

DWS Strategic Value Fund Application form

Guide to completing the application form

To ensure that we are able to process your applications quickly and efficiently, please check that you have completed the following steps. **Please note that all sections marked with an * require mandatory completion.** Incomplete information may delay the processing of your application.

Completed application forms should be sent to:

DWS Investments
PO Box R1828
Royal Exchange NSW 1225

Please use block letters and black or blue pen.

Step 1: Investor's Details

Provide all investor(s) details including full name, residential address, date of birth, occupation and contact details, including at least one telephone contact number. Full details should also be provided if the investor is a corporate entity or trust. If there is insufficient room on the application form to complete the details, please attach a separate page with additional investor information. If you wish to provide a different postal address, please complete Part 6 of Section A on page iv of the application form.

You may provide us with your TFN/ABN, or advise us of your exemption to quote your TFN. Refer to the 'Tax' section in the PDS for more detail. If you are not required to quote or choose not to quote your TFN/ABN, please use one of the following TFN exemption codes and provide the appropriate details.

TFN exemption codes:

E	Investments held by pension and benefit recipients – please write the full name of the benefit you receive (e.g., Age Pension).	N	Non-residents – please provide your country of residence for tax purposes.
O	Entities not required to lodge an income tax return – please provide the reason as to why the entity does not have to lodge an income tax return.	D	Do not wish to quote TFN.
X	Other exemption – please provide us with any other reason for your exemption.		

Step 2: Anti-Money Laundering and Counter-Terrorism Financing Information

We are required to comply with Australia's *Anti-Money Laundering and Counter-Terrorism Act 2006* ('the AML Legislation'). The AML Legislation requires that, amongst other things, we verify the identity of investors making application into the funds we offer. We cannot accept an application to invest in the Fund until satisfied that the identity of the investor is able to be verified in accordance with the AML Legislation and the processing of applications may be delayed until the requested information is received in a satisfactory form. We may from time to time request additional identification or verification documentation from an investor to enable us to meet our obligations under the AML Legislation. If documentation provided is not in English, an English translation must be provided by an accredited translator.

In providing information under the AML Legislation, please follow the guidance below in choosing your investor type

Section A	Sub-sections					
	Please complete the nominated sections as applicable					
Investor Type (Please see over for a description)	1	2	3	4	5	6
Individual(s)	✓					✓
Joint Investors	✓					✓
Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	✓			✓		✓
Domestic (Australian) Company		✓				✓
Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund		✓		✓		✓
Foreign Company			✓			✓
Foreign Company acting as a Corporate Trustee(s) of a Trust or Superannuation Fund			✓	✓		✓
Partnership					✓	✓
Association					✓	✓
Registered Co-operative					✓	✓
Government Body					✓	✓
Sole Trader					✓	✓

