



TOBACCO FREE
Portfolios

Verified Tobacco-Free Application Form

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|--------------------------------------|-------------------------------|---------------------------------------|
| Organisation Name: | | |
| Organisation Type: | <input type="checkbox"/> Fund | <input type="checkbox"/> Fund Manager |
| Funds Under Management (AUD): | | |
| Contact Name: | | |
| Email: | | |
| Phone: | | |

| | | |
|--|--|---|
| Select Verified Tobacco-Free Certification Stamp: | | |
| <input type="checkbox"/> Verified Tobacco-Free | <input type="checkbox"/> Verified Tobacco-Free Product | <input type="checkbox"/> Verified Tobacco-Free Commitment |

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| Link to public statement/press release on tobacco-free position or attach tobacco-free policy position: |
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| Does your current tobacco-exclusion definition/methodology align with the Verified Tobacco-Free program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, please provide details: | | |

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| Intended commencement date in Verified Tobacco-Free (note earliest is January 2019) | |
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|---|------------------------------|-----------------------------|
| Further Details: | | |
| What tools/methodology do you currently use to exclude tobacco? | | |
| | | |
| Are there residual funds in tobacco? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what percentage of the funds under management? | | |
| Would you like Tobacco Free Portfolios to contact you regarding the details of the program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|-------------------|--|
| Signature: | |
| Date: | |

Please return your completed application to:
vtf@tobaccofreeportfolios.org

tobaccofreeportfolios.org