cost effective and environmentally friendly manner online at www.capitalinternational.com.au.

Please choose an option below if you would like to receive a copy of the Annual Financial Statements:

I/We elect to receive Annual Financial Statements via: Email or Printed copy

If an option is not selected you will NOT be sent Annual Financial Statements, however you may still view them online at www.capitalinternational.com.au.

**Section 13.
Other requirements**

- (i) All applicants: This Application Form must be signed by the applicant(s) unless an acceptable power of attorney or other written authority is provided.
- (ii) Corporate applicants: A corporate application should be signed by a duly authorised official (or officials) whose representative capacity must be stated.
- (iii) Money laundering prevention: The prevailing anti-money laundering legislation requires that the identity of Investors be verified. Without this information redemption proceeds cannot be paid if and when holdings are redeemed.
- (iv) Units will be issued as of the Cut-off time on the valuation date on which all application requirements are fully met.

Section 14.
Investor
Declaration

DECLARATION

Individual / Joint applicants sign the Investor Declaration below. Other applicants sign the Corporate Declaration.

I/we have read and understood the PDS to which this application relates and the Information to be Incorporated by Reference on such PDS, which is available on www.capitalinternational.com.au/_pdf/PDS_IIR.pdf
I/we have also read and understood the declarations, conditions and acknowledgements contained under the heading 'Effect of the Application Form' in the Information to be Incorporated by Reference. I/we agree that these documents are incorporated in this declaration. I/we agree, acknowledge and accept them and declare that all the details given in this application are true and correct. I/we have received personally a complete and unaltered latest PDS together with the Information to be Incorporated by Reference prior to completing the Application Form.

SIGNED BY INDIVIDUAL OR JOINT APPLICANTS

Signature

Date

Signature

Date

For joint applicants, do both Investors need to sign subsequent authorisations? Yes No
If no selection is made, it will be assumed either party can sign.

Section 15.
Corporate
Declaration

CORPORATE DECLARATION

The Corporate Declaration is signed by applicant(s) other than an Individual or Joint Applicants.

Name of Company/Trust or Superannuation Fund/Partnership/Association/Co-operative/Government Body

Australian Business Number

Name 1

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

Name 2

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

The Common Seal of the Company was hereunto affixed if applicable in the presence of

Name

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

Final steps

Please sign and return the completed Application Form and, if applicable, the relevant ID, cheque and Authorised Representative Form by post to:

JPMorgan Worldwide Securities Services
Attn: Unit Registry Team
GPO Box 5111
Sydney NSW 2001

Verification Sign Off

INTERNAL USE ONLY

Know Your Client requirements have been collected in accordance with standard guidelines.

Full Name

Signature

Date

Capital International Global Equities Fund ARSN 128 860 355

21 September 2011

Capital International Global Equities Fund (Hedged) ARSN 135 752 180

Issued by WHTM Capital Management Limited

Capital International Emerging Economies ARSN 087 779 833

AFSL Number 238371

Capital International World Equity ARSN 087 778 694

Capital International World Equity (Hedged) ARSN 094 966 631

(A). Appointment of Authorised Representative

To authorise third parties in relation to your account relating to the above Funds, please complete the following details and provide identification as per Section "Q" on page 12.

Authorised Representative 1 (please tick applicable box)

Add Modify Delete

Mr Mrs Miss Ms Other (e.g. Dr)

Given Name(s)

Surname

Residential Address (must be provided)

State Post Code

Country

Date of Birth

Phone

Facsimile

Email

Signature

Date

Authorised Representative 2 (please tick applicable box)

Add Modify Delete

Mr Mrs Miss Ms Other (e.g. Dr)

Given Name(s)

Surname

Residential Address (must be provided)

State Post Code

Country

Date of Birth

Phone

Facsimile

Email

Signature

Date

(B). Account Operating Authority

Please indicate how you wish to operate your account.

Any one of us to sign All of us

If you selected 'any one of us to sign', each of you (including any person you appoint as an authorised representative) will be able to transact on or otherwise operate your account independently of the others.

If you do not select an option, we will assume that 'any one of us to sign' option will apply.

