

Ruffer Total Return International – Australia Fund



Initial Application Form

The Trust Company
(RE Services) Limited

ABN

45 003 278 831

Fund name

Ruffer Total Return
International –
Australia Fund

Fund ARSN

643 278 693

This Initial Application Form relates to a Product Disclosure Statement dated 11 November 2021 (PDS) issued by the Trust Company (RE Services) Limited ABN 45 003 278 831, AFSL 643 278 693, for the offer of units in the Ruffer Total Return International – Australia Fund ('Fund'). Terms defined in the PDS have the same meaning in this Initial Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Initial Application Form.

If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Investment Form. The Target Market Determination (TMD) is available on request, please email australiafund@ruffer.co.uk

If you are a new investor, or if you are an existing Unitholder(s) and this investment is NOT in the same name(s) and fund as your existing account, please complete the sections of this Initial Application Form and the Identification Forms noted below in Section 1. If you have not been provided with the Identification Form with this application, please contact Ruffer at australiafund@ruffer.co.uk

1 Investor type

| | | Complete sections | Please complete the required Identification Form and provide certified copies of the identification requested |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual and Joint investors | A natural person or persons. | 2, 4, 5, 6, 7, 8 | Form A – Individuals |
| <input type="checkbox"/> Sole trader | A natural person operating a business under their own name with a registered business name. | 3, 4, 5, 6, 7, 8 | Form A – Individuals |
| <input type="checkbox"/> Companies | A company registered as an Australian public company or an Australian proprietary company, or a foreign company. | 3, 4, 5, 6, 7, 8 | For a Company complete the relevant form based on company type either Forms B or C. All Beneficial Owners named on Form B or C must complete Form A. |
| <input type="checkbox"/> Trusts | Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts). | 3, 4, 5, 6, 7, 8 | For the Trust complete either Form D or E; and For an Individual Trustee complete Form A; or For a Company Trustee complete Form B or C All Beneficial Owners named on Form D or E must be complete Form A |
| <input type="checkbox"/> Partnership | A partnership created under a partnership agreement. | 3, 4, 5, 6, 7, 8 | For the Partnership please complete Form F All Beneficial Owners named on Form F must complete Form A. |
| <input type="checkbox"/> Associations | Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements. | 3, 4, 5, 6, 7, 8 | For the Association please complete Form G. All Beneficial Owners named on Form G must complete Form A. |
| <input type="checkbox"/> Registered co-operative | An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative. | 3, 4, 5, 6, 7, 8 | For the Registered co-operative please complete Form H. All Beneficial Owners named on Form H must complete Form A. |
| <input type="checkbox"/> Government body | The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country. | 3, 4, 5, 6, 7, 8 | For a Government body please complete Form I. All Beneficial Owners named on Form i must complete Form A. |

2 Individuals and joint account holders investor details

Applicant 1

Investor type Individual

Full name Title Given name
Surname

Australian Tax File Number Occupation

Residential address
Street address 1
Street address 2

Suburb State Postcode

Country

Postal address
(if different to residential)
Street address 1
Street address 2

Suburb State Postcode

Country

Telephone Business hours Non-business hours

Mobile Email

Preferred contact method I consent to receive all investor correspondence by email to the email address provided.
 I wish to receive all investor correspondence by post to the postal address provided.
 I nominate my financial advisor, as noted in section 6, to receive all investor correspondence.

Applicant 2

(if applicable)

Investor type Individual

Full name Title Given name
Surname

Australian Tax File Number Occupation

Residential address
Street address 1
Street address 2

Suburb State Postcode

Country

Postal address
(if different to residential)
Street address 1
Street address 2

Suburb State Postcode

Country

Telephone Business hours Non-business hours

Mobile Email

Preferred contact method I consent to receive all investor correspondence by email to the email address provided.
 I wish to receive all investor correspondence by post to the postal address provided.
 I nominate my financial advisor, as noted in section 6, to receive all investor correspondence.

3 All other account holders investor details

Investor type/
capacity

- | | |
|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Company | <input type="checkbox"/> Association |
| <input type="checkbox"/> Sole trader | <input type="checkbox"/> Co-operative |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Government body |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other |

Full name

of company/ business if
sole trader/ trust (including
trustee details/partnership/
association/co-operative/
government body

Tax File
Number

ABN
(if applicable)

Principal business
activity

Address

Street address 1
Street address 2

Suburb

State

Postcode

Country

Telephone

Business hours

Mobile

Fax

Email

Preferred contact
method

- I consent to receive all investor correspondence by email to the email address provided.
 I wish to receive all investor correspondence by post to the postal address provided.

4 Authorised representative details

Complete this section if you wish to appoint a person to act in a legal capacity as your authorised representative and to operate your investment in the Fund on your behalf. In general, an authorised representative can do everything you can do with your investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until you advise us in writing that the appointment of your authorised representative has terminated. We may also terminate or vary an

appointment of an authorised representative by giving you 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative.