Type of Investor	Description	Information to be provided
Individual(s)	<p>Investing in your personal capacity – that is, not as a company, trust, partnership, etc. This can include individuals investing on behalf of a person under the age of 18.</p> <p>Please note that where individuals are investing as joint applicants, they must all sign the application form. However unless they expressly indicated on the application form (Section A) any units will be held as joint tenants and any of the investors are able to operate the account and bind the other investor(s) for future transactions, including additional applications and withdrawals, and withdrawals by fax.</p> <p>An individual may also apply for units in their capacity as a power of attorney for another person/entity. Note by signing the application form the attorney warrants that the power of attorney has not been revoked at that time.</p>	<p>Certified copy of:</p> <p><input type="checkbox"/> Photo identification (e.g. current passport or driver's licence); or</p> <p><input type="checkbox"/> A Birth certificate; or</p> <p><input type="checkbox"/> A Citizenship certificate; or</p> <p><input type="checkbox"/> A Pension/other Government issued card;</p> <p>and one of the following:</p> <p><input type="checkbox"/> A notice issued by a government or semi-government body showing a current address (e.g. rate notice) that is less than 3 months old; or</p> <p><input type="checkbox"/> A utility bill that is less than 3 months old; or</p> <p><input type="checkbox"/> A certified copy of any Power of Attorney.</p>
Individual(s) acting as a trustee(s) of a trust or superannuation fund	Investing in your personal capacity as a trustee on behalf of another, i.e. where the trustee is not a company. A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf of and for the benefit of another (who may or may not include the trustee).	As per Individual(s) above for each trustee.
Australian Company	<p>Company incorporated in Australia including:</p> <ul style="list-style-type: none"> ■ Proprietary company (i.e. ending with Pty Ltd); ■ Public company (i.e. ending with Ltd); ■ Companies limited by guarantee (not for profit companies); and ■ Listed companies (e.g. listed on the ASX). 	<p><input type="checkbox"/> The registration number of the company (e.g. ABN, ARBN or ACN of the company);</p> <p><input type="checkbox"/> The registered office details of the company;</p> <p><input type="checkbox"/> The principal place of business of the company;</p> <p><input type="checkbox"/> The full name and date of birth of each director of the company; and</p> <p><input type="checkbox"/> Certified copy of photo identification for at least 2 directors.</p>
Australian Company acting as trustee of a trust or superannuation fund	An Australian domiciled company acting in the capacity of corporate trustee on behalf of others (e.g. XYZ Pty Ltd as trustee of the XYZ self-managed superannuation fund).	<p>As above for Australian Companies, together with:</p> <p><input type="checkbox"/> The full name of the Trust and the ABN or ACN of the Trust; and</p> <p><input type="checkbox"/> The Superannuation Fund Number (if relevant).</p>
Foreign Company	Company incorporated in a foreign jurisdiction.	As per Australian Companies, together with any foreign registration identification and beneficial ownership details.
Foreign company acting as a trustee of a trust or superannuation fund	A foreign domiciled company acting in the capacity of corporate trustee on behalf of others (e.g. PQR Pte as trustee of the PQR trust).	As per Foreign Company above.
Trusts	<p>Trusts are represented on a register either by individual trustees or corporate trustees and can include:</p> <ul style="list-style-type: none"> ■ Superannuation funds (including self managed superannuation funds); ■ Family trusts; ■ Deceased estates; ■ Managed Investment Schemes (registered or unregistered); ■ Charitable trusts; and ■ Testamentary trusts. 	<p><input type="checkbox"/> Registration number (if any).</p> <p><input type="checkbox"/> Extract of Trust Deed (showing nature of Trust, purpose, identification of the Trustee, see above).</p> <p><input type="checkbox"/> Beneficiaries – these may be named individuals or classes of beneficiaries (e.g. present and future descendants of John Smith).</p>
Partnership	Formally established pursuant to a partnership agreement/deed. If you are investing 'jointly' (and not pursuant to a partnership agreement/deed) then see Individual(s) section above.	As per Individual(s) above.
Association	<p>Incorporated Association is registered by the State or Territory in which the association is based. Features include:</p> <ul style="list-style-type: none"> ■ Not for profit; ■ Appointment of a public officer and committee; and ■ Profits, if any, can only be used to promote non-profit objectives. <p>Unincorporated Association does not have a legal identity and cannot hold assets in its own name. It must appoint individuals as trustees, who own the assets but hold them for the benefit of the association.</p>	<p><input type="checkbox"/> The registration number (if any) of the association;</p> <p><input type="checkbox"/> The registered office details of the association;</p> <p><input type="checkbox"/> The principal place of business of the association;</p> <p><input type="checkbox"/> The full name of the public officer and committee members of the association; and</p> <p><input type="checkbox"/> Certified copy of photo identification for at least 2 of the public officers.</p>
Registered Co-operative	A Registered Co-operative is a democratic structure owned and controlled by the people it serves, who join together for a common benefit. It is a separate legal entity (registered under the relevant State or Territory legislation) with the general aim of providing services for its members rather than making profits.	As per Association above.
Government Body	A Government Body is a legal entity that is owned or controlled by a Federal, State or Local Government (e.g. universities, local councils and statutory agencies).	Evidence of establishment (e.g. specific piece of legislation).
Sole Trader	Sole Trader describes a business that is owned and controlled by one person, although the business may employ people.	As per Individual(s) above or if investment is in the business name, as per Australian Company above.
Power of Attorney	Someone authorised under a formal document named a Power of Attorney who is authorised to act on behalf of the a/c beneficiary (e.g. a person travelling may appoint an Attorney to conduct their business in their absence)	<p><input type="checkbox"/> A certified copy of the Power of Attorney; and</p> <p><input type="checkbox"/> Identification of the named Attorneys per individuals above.</p>

Copies of documents can be certified by a range of people including your financial adviser, a solicitor, a Justice of the Peace, Australia Post or a chartered accountant. If you have any questions about this, please contact client services on 1800 034 402.

Please include the following details:

Step 3: Your Investment

If you are an existing investor please provide your account name and number.