(C). Declaration and Signatures

In signing this form, I/we, the undersigned, confirm:

- To have read and understand in full the relevant Product Disclosure Statement (PDS) and the Information to be Incorporated by Reference that corresponds to this PDS;
- To authorise each representative named in this form to operate my/our account in respect to any of the above Funds;
- To understand that an authorised representative can act solely on my/our account subject to section (B) of this form;
- To understand I/we are liable for any use of our account by an authorised representative;
- To notify each authorised representative of relevant terms and conditions and any other items contained in the PDS, and any amendments to them;
- To understand that such appointments continue until I/we cancel the appointments by giving notice in writing; and
- To acknowledge that the instructions provided in this form supersede all prior authorities.

Authorised Investor 1

Name

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

Authorised Investor 2

Name

Capacity

(i.e. Trustee/Director/Secretary/Partner)

Signature

Date

Identity verification

Type of Investor	Section	Minimum Identification Required
Individuals/ Joint Applicants	“A”	<p>Verify each Investor’s name and either residential address or date of birth from:</p> <p>a) an original or certified copy of a valid Driver’s Licence (Australian State or Territory, or Foreign Country equivalent) with photograph.</p> <p>Or</p> <p>b) Both:</p> <p>(i) an original or certified copy of a valid primary I.D. document:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Passport issued by Australian Commonwealth or expired passport which has not been cancelled and was current within the preceding two years; or <input type="checkbox"/> Passport or similar document issued for the purpose of international travel that contains a photograph and signature of the person and is issued by a foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or <input type="checkbox"/> National Identity Card with a photograph and signature issued by Australian Commonwealth, State or Territory; or <input type="checkbox"/> Foreign National Identity Card with a photograph and signature issued by a foreign government, UN or UN Agency, with English translation provided by an accredited translator, if not in English; or <input type="checkbox"/> Birth Certificate or birth extract issued by Australian State or Territory; or <input type="checkbox"/> Birth Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or <input type="checkbox"/> Citizenship Certificate issued by Commonwealth government; or <input type="checkbox"/> Citizenship Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or <input type="checkbox"/> Pension card issued by Centrelink; <p>And</p> <p>(ii) an original or certified copy of a valid secondary I.D. document:</p> <ul style="list-style-type: none"> <input type="checkbox"/> notice issued to an individual by Centrelink within preceding 12 months which records the provision of financial benefits to an individual and the individual’s name and residential address; or <input type="checkbox"/> notice of a foreign welfare department equivalent within preceding 12 months which records the provision of financial benefits to an individual and the individual’s name and residential address; or <input type="checkbox"/> notice issued to an individual by the ATO or relevant foreign Taxation authority within the preceding 12 months which records the name and residential address of the individual; or <input type="checkbox"/> notice issued to an individual by a local government body or utilities provider within preceding three months which records the provision of services to that residential address or that individual; or <input type="checkbox"/> For persons under 18, a notice issued by a school principal within the preceding three months containing the name of the person and his or her residential address and recording the period of time that the person attended the school.
Listed or Licensed Companies	“B”	<p>Original or certified copies of:</p> <p>Domestic Company</p> <ul style="list-style-type: none"> <input type="checkbox"/> a search of the relevant ASIC database or relevant stock exchange or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> That the company is a listed public company, a majority owned subsidiary or a domestic listed public company or licensed and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company.
	“C”	<p>Australian Registered Foreign Company</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Incorporation or recent extract of public company register or document issued by the foreign government (including a registration certificate); or <input type="checkbox"/> a search of the relevant government database, a search of the relevant foreign stock exchange, a search of the licence or other records of the relevant regulator or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report);