Please attach a certified copy of your Power of Attorney.

For information on how to certify your document please refer to the Certification Information Sheet.

Authorised
representative

Title

Given
name

Surname

Signature of authorised
representative

Date

5 Investment details

| | | | |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Share class (if applying into a specific class) | <input type="text"/> | Investment amount (subject to minimums) | <input type="text"/> |
| Source of funds being invested (choose most relevant) | <input type="checkbox"/> Retirement income <input type="checkbox"/> Employment income <input type="checkbox"/> Business activities <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Inheritance/gifts <input type="checkbox"/> Financial investments <input type="checkbox"/> Other | |
| Payment method | <input type="checkbox"/> Cheque, payable to Ruffer Total Return International – Australia Fund Application | <input type="checkbox"/> Direct credit/Electronic Funds Transfer Bank National Australia Bank Acct name Mainstream Fund Services Pty Ltd as custodian for Ruffer Total Return International – Australia Fund Application Account BSB 082-401 Acct number 228302750 SWIFT NATAAU3303M | |
| Distribution payment instructions (choose one) | <input type="checkbox"/> Reinvest my distributions in the relevant Fund <input type="checkbox"/> Pay my distributions directly to my nominated bank account | | |
| Your distribution bank account details | Bank <input type="text"/> | Account name <input type="text"/> | |
| | BSB <input type="text"/> | Account number <input type="text"/> | |
| Redemption account If you require a separate account for redemption payments, please provide details | Bank <input type="text"/> | Account name <input type="text"/> | |
| | BSB <input type="text"/> | Account number <input type="text"/> | |
| Savings plan (if applicable) | <input type="text"/> | | |

6 Financial advisor details

By filling out this section you nominate and consent the named financial advisor access to your information.

| | | | |
|-------------------------------------------------|----------------------|---------------------------------------|----------------------|
| Advisor name (full name) | <input type="text"/> | Name of advisory firm | <input type="text"/> |
| Name of dealer group | <input type="text"/> | AFSL or AFSL representative number | <input type="text"/> |
| Address Street address 1 Street address 2 | <input type="text"/> | | |
| Suburb | <input type="text"/> | State | <input type="text"/> |
| | | Postcode | <input type="text"/> |
| Country | <input type="text"/> | | |
| Telephone Business hours | <input type="text"/> | Mobile | <input type="text"/> |
| Fax | <input type="text"/> | Email | <input type="text"/> |

If you have elected your financial advisor to receive all investor correspondence, please confirm the advisor's preferred contact method

- I consent to receive all investor correspondence by email to the email address provided above.
 I wish to receive all investor correspondence by post to the address provided above.

By completing this section you are providing consent for us to redeem a sufficient number of units from your investment at the end of each month to pay the financial advisor the following fees –

| | | | |
|---------------------------|------------------------|--------------------------------------------|-------------------------|
| Flat % of remuneration | <input type="text"/> % | Dollar remuneration per month (inc GST) | <input type="text"/> \$ |
|---------------------------|------------------------|--------------------------------------------|-------------------------|

7 Declaration

I/we declare and agree each of the following –

- I/we have read the current PDS to which this application applies and have received and accepted the offer in it.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of the Trust Company (RE Services) Limited ABN 45 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the PDS. I/we agree to provide further information or personal details to the Trust Company (RE Services) Limited and the custodian if required to meet their obligations under any anti-money laundering and counter-terrorism law and regulations, and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified.
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to the Trust Company (RE Services) Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify the Trust Company (RE Services) Limited of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify the Trust Company (RE Services) Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or the Trust Company (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- If I/we have appointed a financial adviser, payment to the financial adviser of the amount stated in section 6, which includes any amounts invested under the Savings Plan.
- I/we certify that the information provided in the separate ID forms, including information relating to tax-related requirements, is reasonable based on verifiable documentation.

I/we acknowledge and agree that

- The Trust Company (RE Services) Limited may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with anti-money laundering and counter-terrorism law and regulations as well as any tax-related requirements for tax residents of other countries.

8 Signatures

Joint applicants must both sign, For Individual Trustee Trust/Superannuation Funds each individual Trustee must sign. For Corporate Trustee Trust/Superannuation Funds, two Directors, a Director and Secretary or Sole Director must sign

Applicant 1

Signature

Full name

Date

Capacity

(mandatory for companies)

Sole Director and Company Secretary

Director

Secretary

Non-corporate trustee

Partner

Applicant 2

Signature

Full name

Date

Capacity

(mandatory for companies)

Director

Secretary

Non-corporate trustee

Partner

Please post your original signed Initial Application Form, Identification Forms and certified copies of your identification required to –

Unit Registry

Mainstream Fund Services Pty Ltd

GPO BOX 4968

Sydney NSW 2001

Completed applications may also be emailed to –

registry@mainstreamgroup.com

processing.registry@mainstreamgroup.com and

tsingh@mainstreamgroup.com

Please ensure you have transferred your application monies or enclose a cheque for payment.