Section B: Investment and Payment Details

Please insert the dollar amount you wish to invest in the Fund. Payment may be made either by attaching your cheque to the application form or by electronic transfer as noted on the form.

Section C (i): Income Distribution Details

Please nominate your distribution payment method and instructions (i.e. either by additional units in the Fund, by cheque or by direct credit to your bank account). Note that if you do not make a selection for your preference, the default is to reinvest any income distributions into additional units in the Fund.

Section C (ii): Interest on Application Money

Application money received prior to the prescribed application day will earn interest upon deposit with us until applied to the issues of units. Please indicate if you choose not to receive the interest. Interest that is not added to your application money will form part of the Fund assets.

Section D: Australian Bank Account Details

Please provide the following information about your bank account:

- Bank Name
- Branch Address
- Branch BSB
- Account Name
- Account Number

These details will also be used for any future withdrawals you request (note this nomination will override any previous bank account details provided).

Section E: Reporting and Marketing Material

Please indicate how you wish to receive your annual financial statements.

Please indicate whether you wish to receive information about other Funds for which we act as responsible entity.

Section F: Adviser Services Fee

If you have agreed with your adviser to have an Adviser Services Fee deducted from your investment please indicate it in this section.

Section G: Margin Lending

If your investment is part of your margin lending service, please provide the details requested about the name of the provider, reference number and indicate the method of application/redemption.

DWS Strategic Value Fund application form

This application form is for the DWS Strategic Value Fund ('Fund') ARSN 089 896 837 Product Disclosure Statement ('PDS') dated 26 November 2009 issued by Deutsche Asset Management (Australia) Limited ABN 63 116 232 154 AFSL 298 626. You must read the current PDS before applying. Persons who receive a copy of the PDS in electronic form are entitled to request a paper copy of the PDS, this application form and any supplementary document free of charge by calling client services on 1800 034 402. **Please note that all sections marked with an * require mandatory completion.**

Completed application forms should be sent to:

DWS Investments
PO Box R1828
Royal Exchange NSW 1225

OFFICE USE ONLY: SS036

Section A: Applicant Details

Place an **X** in the appropriate box and complete the required sections:

This is for a new investor

This is for an existing investor

Existing Account Name:

Existing Account Number:

If you are an existing investor and any details of the investor have changed, please complete the relevant sections of the form below.

This is a switch from another DWS investment

Type of Investor:

Individual Investor <input type="checkbox"/> Please complete Part 1	Individual Joint Investors <input type="checkbox"/> Please complete Part 1
Australian Company <input type="checkbox"/> Please complete Part 2	Foreign Company <input type="checkbox"/> Please complete Part 3
Trust with Individual Trustee(s) <input type="checkbox"/> Please complete Parts 1 and 4	Association or Registered Co-operative <input type="checkbox"/> Please complete Part 5
Trust with Corporate Trustee <input type="checkbox"/> Please complete Parts 4 and 2 or 3.	

Please see the 'Guide to completing the application form' on page A for details of the documentation to be provided for the various types of investors. We reserve the right to request additional information or documentation from applicants in order to process this application and to reject any application which does not meet our requirements. We will process your application on the date we receive the requested additional documents, completed to our satisfaction, in accordance with the application procedures.

Part 1: Individual or Joint Individual Investors or Individual Trustees

Investor 1

Title Mr Mrs Miss Ms Other

Surname*

Full Given Name(s)*

Date of Birth*

Nationality*

Country of residence, if not Australia*

Current Occupation*

(If you are unemployed or retired, please describe the origin of the funds utilised for the investment (e.g. inheritance/former occupation)).

Residential Address*

You must confirm and provide evidence of your residential address (see the guide for acceptable forms of evidence).

Unit No

Building Name

Street No

Street Name

Suburb

State

Post Code

Phone (Home)

Phone (Mobile)

Email

TFN/ABN¹

or Reason for Exemption²

If a foreign resident for tax purposes, please specify country of residence

If you wish to use a postal address for mailing purposes only please complete Section A, Part 6.

1 Refer to the 'Do you need to give your Tax File Number or Australian Business Number?' section in the PDS for further details.

2 Refer to the 'Guide to completing the application form' on page A for TFN exemption codes.



Part 1: Individual or Joint Individual Investors or Individual Trustees (continued)

Investor 2

Title Mr Mrs Miss Ms Other

Surname*

Full Given Name(s)*

Date of Birth*

Nationality*

Country of residence, if not Australia*

Current Occupation*

(If you are unemployed or retired, please describe the origin of the funds utilised for the investment (e.g. inheritance/former occupation).