Type of Investor	Section	Minimum Identification Required
Listed or Licensed Companies (continued)	“C”	Evidencing: <input type="checkbox"/> that the company is a listed public company, a majority owned subsidiary or a listed public company or licensed and subject to the regulatory oversight of statutory regulator in relation to its activities as a company; and <input type="checkbox"/> registered company address; and <input type="checkbox"/> whether the company is registered by the relevant foreign registration body; and <input type="checkbox"/> any ID number issued to the company by the relevant foreign registration body, or ARBN if applicable; and <input type="checkbox"/> the full name of each director.
Private and Unlisted Licensed Public Companies	“D”	Original or certified copies of: Domestic Company <input type="checkbox"/> a Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database, search of the licence or other records of the relevant regulator or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); Evidencing: <input type="checkbox"/> the full name of the company as registered by ASIC; and <input type="checkbox"/> whether the company is registered by ASIC as a private company or public company; and <input type="checkbox"/> the ACN issued to the company; And <input type="checkbox"/> in respect of one of the directors, identification as per individual requirements.
	“E”	Australian Registered Foreign Company <input type="checkbox"/> a Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database, search of the licence or other records of the relevant regulator, other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); Evidencing: <input type="checkbox"/> the full name of the company as registered by ASIC; and <input type="checkbox"/> ARBN issued; and <input type="checkbox"/> whether the company is registered by ASIC as a private company or public company; and <input type="checkbox"/> registered company address; and <input type="checkbox"/> full address of the company in its country of formation, incorporation or registration; and <input type="checkbox"/> the full name of each director; And <input type="checkbox"/> in respect of one of the directors, identification as per individual requirements.
Foreign Companies not registered in Australia	“F”	Unregistered Foreign Company <input type="checkbox"/> Foreign registration certificate, Certificate of Incorporation, recent extract of company register; or <input type="checkbox"/> other appropriate document(s) including a search of the relevant government database, a search of the relevant stock exchange, a search of the licence or other records of the relevant regulator, or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); Evidencing: <input type="checkbox"/> whether the company is a Public or Private Company; and <input type="checkbox"/> any ID number issued by the company by the relevant foreign registration body; and <input type="checkbox"/> the full address of the company in its country of formation, incorporation or registration and full address of principal place of business (if different from registered address); And for Unlisted Companies: <input type="checkbox"/> in respect of one of the directors, identification as per individual requirements.
Beneficial Ownership	“G”	For Private Companies (except where it is licensed and subject to Australian Regulatory oversight) for each shareholder who owns 25% or more of the issued capital, identification as per Individual requirements.

Type of Investor	Section	Minimum Identification Required
Trust and Superannuation Funds	“H”	<p><i>Registered managed investment schemes, regulated trusts and Government Superannuation Funds.</i></p> <p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a search of the relevant regulator eg: ASIC, ATO, APRA etc; <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the registered or regulated status of the entity. <p>And</p> <p><i>For Self Managed Superannuation Funds.</i></p> <p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the trust or superannuation deed; <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> name of the trust and names of the trustees.
Other Trust Types	“I”	<p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the trust or superannuation deed; <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> name of the trust and names of trustees <input type="checkbox"/> names of all beneficiaries where beneficiaries are named. <p>Or</p> <ul style="list-style-type: none"> <input type="checkbox"/> details of the class of beneficiaries where a class is described. <p>And</p> <p>In respect of one of the trustees:</p> <ul style="list-style-type: none"> <input type="checkbox"/> if the trustee is an individual, then ID required as the individual requirements; or <input type="checkbox"/> if the trustee is a company, then ID required as the company requirements.
Partnership	“J”	<p>Certified copy or extract of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> partnership agreement; or <input type="checkbox"/> the minutes of a partnership meeting approving the establishment of the business relationship; or <input type="checkbox"/> if partnership is regulated by a professional association, then a search of the current membership directory; or <input type="checkbox"/> original or certified copy of a certificate of registration of business name issued by a government body; <p>And</p> <ul style="list-style-type: none"> <input type="checkbox"/> in respect of one of the partners, identification as per the individual requirements.
Association	“K”	<p>Original or certified copies of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> constitution or rules of association or a certified copy of constitution or rules of association; or <input type="checkbox"/> minutes of meeting of the association; or <input type="checkbox"/> information provided by ASIC (ASIC search) by State or Territory bodies responsible for the incorporation of the association; <p>Evidencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the full name of association; and <input type="checkbox"/> any unique identifying number issued upon incorporation; <p>And</p> <ul style="list-style-type: none"> <input type="checkbox"/> in respect of the president, secretary or treasurer, identification as per individual requirements.