GUIDE TO COMPLETING THIS FORM

- o Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- o Tax information must be collected from the individual
- o Contact your licensee if you have any queries.

SECTION 1: PERSONAL DETAILS

Surname Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)
Street

Suburb State Postcode Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any) ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)
Street

Suburb State Postcode Country

SECTION 2: TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia? Yes No

Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

| | | | | | |
|----|----------------------------------------------------|-----|--------------------------------------------|----------------------------------|-------------------------------------------|
| 1. | Country <input style="width: 220px;" type="text"/> | TIN | <input style="width: 220px;" type="text"/> | If no TIN, list reason A, B or C | <input style="width: 60px;" type="text"/> |
| 2. | Country <input style="width: 220px;" type="text"/> | TIN | <input style="width: 220px;" type="text"/> | If no TIN, list reason A, B or C | <input style="width: 60px;" type="text"/> |
| 3. | Country <input style="width: 220px;" type="text"/> | TIN | <input style="width: 220px;" type="text"/> | If no TIN, list reason A, B or C | <input style="width: 60px;" type="text"/> |

If there are more countries, provide details on a separate sheet and tick this box.

- Reason A** The country of tax residency does not issue TINs to tax residents
Reason B The individual has not been issued with a TIN
Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: VERIFICATION PROCEDURE

Verify the **individual's** full name; and **EITHER** their date of birth or residential address.

- Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- Contact your licensee if the individual is unable to provide the required documents.

PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS

| | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| Tick ✓ | Select ONE valid option from this section only |
| <input type="checkbox"/> | Australian State / Territory driver's licence containing a photograph of the person |
| <input type="checkbox"/> | Australian passport (a passport that has expired within the preceding 2 years is acceptable) |
| <input type="checkbox"/> | Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person |
| <input type="checkbox"/> | Foreign passport or similar travel document containing a photograph and the signature of the person* |

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

| | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tick ✓ | Select ONE valid option from this section |
| <input type="checkbox"/> | Australian birth certificate |
| <input type="checkbox"/> | Australian citizenship certificate |
| <input type="checkbox"/> | Pension card issued by Department of Human Services (previously known as Centrelink) |
| Tick ✓ | AND ONE valid option from this section |
| <input type="checkbox"/> | A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address |
| <input type="checkbox"/> | A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document.</i> |
| <input type="checkbox"/> | A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address) |
| <input type="checkbox"/> | If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school |

PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

| | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Tick ✓ | Select ONE valid option from this section only |
| <input type="checkbox"/> | Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth* |
| <input type="checkbox"/> | National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued* |

*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

IMPORTANT NOTE:

- **Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR**
- **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents**

SECTION 4: RECORD OF VERIFICATION PROCEDURE

| ID DOCUMENT DETAILS | Document 1 | Document 2 (if required) |
|--------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Verified From | <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy |
| Document Issuer | | |
| Issue Date | | |
| Expiry Date | | |
| Document Number | | |
| Accredited English Translation | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted |

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date
Verification
Completed

GUIDE TO COMPLETING THIS FORM

- o This form is for AUSTRALIAN COMPANIES only. For companies incorporated outside of Australia use the FOREIGN COMPANIES IDENTIFICATION FORM.*
- o Complete one form for each company.*
- o Complete separate INDIVIDUAL ID Forms for each of the company's Beneficial Owners.*
- o Tax information must be collected from an authorised representative of the Company*
- o Complete all applicable sections of this form in BLOCK LETTERS.*

SECTION 1: AUSTRALIAN COMPANY IDENTIFICATION PROCEDURE

1.1 General Information

Full name as registered by ASIC

ACN

Registered office address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Companies incorporated outside of Australia should complete the **FOREIGN COMPANIES IDENTIFICATION FORM**, rather than this form.

1.2 Company Type (select ✓ only ONE of the following categories)

- Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to 1.3
- Public** (companies whose name does not include the word Pty or proprietary), proceed to 1.4

1.3 Directors (Required for all Proprietary Companies as per 1.2, NOT required for Public Companies)

Provide the names of all directors.

| | Full given name(s) | Surname |
|---|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> |

If there are more directors, provide details on a separate sheet and tick this box .

1.4 Listing and Regulatory Details (Select ✓ any of the following categories if applicable)

- Australian Public Listed company** (companies that are listed on an Australian financial market such as the ASX) *Proceed to Section 2*
Name of market / exchange
- Majority Owned Subsidiary of an Australian Public Listed company** (companies that are majority owned by an Australian company that is listed on an Australian financial market such as the ASX) *Proceed to Section 2*
Australian listed company name
Name of market / exchange
- Regulated company** (subject to the supervision of a Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees). *Proceed to Section 2*
Regulator name
Licence details (e.g. AFSL, ACL, RSE)

1.5 Beneficial Ownership

To be completed for all companies that are not Australian Public Listed companies, majority owned by an Australian Public Listed company or Regulated Companies as per 1.4.