Residential Address*

You must confirm and provide evidence of your residential address (see the guide for acceptable forms of evidence).

Unit No Building Name

Street No Street Name

Suburb State Post Code

Phone (Home) Phone (Mobile)

Email

TFN/ABN¹ or Reason for Exemption²

If a foreign resident for tax purposes, please specify country of residence

If there are additional joint investors, please provide this information on an additional page.

If you wish to use a postal address for mailing purposes only please complete Section A, Part 6.

- 1 Refer to the 'Do you need to give your Tax File Number or Australian Business Number?' section in the PDS for further details.
- 2 Refer to the 'Guide to completing the application form' on page A for TFN exemption codes.

Part 2: Australian Company Details or Corporate Trustees

Name of Company*

Registration Details* (ABN/ARSN/ACN)

Registered Address*

Unit No Building Name

Street No Street Name

Suburb State Post Code

Country Phone

Email

TFN/ABN¹ or Reason for Exemption²

If you wish to use a postal address for mailing purposes only please complete Section A, Part 6.

- 1 Refer to the 'Do you need to give your Tax File Number or Australian Business Number?' section in the PDS for further details.
- 2 Refer to the 'Guide to completing the application form' on page A for TFN exemption codes.

For private companies please provide details of major shareholders (i.e. holders of more than 25% of the issued capital).

Please indicate the names and dates of birth of Directors*:

Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>

If there are additional Directors, please provide this information on an additional page.

Part 3: Foreign Company Details

Name of Company*

Registration Details* (If applicable)

Registered Address*

Unit No Building Name

Street No Street Name

Suburb State Post Code

Country Phone

Email

TFN/ABN¹ or Reason for Exemption²

Please indicate the names and dates of birth of Directors*:

Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>

If there are additional joint investors, please provide this information on an additional page.
If you wish to use a postal address for mailing purposes only please complete Section A, Part 6.

- 1 Refer to the 'Do you need to give your Tax File Number or Australian Business Number?' section in the PDS for further details.
- 2 Refer to the 'Guide to completing the application form' on page A for TFN exemption codes.

Part 4: Trusts

Full Trust/Name of Fund*

Registration Details* (e.g. ABN or ACN)

Superannuation Fund Number (if applicable)

Registered Address*

Unit No Building Name

Street No Street Name

Suburb State Post Code

Country Phone

Email

TFN/ABN¹ or Reason for Exemption²

Please indicate the names and dates of birth of any members, beneficiaries, or any class of beneficiaries (as applicable) of the Trust:

Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>

If there are additional beneficiaries, please provide this information on an additional page.

- 1 Refer to the 'Do you need to give your Tax File Number or Australian Business Number?' section in the PDS for further details.
- 2 Refer to the 'Guide to completing the application form' on page A for TFN exemption codes.

Part 5: Other Entities

Name of Entity

Type of Entity (Partnership, Association, Registered Co-operative, Government Body, Sole Trader)

Part 5: Other Entities (continued)

Registered Address*

Unit No	<input type="text"/>	Building Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Country	<input type="text"/>	Phone	<input type="text"/>		
Email	<input type="text"/>				
TFN/ABN ¹	<input type="text"/>	or Reason for Exemption ²	<input type="text"/>		

Please complete the details of the officers of the entity in Part 1.

- 1 Refer to the 'Do you need to give your Tax File Number or Australian Business Number?' section in the PDS for further details.
- 2 Refer to the 'Guide to completing the application form' on page A for TFN exemption codes.

Part 6: Postal Address

I wish to have all correspondence directed to my postal address

PO Box	<input type="text"/>	Unit No	<input type="text"/>	Building Name	<input type="text"/>
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Country	<input type="text"/>				

Section B: Investment and Payment Details*

Please insert the dollar amount you wish to invest in the Fund. \$

(Minimum investment is \$25,000)

Payment can be made by:

- Cheque. Cheques drawn on an Australian bank account should be made payable to 'Apps 1 A/C (name of investor)'.
- Electronic transfer

Account Name: Apps 1 A/C
Name of Institution: Westpac Banking Corporation
Branch Number (BSB): 032 000
Account Number: 193 646

Section C (i): Income Distribution Details*

I/we elect to receive distributions by:

- Additional units in the Fund
- Direct credit to my bank account (Please make sure you complete section D if this is your preferred method to receive income distributions.)