Type of Investor	Section	Minimum Identification Required
Registered Co-operative	“L”	Original or certified copies of: <input type="checkbox"/> any register maintained by the co-operative or a certified copy or extract of any register; or <input type="checkbox"/> any minutes of meetings of the co-operative or a certified copy or extract of any minutes; or <input type="checkbox"/> information provided by ASIC or by the State, Territory or overseas body responsible for the co-operative; Evidencing: <input type="checkbox"/> full name of co-operative; and <input type="checkbox"/> any unique identifying number issued upon incorporation; And <input type="checkbox"/> in respect of the president, secretary or treasurer, identification as per the individual requirements.
Government Bodies	“M”	Original or certified copies of: <input type="checkbox"/> a copy of relevant extract of the legislation under which the Government body is established; or <input type="checkbox"/> review of the relevant Commonwealth, State, Territory or foreign country register of Government bodies; or <input type="checkbox"/> search of the relevant Commonwealth, State, Territory or foreign country website; Evidencing: <input type="checkbox"/> full name of government body; and <input type="checkbox"/> full address of government body’s principal place of operations; and <input type="checkbox"/> whether the government body is an entity established under legislation of the Commonwealth of Australia, State; Territory or foreign country.
Minor	“N”	<input type="checkbox"/> Identification as per Section “A” for trustee; and <input type="checkbox"/> Identification as per Section “A” for minor.
Deceased Estate	“O”	<input type="checkbox"/> Identification as per Section “A” for trustee; and Original or certified copies of: <input type="checkbox"/> last Will and Testament of deceased; and <input type="checkbox"/> death certificate; or <input type="checkbox"/> Grant of Probate.
Power of Attorney	“P”	Original or certified copies of: <input type="checkbox"/> Power of Attorney document and a specimen signature of the relevant attorney(s) (where applicable); And <input type="checkbox"/> in respect of the attorney, identification as per individual requirements.
Authorised Representative	“Q”	Original or certified copies of: <input type="checkbox"/> Completed Authorised Representative form from this PDS; And <input type="checkbox"/> in respect of the authorised representative, identification as per individual requirements.

Category of Acceptable Referees

Certified copy means a document that has been certified as a true copy of an original document by one of the following referees:

- 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 (however 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 (including a Commissioner of Declarations);
- 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 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- 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);
- a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993);
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees; or
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Certified extract means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in points (1)–(15).

Please note that pharmacists are not an acceptable referee under Anti-Money Laundering legislation in Australia.

For documents certified outside Australia the following persons may certify:

- a legal practitioner enrolled in the country of certification;
- the equivalent of a judge, magistrate or registrar of a court in the country of certification;
- a Justice of the Peace;
- a notary public;
- an Australian consular worker or diplomatic officer in the country of certification;
- a chartered accountant in the country of certification; or
- a police officer in the country of certification.

Date

21 September 2011

 Issued by WHTM Capital Management Limited
 AFSL Number 238371

Select Fund (mark with X)

- Capital International Global Equities Fund** ARSN 128 860 355
- Capital International Global Equities Fund (Hedged)** ARSN 135 752 180
- Capital International Emerging Economies** ARSN 087 779 833
- Capital International World Equity** ARSN 087 778 694
- Capital International World Equity (Hedged)** ARSN 094 966 631

 JPMorgan Worldwide Securities Services
 Attn: Unit Registry Team
 GPO BOX 5111
 Sydney, NSW 2001

 Please accept this redemption request with respect to my/our investment in the above named Fund or Funds.
 The applicable account details are:

 Investor Number
 Investor Given Name(s)
 Investor Surname
Please redeem (fill in the amount OR units OR mark with X for a full redemption)

Fund	Amount in \$		Units		
Global Equities Fund	<input type="text"/>	OR	<input type="text"/> units	OR	<input type="checkbox"/> Entire investment
Global Equities Fund (Hedged)	<input type="text"/>	OR	<input type="text"/> units	OR	<input type="checkbox"/> Entire investment
Emerging Economies	<input type="text"/>	OR	<input type="text"/> units	OR	<input type="checkbox"/> Entire investment
World Equity	<input type="text"/>	OR	<input type="text"/> units	OR	<input type="checkbox"/> Entire investment
World Equity (Hedged)	<input type="text"/>	OR	<input type="text"/> units	OR	<input type="checkbox"/> Entire investment

Please transfer the proceeds into the following account:

 Financial Institution
 Account Name
 BSB - Account Number

 You may provide this redemption request in writing to the Fund Administrator at the address above or by Fax to +61 2 9251 5052
 Please note that redemption requests received by the Fund Administrator prior to 12:00 pm AEST (Sydney time) on a business day are deemed to be received that day, requests received after 12:00 pm AEST (Sydney time) are deemed to be received the next business day.

I/we can confirm that I/we:

- have read and understood the latest Product Disclosure Statement of the Fund to which this request applies; and
- confirm that my investment in the Fund is not made via a margin loan.

 If you have any questions regarding this request, please contact me on:

Yours sincerely,

 Signature

 Signature

 Date

 Date