Are there any individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings)?

Yes (Complete 1.5.1) No (Complete 1.5.2)

1.5.1 Shareholder Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings).

Complete separate individual customer ID Forms for each of these individuals.

| Full given name(s) | Surname |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

If Beneficial Owner name/s are provided above, proceed to section 2.

1.5.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.5.1, provide the names of the individuals who directly or indirectly control* the company.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

Complete separate individual customer ID Forms for each of these individuals.

| Full given name(s) | Surname | Role (such as Managing Director) |
|----------------------|----------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If there are more Beneficial Owners, provide details on a separate sheet and tick this box .

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

2.1 Tax Status

Tick **one of the Tax Status boxes below or on the next page** (if the company is a Financial Institution, please provide all the requested information below)

A Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)

Provide the company's Global Intermediary Identification Number (GIIN), if applicable

If the Company is a Financial Institution but does not have a GIIN, provide its FATCA status (select **ONE** of the following statuses)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution

Nonparticipating Financial Institution

Other (describe the company's FATCA status in the box provided)

If the company is a Financial Institution, please proceed to section 3 to complete the form.

Australian Public Listed Company, Majority Owned Subsidiary of an Australian Public Listed company or Australian Registered Charity (Public listed companies or majority owned subsidiaries of Australian listed companies as per 1.4 that are not Financial Institutions as described above or a company that is an Australian Registered Charity)

If the company type is listed above, please proceed to section 3 to complete the form.

Section 2.1 continues on the next page

2.1 Tax Status

- An Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the company is an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

- Other** (Entities that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 2.2 (Foreign Beneficial Owners).

2.2 Foreign Beneficial Owners (Individuals)

Are any of the company's Beneficial Owners tax residents of countries other than Australia? Yes No

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Beneficial Owner (unless already provided in section 1.5).

| Full given name(s) | Surname | Role (such as Director or Senior Managing Official) |
|----------------------|----------------------|-----------------------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If there are more Beneficial Owners, provide details on a separate sheet and tick this box. .

Please proceed to section 2.3 (Country of Tax Residency).

2.3 Country of Tax Residency

Is the Company a tax resident of a country other than Australia? Yes No

If Yes, please provide the Company's country of tax residence and tax identification number (TIN) or equivalent below. If the Company is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

| | | | | | |
|------------|----------------------|-----|----------------------|----------------------------------|----------------------|
| 1. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 2. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 3. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |

If there are more countries, provide details on a separate sheet and tick this box. .

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The Company has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: AUSTRALIAN COMPANY VERIFICATION PROCEDURE

Identification documentation is to be provided to verify the information listed in the standard or simplified verification procedure described below. The simplified verification procedure is to be used for Australian Public Listed companies, Majority Owned Subsidiaries of Australian Public Listed companies and Regulated companies as described in section 1.4 of this form. All other companies are to be verified according to the standard verification procedure.

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Standard verification procedure Information to be verified:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The full name of the company as registered by ASIC <input type="checkbox"/> Whether the company is registered as a proprietary or a public company <input type="checkbox"/> The ACN issued to the company. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Tick ✓ | Verification options (select one of the following options used to verify the Company) |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Perform a search of the relevant ASIC database. |
| <input type="checkbox"/> | If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC. |

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Simplified verification procedure for an Australian Public Listed company, a Majority Owned Subsidiary of an Australian Public Listed company or a Regulated company (as described in section 1.4 of this form) Information to be verified:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The full name of the company <input type="checkbox"/> That the company is an Australian Public Listed company, a Majority Owned Subsidiary of an Australian Public Listed company or a Regulated company (whichever is applicable). |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Tick ✓ | Verification options (select one or more of the following options used to verify the Company) |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Perform a search of the relevant market/exchange. |
| <input type="checkbox"/> | Perform a search of the relevant ASIC database. |
| <input type="checkbox"/> | Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator. |
| <input type="checkbox"/> | A public document issued by the relevant company. |

IMPORTANT NOTE:

- **Ensure that individual customer ID Forms have been provided for the Company's Beneficial Owners as per 1.5 AND**
- **Attach a legible certified copy of the ID documentation used to verify the company OR**
- **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents**

SECTION 4: RECORD OF VERIFICATION PROCEDURE

| ID DOCUMENT DETAILS | Document 1 | Document 2 (if required) |
|---------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Verified From | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document Issuer / Website | | |
| Public Document Type | | |
| Issue date / Search date | | |

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- individual customer ID Forms have been provided for the company's Beneficial Owners (where applicable)
- the tax information provided is reasonable considering the documentation provided.

| | | | |
|-------------------------------|----------------------|-----------------------------|----------------------|
| AFS Licensee Name | <input type="text"/> | AFSL No. | <input type="text"/> |
| Representative/ Employee Name | <input type="text"/> | Phone No. | <input type="text"/> |
| Signature | <input type="text"/> | Date Verification Completed | <input type="text"/> |

GUIDE TO COMPLETING THIS FORM

- o This form is for FOREIGN COMPANIES only. For companies incorporated in Australia use the AUSTRALIAN COMPANIES IDENTIFICATION FORM.
- o Complete one form for each Company.
- o Complete separate INDIVIDUAL ID Forms for each of the Company's Beneficial Owners.
- o Tax information must be collected from an authorised representative of the Company
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: FOREIGN COMPANY IDENTIFICATION PROCEDURE

1.1 General Information

Full name of foreign Company

Country of formation / incorporation / registration

Select if registered by a foreign body and provide name of body

Companies incorporated in Australia should complete the **AUSTRALIAN COMPANIES IDENTIFICATION FORM**, rather than this form.