Note that if you do not make a selection for your preference, the default is to reinvest any income distributions into additional units in the Fund.

Section C (ii): Interest on Application Money

Application money received prior to the prescribed application day will earn interest upon deposit with us until applied to the issues of units. You can choose not to receive the interest. Interest that is not added to your application money will form part of the Fund assets.

- Please cross the box if you do not wish to receive interest on your application money.

Section D: Australian Bank Account Details

Please provide your account details if you have requested us to credit your bank account with income distributions.

These details will also be used for any future withdrawals you request (note this nomination will override any previous bank account details already provided).

Name of Financial Institution	<input type="text"/>
Branch Name	<input type="text"/>
Branch BSB*	<input type="text"/>
Account Number*	<input type="text"/>
Account Name*	<input type="text"/>

Section E: Reporting and Marketing Material

Annual financial statement

We are required by law to provide you with a copy of the Fund's annual financial statement unless you indicate otherwise. If you do not wish for us to mail you a paper copy of this report (free of charge), you can view an electronic copy of the latest annual financial statement on our website at www.dwsinvestments.com.au.

Please cross the box if you do not require us to mail you a paper copy of the Fund's annual financial statement each year.

Marketing Material

Please cross the box if you would like to receive marketing material in respect of other funds where we act as Responsible Entity.

Section F: Adviser Services Fee

If you have agreed with your adviser to have an Adviser Services Fee deducted from your investment, please complete this section.

% pa of the value of your investment in the Fund is to be deducted quarterly on or around 20 March, 20 June, 20 September and 20 December.

By completing this section, you acknowledge that we will continue to pay the Adviser Service Fee until you notify us to the contrary in writing. You must notify us in writing if you wish to vary the fee payment.

We can terminate this arrangement by notifying you and your adviser in writing:

- on 30 days' notice at any time; or
- immediately if in our opinion, it is necessary to do so to comply with the Corporations Act.

Signature Investor 1	<input type="checkbox"/>
Signature Investor 2	<input type="checkbox"/>
Signature Investor 3	<input type="checkbox"/>
Signature Investor 4	<input type="checkbox"/>

Section G: Margin Lending

Margin Lenders please complete Margin Lending Provider details and provide your mortgage reference number.

Margin Lending Provider	<input type="text"/>		
Unit No	Building Name	<input type="text"/>	
Street No	Street Name	<input type="text"/>	
Suburb	State	Post Code	<input type="text"/>
Country	Phone	<input type="text"/>	
Email	<input type="text"/>		

Please cross one box only Notice of Mortgage attached or Custodial application

Mortgage Reference Number (if applicable)

Section H: Applicant Declaration and Signature*

I/we, the above-named applicant(s) for investment in the Fund, declare that the details given in this application form are true and correct. By completing this application I/we acknowledge that I/we were given access to a complete paper or electronic copy of the PDS at the same time (and by the same means) as accessing this application. I/we declare that by lodging this application form, I/we represent and acknowledge that I/we have read and understood the PDS to which the application form relates. I/we have read and understood the conditions for use of the facsimile transaction facility. I/we understand and acknowledge that collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and privacy legislation. It is not against the law if you choose not to give your TFN, ABN or claim for exemption but, if you do not, tax may be taken out of the income payable to you (including income reinvested) at the highest marginal rate plus Medicare Levy. Any TFN supplied at any time may be applied to this investment and previous or future investments in my/our name(s).

Further, by signing the application, I/we:

- a. agree to become bound by the provisions of the Constitution of the Fund and the terms and conditions set out in the PDS (in particular, sections relating to risks of the Fund, the fees and other costs of the Fund and the disclosure relating to conflicts of interest and related party transactions);

Section H: Applicant Declaration and Signature (continued)

