



AxiCorp Financial Services Pty Ltd

Wholesale Status Request Forms

AUSTRALIA - ACN 127 606 348 AFSL 318232
NEW ZEALAND – NZBN 9429042567608 DIL FSP 518226

ELIGIBILITY REQUIREMENTS

Income/Wealth Test (Wholesale Client)	Sophisticated Investor Test	Professional Investor Test
<p>You must satisfy at least one of the following two conditions:</p> <p>You have net assets of at least \$A2.5 million;</p> <p>OR</p> <p>You have a gross income for each of the last 2 financial years of at least \$A250,000.</p>	<p>You must satisfy one of the following conditions and complete and pass a Sophisticated Investor Exam:</p> <p>Trading experience You have opened at least 20 Trades per quarter for any 4 quarters in the last 3 years with a minimum of \$500,000 notional value in each of those 4 quarters.</p> <p>Work experience You have at least one years' experience as a financial sector professional in a role that requires knowledge of the transactions or services to be provided by Axi.</p>	<p>You must satisfy at least one of the requirements as specified under section 9 of the Corporations Act, including but not limited to:</p> <p>You are an Australian Financial Service Licensee;</p> <p>You control at least \$10 million in gross assets;</p> <p>You are a listed entity or related body corporate of a listed entity;</p> <p>You are a foreign entity, that if established or incorporated in Australia, would be covered by one of the requirements; or</p> <p>You meet one of the other section 9 requirements.</p>

Forms required to be submitted to be considered for Wholesale Status eligibility

Please email the completed form together with all required supporting evidence to our Client Services team (service@axi.com).

Accountant's Certificate To request to be treated as a Wholesale Client, you will need to arrange and submit an <i>Accountant's Certificate</i> (see pages 3 and 4).	<p>Request Form To request to be treated as a Sophisticated Investor, you will need to complete a <i>Request for Sophisticated Investor Status form</i> (see pages 5 and 6).</p> <p>AND</p> <p>Exam Complete and pass the Sophisticated Investor Exam (available on request from your Account Manager).</p> <p>This option only applies to individual account holders.</p>	Request Form To request to be treated as a Professional Investor, you will need to complete a <i>Request for Professional Investor Status form</i> (see pages 7 and 8).
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CERTIFICATE BY A QUALIFIED ACCOUNTANT – WHOLESALE CLIENT (PAGE 1 of 2)

To: AxiCorp Financial Services
Pty Ltd Level 13, 73 Miller
Street, NORTH SYDNEY
NSW 2060

By applying to be recognised as a Wholesale Client, I confirm and declare that:

- I acknowledge and accept that I will lose the retail protections which are available under Chapter 7 of the Corporations Act 2001 (Cth) (“Corporations Act”) including but not limited to: being issued with a Product Disclosure Statement and a Financial Services Guide;
- I acknowledge and accept that I will lose the negative balance protection that is afforded to retail clients under the ASIC Corporations (Product Intervention Order – Contracts for Difference) Instrument 2020/986;
- I acknowledge that despite being categorised as a Wholesale Client, my money will still be segregated by Axi;
- I understand the implications of being classified as a Wholesale Client;
- I have the experience necessary to make investment decisions without the benefit of disclosure documents issued to retail investors in accordance with the Corporations Act;
- An Accountant’s Certificate is valid for a period of up to two (2) years from the date of the Accountant’s Certificate and acknowledge that it is my responsibility to provide AxiCorp Financial Services Pty Ltd (“Axi”) a new Accountant’s Certificate prior to expiry. If I fail to provide a new certificate prior to the expiry date, Axi will be required to treat me as a Retail Client from expiry date until such time that I provide a new and valid Accountant’s Certificate. This may carry significant financial implications due to the differing leverage limits imposed on Retail Clients versus Wholesale Clients;
- I will not be acquiring financial products with Axi in connection with a business;
- I acknowledge that if I have previously received an Axi Product Disclosure Statement required to be given to Retail Clients, then I will only be covered by that document if it relates to a position I hold, which was entered into before my reclassification as a Wholesale Client. After my reclassification as a Wholesale Client, I will not be covered by the terms of any new Axi Product Disclosure Statement required to be given to Retail Clients;
- I acknowledge that Axi’s external dispute resolution service, the Australian Financial Complaints Authority, has discretion to exclude complaints from Wholesale Clients; and
- I acknowledge and accept the terms under the [Axi Non-Retail Client Agreement](#).

Signature

SIGN
HERE

Name (Print Name)

Date (mm/dd/yyyy)

CERTIFICATE BY A QUALIFIED ACCOUNTANT – WHOLESALE CLIENT (PAGE 2 of 2)

Issued under Chapter 7 (section 761G(7)(c)) of the Corporations Act 2001 (Cth)

("Corporations Act") (A separate form is required for each entity or individual)

To: AxiCorp Financial Services Pty Ltd
Level 13, 73 Miller Street, NORTH
SYDNEY NSW 2060

I certify that:

Full Legal Name of Person or Entity	ABN/ACN/ARBN (if any)

of address:

STATE		POSTCODE	
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[tick relevant box(s) below]

has net assets of at least \$A2.5 million;

has a gross income for each of the last 2 financial years of at least \$A250,000.

Controlled Companies and/or Trusts (where applicable)

I confirm that the abovenamed person or entity controls¹ the following

Full Legal Name of Company/Trust	ABN/ACN/ARBN (if any)

¹ "Control" has the meaning given to it in section 50AA of the Corporations Act

Professional Membership

I confirm that:

- I am a member of one or more of the following professional bodies (tick all)

Professional body	Membership classification	Membership Number
Chartered Accountants Australia and New Zealand	CA ACA FCA	
CPA Australia	CPA FCPA	
Institute of Public Accountants	AIPA MIPA FIPA	

- I comply with the relevant professional body's continuing professional education requirements.
- I comply that I am independent of the above named person and/or entities.

Accountant Signature

Name of Firm

SIGN
HERE

Accountant Name (Print Name)

Business Address

Date (mm/dd/yyyy)

STATE		POSTCODE	
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