1.2 Is the Company registered with ASIC? (select ONE of the following)

Yes Provide ARBN

Provide **EITHER** principal place of business address in Australia **OR** Australian agent name and address details *(Tick one box)*

Address *(PO Box is NOT acceptable)*

Street

Suburb State Postcode Country

Name of local agent in Australia

No Provide Company identification number (if any) issued by the relevant registration body

Principal place of business in the Company's country of formation or incorporation *(PO Box is NOT acceptable)*

Street

Suburb State Postcode Country

1.3 Registered Address of Company

Provide the registered address as registered with ASIC. If the Company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Street

Suburb State Postcode Country

1.4 Company Type (select only ONE of the following categories)

- Private**, proceed to 1.5
- Public**, proceed to 1.6

1.5 Directors (Required for all Private Companies as per 1.4, NOT required for Public Companies)

Provide the names of all directors.

| | Full given name(s) | Surname |
|---|--------------------------------------------------------|--------------------------------------------------------|
| 1 | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| 2 | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| 3 | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| 4 | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |

If there are more directors, provide details on a separate sheet and tick this box .

1.6 Listing and Regulatory Details (select ✓ any of the following categories if applicable)

- Public Listed** (companies that are subject to disclosure requirements that ensure transparency of Beneficial Ownership comparable to similar public listing requirements in Australia. Refers to listing on a financial market that by stock exchange rules, law or enforceable means promotes transparency of beneficial owner information.)
 Name of market / disclosure regime
 Country
- Majority Owned Subsidiary of an Australian Public Listed Company** (companies that are majority owned by an Australian Company that is listed on a financial market such as the ASX)
 Australian listed Company name
 Name of market / exchange
- Regulated in Australia** (subject to the supervision of an Australian Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a Company registration body. Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees).
 Regulator name
 Licence details (e.g. AFSL, ACL, RSE)

If any of the above are ticked, Proceed to Section 2

1.7 Beneficial Ownership

To be completed for all companies that are not Public Listed companies, majority owned by an Australian Public Listed Company or companies regulated in Australia as per 1.6

Are there any individuals who ultimately own 25% or more of the Company's issued share capital (through direct or indirect shareholdings)?

Yes (Complete 1.7.1) No (Complete 1.7.2)

1.7.1 Shareholder Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the Company's issued share capital (through direct or indirect shareholdings).

Complete separate individual customer ID Forms for each of these individuals.

| Full given name(s) | Surname |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

If beneficial owner name/s are provided above, proceed to section 2.

1.7.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.7.1, provide the names of the individuals who directly or indirectly control* the Company.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the Company (such as the managing director or directors who are authorised to sign on the Company's behalf).

Complete separate individual customer ID Forms for each of these individuals.

| Full given name(s) | Surname | Role (such as Managing Director) |
|----------------------|----------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If there are more Beneficial Owners, provide details on a separate sheet and tick this box .

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

2.1 Tax Status

Tick **one of the Tax Status boxes below** (if the Company is a Financial Institution, please provide all the requested information below)

- A Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance Company for FATCA / CRS purposes)

Provide the Company's Global Intermediary Identification Number (GIIN), if applicable

If the Company is a Financial Institution but does not have a GIIN, provide its FATCA status (select **ONE** of the following statuses)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution

Nonparticipating Financial Institution

US Financial Institution

Other (describe the company's FATCA status in the box provided)

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

Yes No

If Yes, proceed to section 2.2 (Foreign Beneficial Owners). If No, Please go to section 3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

- A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank**

If the Company type is listed above, please proceed to section 3 to complete the form.

- A Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the Company is a charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

- Other** (Entities that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 2.2 (Foreign Beneficial Owners).

2.2 Foreign Beneficial Owners (Individuals)

Does the Company have any Beneficial Owners who are tax residents of countries other than Australia? Yes No

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Beneficial Owner (unless already provided in section 1.7).

| Full given name(s) | Surname | Role (such as Director or Senior Managing Official) |
|----------------------|----------------------|-----------------------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If there are more Beneficial Owners, provide details on a separate sheet and tick this box. .

Proceed to section 2.3.