- b. direct Deutsche Asset Management not to provide completed certificates in relation to any holdings in the Fund;
- c. acknowledge the income distribution election in section 8 and payment of distribution, including where any distribution paid into my nominated bank account is returned to Deutsche Asset Management, I/we will receive a cheque in payment of such distribution;
- d. am/are at least 18 years of age if I/we am/are an individual(s);
- e. warrant that the information provided on this application form is correct and complete;
- f. acknowledge that the information contained in the PDS is not investment advice or a recommendation that units are suitable to me/us, given my/our investment objectives, financial situation or particular needs;
- g. represent and warrant that I/we have received the PDS in Australia;
- h. represent and warrant that I am/we are not in the United States and I am/we are not a United States person (and not acting for the account or benefit of a United States person), and I/we will not offer, sell or resell units in the United States to, or for the account or benefit of, any United States person;
- i. acknowledge that once we receive this application form, I/we may not withdraw it;
- j. acknowledge that acceptance of my/our application and allocation of units in the Fund will be at the sole discretion of Deutsche Asset Management and that Deutsche Asset Management has the right to reject any application;
- k. if investing as a trustee, on behalf of a superannuation fund or a trust I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the applicable trust deed;
- l. acknowledge that where individuals are investing as joint applicants, they must all sign the application form. However unless they expressly indicate on the application form any units will be held as joint tenants and unless elected, any of the investors are able to operate the account and bind the other investor(s) for future transactions, including additional applications and withdrawals, and withdrawals by fax;
- m. consent to the use or disclosure of my/our personal information as set out in the PDS; and
- n. declare that I/we have no knowledge of the revocation of that power of attorney, if signed under power of attorney.

I/we acknowledge and understand that:

- a. units in the Fund do not represent deposits or other liabilities of Deutsche Bank AG, Deutsche Asset Management or any other member of the Deutsche Bank Group;
- b. investing in the Fund is subject to investment risk, including possible delays in repayment and loss of income and principal invested; and
- c. neither Deutsche Bank AG, Deutsche Asset Management nor any other entity guarantee the performance of the Fund or the repayment of capital invested in the Fund.

By completing the application form, you agree to be bound by the following additional conditions if you give us a notice by fax:

- a. you acknowledge that there is a risk that fraudulent fax requests may be made by a third party;
- b. you agree that neither of Deutsche Asset Management, its officers, employees or agents, is responsible for any fraudulently completed communications and that none of Deutsche Asset Management, its officers, employees or agents will compensate you for any losses arising from such communications; and
- c. you release and indemnify Deutsche Asset Management, its officers, employees and agents against any liabilities whatsoever arising from Deutsche Asset Management, its officers, employees or agents acting on faxed communications from, or purporting to be from you.

I/we confirm that I/we have provided the evidential information relevant to me/us, either with this application form or to my/our financial adviser whose details are contained in the adviser section of this application form. By signing this application form I/we authorise the adviser to provide copies of this information to Deutsche Asset Management if required. In the case of joint applications, the joint applicants agree that unless otherwise expressly indicated on this application form below, the units will be held as joint tenants and each investor is able to operate the account and bind the other investors for future transactions, including additional applications and withdrawals, and withdrawals by fax. Please indicate that you wish all investors to sign the account.

All investors must sign the application below.

Signature Investor 1	X	Please indicate the capacity in which you are signing <input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Attorney
Please Print Name		
Signature Investor 2	X	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Attorney
Please Print Name		
Signature Investor 3	X	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Attorney
Please Print Name		
Signature Investor 4	X	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Attorney
Please Print Name		

If additional signatures are required please provide an additional sheet with signatures. Corporate entities are requested to provide a copy of their authorised signatory list.

Date signed

If this box is not ticked, any investor may sign and bind all investors for jointly held accounts when transacting.

Adviser use only

Adviser Name	<input type="text"/>			
Dealer Group/Licensee Name	<input type="text"/>			
Company Name	<input type="text"/>			
Adviser ABN	<input type="text"/>	DWS Adviser Code	<input type="text"/>	
Adviser Address	<input type="text"/>		Dealer Group Stamp <input type="text"/>	
Adviser Address	<input type="text"/>			
Suburb	<input type="text"/>			
State	<input type="text"/>	Post Code		<input type="text"/>
Business Telephone Number	<input type="text"/>			
Fax Number	<input type="text"/>			

Licensee Details

Adviser Email	<input type="text"/>		
Date	<input type="text"/>	Authorised Representative Number	<input type="text"/>

I declare that I am authorised to sign on behalf of the dealer.

- I acknowledge that Deutsche Asset Management is not responsible for the advice that I provide to the applicant(s).
- I agree to indemnify Deutsche Asset Management against any claims made against or loss incurred in connection with advice provided to the applicant(s).
- I acknowledge that Deutsche Asset Management may cease or vary the adviser service fee if so notified by the applicant(s) or otherwise terminate the arrangement as stated in section F of this application form. The dealer and I are neither the agents nor partners of Deutsche Asset Management.

Adviser Stamp

