



**Claim for compensation under the Chi-X Compensation
Arrangements (Rule 11 of the Operating Rules)**

Version 1.1

August 2018

ABOUT THIS CLAIM FORM

This form is for use by a retail client seeking compensation for a loss covered by the Chi-X fidelity fund as outlined in rule 11 of the Operating Rules, which may be accessed here:

<https://www.chi-x.com.au/compliance/>

A retail client may only make a claim in respect of a loss described in rule 11.7. Only one claim may be made in respect of a particular loss. The claim must be made within six months of whichever is the later of (a) the claim arising or (b) the client becoming aware of his/her ability to make a claim. Chi-X may require a client making a claim to pay money, or transfer other property, in support of a claim. Chi-X may also, by notice, require a person to deliver to it documents or copies of documents (including documents of or evidencing title to financial products), statements of evidence or other information that Chi-X considers will assist it in determining a claim. Chi-X may disallow a claim if the person making the claim fails to comply with any such notice.

Claimant's full name: _____

Date of birth: _____

Postal address: _____

Email address: _____

Phone contact: _____

Date: _____

Claimants are advised to contact Chi-X Compliance in advance of submitting this form:

Tel: +61 2 8078 1718

Email: au.compliance@chi-x.com

Completed claim forms should be returned to:

Compliance
Chi-X Australia
Level 23 Governor Phillip Tower
1 Farrer Place
Sydney NSW 2000

Or via email au.compliance@chi-x.com

CLAIM INFORMATION

The information requested below should be included in the space provided or in a clearly labelled attachment and referenced in the relevant space below.

1. PARTICIPANT AND ACCOUNT DETAILS

Please provide the Participant and account details that are the subject of your claim.

2. AN OUTLINE OF THE CLAIM

Please outline the facts giving rise to the claim (please provide additional information in a clearly labelled attachment if there is insufficient space below).

3. CLAIM AMOUNT

Please specify the sum you are seeking as compensation in respect of the above matter.

4. OTHER PROCEEDINGS

Please provide details of any other proceedings or regulatory inquiries that are or have been conducted in relation to the matter outlined in section 2 above.

PRIVACY ACT AUTHORISATION AND CONFIRMATION

The undersigned Claimant confirms that the information provided above is true and correct and authorises Chi-X Australia to exchange information about the Claimant, including any relevant sensitive information, for the purpose of dealing with the claim. In the course of the consideration of the claim, Chi-X may require the Claimant to submit personal information. Chi-X will collect, retain and process any such personal information in accordance with the Privacy Act 1988 (Cth) and Chi-X's privacy policy. The Claimant agrees to provide all necessary consents for that personal information to be disclosed:

- a) For the purpose of dealing with this claim;
- b) Where that disclosure is permitted by, and made in accordance with, the Chi-X Operating Rules;
- c) To the Australian Securities and Investments Commission, the Reserve Bank of Australia, any other regulatory authority and any of their respective delegates; and
- d) Where that disclosure is required to comply with any legal, statutory or regulatory requirement.

Chi-X's Privacy Policy is available on the website www.chi-x.com.au and the Claimant may request a copy and access to their personal information by contacting Chi-X Compliance on:

Tel: +61 2 8078 1718

Email: au.compliance@chi-x.com

Signature of Claimant

Name

Date