2.3 Country of Tax Residency

Is the Company a tax resident of a country other than Australia? Yes No

If Yes, please provide the Company's country of tax residence and tax identification number (TIN) or equivalent below. If the Company is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

| | | | | | |
|------------|----------------------|-----|----------------------|----------------------------------|----------------------|
| 1. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 2. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 3. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |

If there are more countries, provide details on a separate sheet and tick this box. .

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The Company has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: FOREIGN COMPANY VERIFICATION PROCEDURE

Identification documentation is to be provided to verify the information listed in one of the verification procedure described below (either the standard verification procedure for companies registered with ASIC, the standard verification procedure for companies not registered with ASIC or the simplified verification procedure for Public Listed companies, Majority Owned Subsidiaries of Australian Public Listed companies or companies regulated in Australia as described in section 1.6 of this form).

Standard verification procedure for Foreign Companies registered with ASIC

Information to be verified:

- The full name of the Company as registered by ASIC
- The ARBN issued to the Company
- Whether it is registered by a foreign registration body and if so, whether it is registered as a private or public Company.

| Tick ✓ | Verification options (select one of the following options used to verify the Company) |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Perform a search of the relevant ASIC database. |
| <input type="checkbox"/> | Perform a search of the relevant foreign registration body. |
| <input type="checkbox"/> | If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC or by the relevant foreign registration body. * |

Standard verification procedure for Foreign Companies NOT registered with ASIC

Information to be verified:

- The full name of the Company
- Whether it is registered by a foreign registration body and if so whether it is registered as a private or public Company
- the identification number issued to the Company

| Tick ✓ | Verification options (select one of the following options used to verify the Company) |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Perform a search of the relevant foreign registration body. |
| <input type="checkbox"/> | If the foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by the relevant foreign registration body. * |
| <input type="checkbox"/> | Where the above means are unavailable, a disclosure certificate from the Company given by an individual acting as agent of the Company (where the agent has been verified). See your licensee for other disclosure certificate requirements. * |

Simplified verification procedure for a regulated Company, a listed Company or a majority owned subsidiary of an Australian listed Company (as described in section 1.6 of this form)

Information to be verified:

- o The full name of the Company
- o That the Company is a regulated Company, a listed Company or a majority owned subsidiary of an Australian listed Company (whichever is applicable)

| Tick ✓ | Verification options (select one of the following options used to verify the Company) |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Perform a search of the relevant financial market. |
| <input type="checkbox"/> | Perform a search of the relevant ASIC database. |
| <input type="checkbox"/> | Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator. |
| <input type="checkbox"/> | A public document issued by the Company. * |

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for the Company's Beneficial Owners as per 1.7 AND
- Attach a legible certified copy of the ID documentation used to verify the Company (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

| ID DOCUMENT DETAILS | Document 1 | Document 2 (if required) |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Verified From | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document Issuer / Website | | |
| Public Document Type | | |
| Issue date / Search date | | |
| Accredited English Translation | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted |

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- individual customer ID Forms have been provided for the Company's Beneficial Owners (where applicable) and
- the tax information provided is reasonable considering the documentation provided.

| | | | |
|-------------------------------|----------------------|-----------------------------|----------------------|
| AFS Licensee Name | <input type="text"/> | AFSL No. | <input type="text"/> |
| Representative/ Employee Name | <input type="text"/> | Phone No. | <input type="text"/> |
| Signature | <input type="text"/> | Date Verification Completed | <input type="text"/> |

GUIDE TO COMPLETING THIS FORM

- o This form is for AUSTRALIAN REGULATED TRUSTS only. Australian Regulated Trusts include self-managed super funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other Trusts subject to the regulatory oversight of an Australian regulator.
- o For Trusts that are not subject to the oversight an Australian regulator, complete the UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM.
- o Collect information about the Trust and one Trustee. The identity of the Trust must be verified (not the Trustee).
- o Tax information must be collected from an authorised representative of the Trust
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: REGULATED TRUST IDENTIFICATION PROCEDURE

Section 1.1: General Information

| | |
|------------------------------------------------------------------|----------------------|
| Full name of Trust | <input type="text"/> |
| Country where trust established (only required if not Australia) | <input type="text"/> |
| Full business name of trustee in respect of the trust (if any) | <input type="text"/> |

Section 1.2: Type of Regulated Trust

| Tick ✓ | Select one of the following type of Regulated Trust |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Self-Managed Superannuation Fund Provide the SMSF's ABN <input type="text"/> |
| <input type="checkbox"/> | Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN) <input type="text"/> |
| <input type="checkbox"/> | Unregistered managed investment scheme (Where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies) Provide the unregistered managed investment scheme's ABN <input type="text"/> |
| <input type="checkbox"/> | Government superannuation fund Provide name of the legislation establishing the fund <input type="text"/> |
| <input type="checkbox"/> | Other regulated Trust (A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund) Provide name of the regulator (e.g. ASIC, APRA, ATO) <input type="text"/> Provide the Trust's ABN or registration/licensing details <input type="text"/> |

Other types of Trusts (e.g. family, unit, charitable, estate) or Trusts regulated by a foreign regulatory body should complete the **UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM**, rather than this form.

SECTION 2: TRUSTEE IDENTIFICATION PROCEDURE (Please complete EITHER section 2.1 OR section 2.2)

For Australian Regulated Trusts, identification information is required for one of the Trustees. This information is only required for one Trustee, even if the Trust has a number of Trustees. Please provide identification information for either an individual Trustee (section 2.1) or a corporate Trustee (section 2.2).

Section 2.1: Individual Trustee (To be completed if the selected Trustee is an individual)

| | | |
|-------------------------------------------------------|----------------------|----------------------------|
| Full given name(s) | Surname | Date of Birth (dd/mm/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residential Address (PO Box is <u>not</u> acceptable) | | |
| Street | <input type="text"/> | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country | <input type="text"/> | |

OR

Section 2.2: Company Trustee (To be completed if the selected Trustee is an Australian Company. If the selected Trustee is a foreign company then complete the FOREIGN COMPANY IDENTIFICATION FORM in addition to this form)

2.2.1 Company Details

Full name as registered by ASIC

ACN

Registered Office Address (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

Principal Place of Business (if any) (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

2.2.2 Company Type (Select one of the following company types)

- Public** (companies whose name does NOT include the word Pty or proprietary; generally listed companies), proceed to section 3
- Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to section 2.2.3

2.2.3 Directors (To be completed for proprietary companies, not required for public companies as per 2.2.2)

Provide the names of all directors.

Full given name(s)

1

2

3

4

Surname

If there are more directors, provide details on a separate sheet and tick this box .

SECTION 3: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Regulated super funds (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete section 3 and can proceed to section 4.

3.1 Tax Status

Provide the Trust's Global Intermediary Identification Number (GIIN), if applicable

If the Trust is a Financial Institution but does not have a GIIN, provide its FATCA status (select ONE of the following statuses)

- Deemed Compliant Financial Institution
- Excepted Financial Institution
- Exempt Beneficial Owner
- Non Reporting IGA Financial Institution
(If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)
- Nonparticipating Financial Institution
- Other (describe the Trust's FATCA status in the box provided)

SECTION 4: REGULATED TRUST VERIFICATION PROCEDURE*Regulated Trust Verification procedure:**Information to be verified:*

- o Full name of the Trust*
- o That the Trust is a Self-Managed super fund; registered managed investment scheme, unregistered managed investment scheme, government superannuation fund or other regulated Trust, as applicable*

| Tick ✓ | Verification options (select one of the following options used to verify the Trust) |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Perform a search of the ASIC, ATO or relevant regulator's website (e.g. "Super Fund Lookup" at www.abn.business.gov.au). |
| <input type="checkbox"/> | A copy of an offer document of the managed investments scheme (e.g. a copy of a Product Disclosure Statement) |
| <input type="checkbox"/> | A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website |

IMPORTANT NOTE:

- **Attach a legible certified copy of the ID documentation used to verify the Trust OR**
- **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents**

SECTION 5: RECORD OF VERIFICATION PROCEDURE

| ID DOCUMENT | Document 1 | Document 2 |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Verified From | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document Issuer / Website | | |
| Document Type / Search details | | |
| Issue date / Search date | | |

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date
Verification
Completed

1.4 Trustee Details

Provide the name & residential/business addresses of **ALL** of the Trustees below.

Complete a separate Customer ID Form for ONE of these Trustees*.

| Trustee 1 | | Trustee 2 | | Trustee 3 | |
|----------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------|
| Full given name(s)/ Company name <input type="text"/> | | Full given name(s)/ Company name <input type="text"/> | | Full given name(s)/ Company name <input type="text"/> | |
| Surname <input type="text"/> | | Surname <input type="text"/> | | Surname <input type="text"/> | |
| Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <input type="text"/> | | Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <input type="text"/> | | Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <input type="text"/> | |
| Suburb <input type="text"/> | State <input type="text"/> | Suburb <input type="text"/> | State <input type="text"/> | Suburb <input type="text"/> | State <input type="text"/> |
| Country <input type="text"/> | Postcode <input type="text"/> | Country <input type="text"/> | Postcode <input type="text"/> | Country <input type="text"/> | Postcode <input type="text"/> |

If there are more Trustees, provide their details on a separate sheet and tick this box .

*A Customer ID form should be completed for ONE of the Trustees based on the nature of this Trustee. For example, an INDIVIDUAL ID FORM should be completed for a Trustee who is an individual or an AUSTRALIAN COMPANY ID FORM for a Trustee that is an Australian Company.

1.5 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control* the Trust. If this is confirmed to be the individual identified as the Trustee above, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

* includes control by acting as Trustee; or by means of Trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

Complete separate individual customer ID Forms for each of these individuals (unless an individual Customer ID Form has already been provided for this individual as a Trustee or the Beneficial Owner of a Trustee that is an entity).

| Full given name(s) | Surname | Role (such as Trustee or Appointer) |
|----------------------|----------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.

If there are more Beneficial Owners, provide details on a separate sheet and tick this box .

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

2.1 Tax Status

Tick **one of the Tax Status boxes below** (if the Trust is a Financial Institution, please provide all the requested information below)

Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)

Provide the Trust's Global Intermediary Identification Number (GIIN), if applicable

If the Trust is a Financial Institution but does not have a GIIN, provide its FATCA status (select **ONE** of the following status)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution
(If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)

Nonparticipating Financial Institution

US Financial Institution

Other (describe the Trust's FATCA status in the box provided)

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

Yes No

If Yes, proceed to section 2.2 (Foreign Controlling Persons). If No, Please go to section 3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

Australian Registered Charity or Deceased Estate

If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to section 3 to complete the form.

A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

Other (Trusts that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 2.2 (Foreign Controlling Persons).

2.2 Foreign Controlling Persons (Individuals)

Are any of the Trust's Controlling Persons tax residents of countries other than Australia

Yes No

If the Trustee is a company, are any of this company's Controlling Persons tax residents of countries other than Australia

Yes No

* A Controlling Person is any individual who directly or indirectly exercises control over the Trust. For a Trust, this includes all Trustees, Settlers, Protectors or Beneficiaries. For a Trustee company this includes any beneficial owners controlling more than 25% of the shares in the company or Senior Managing Officials.

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes to either of the two questions above, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as a Beneficial Owner).

| Full given name(s) | Surname | Role (such as Trustee or Beneficiary, etc. refer * below) |
|----------------------|----------------------|-----------------------------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If there are more controlling persons, provide details on a separate sheet and tick this box.

Proceed to section 2.3.

2.3 Country of Tax Residency

Is the Trust a tax resident of a country other than Australia? Yes No

If Yes, please provide the Trust's country of tax residence and tax identification number (TIN) or equivalent below. If the Trust is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

| | | | | | |
|------------|----------------------|-----|----------------------|----------------------------------|----------------------|
| 1. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 2. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 3. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |

If there are more countries, provide details on a separate sheet and tick this box.

- Reason A** The country of tax residency does not issue TINs to tax residents
- Reason B** The Trust has not been issued with a TIN
- Reason C** The country of tax residency does not require the TIN to be disclosed

SECTION 3: UNREGULATED TRUST VERIFICATION PROCEDURE

Trust Verification procedure
Information to be verified: Full name of the Trust and Settlor/s name

| Tick <input checked="" type="checkbox"/> | Verification options (select one or more of the following options used to verify the Trust) |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | An original or certified copy of the Trust Deed or if not reasonably available an original or certified extract of the Trust Deed *. Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable). |

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

IMPORTANT NOTE:
 → Ensure that a customer ID Form has been provided for ONE of the Trustees as per 1.4 AND
 → Ensure that individual customer ID Forms have been provided for the Trust's Beneficial Owners as per 1.5 AND
 → Either attach a legible certified copy of the documentation used to verify the Trust (and any required translation) OR
 → Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

| ID DOCUMENT DETAILS | Document 1 | Document 2 (if required) |
|--------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Verified From | <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy |
| Document Issuer | <input type="text"/> | <input type="text"/> |
| Issue Date | <input type="text"/> | <input type="text"/> |
| Expiry Date | <input type="text"/> | <input type="text"/> |
| Document Number | <input type="text"/> | <input type="text"/> |
| Accredited English Translation | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted |

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- Customer ID Forms have been provided for one of the Trust's Trustees;
- Individual Customer ID Forms have been provided for all of the Trust's Beneficial Owners and
- the tax information provided is reasonable considering the documentation provided.

| | | | |
|-------------------------------|----------------------|-----------------------------|----------------------|
| AFS Licensee Name | <input type="text"/> | AFSL No. | <input type="text"/> |
| Representative/ Employee Name | <input type="text"/> | Phone No. | <input type="text"/> |
| Signature | <input type="text"/> | Date Verification Completed | <input type="text"/> |

Certifying your documents



All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

A '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 below.

Please note that we require the copy which was actually signed by the certifier (ie the original penned signature of the certifier).

People who can certify documents or extracts are

- A lawyer, being 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 magistrate, a chief executive officer of a Commonwealth court or a judge, registrar or deputy registrar of a court.
- A Justice of the Peace or a notary public (for the purposes of the Statutory Declaration Regulations 1993).
- An agent of the Australian Postal Corporation (APC) who is in charge of, or a permanent employee of the APC with two or more years of continuous service who is employed in or an office supplying postal services to the public.
- A police officer or an Australian consular officer or an Australian diplomatic officer (under the Consular Fees Act 1955).
- An officer with two or more continuous years of service with one or more financial institutions (under the Statutory Declaration Regulations 1993).
- A finance company officer with two or more continuous years of service with one or more financial companies (under the Statutory Declaration Regulations 1993).
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.