

RESOLUTION CAPITAL FUND

## APPLICATION FORM

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### RESOLUTION CAPITAL GLOBAL LISTED INFRASTRUCTURE FUND - ACTIVE ETF

ARSN 653 043 442 APIR WHT5725AU

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This Application Form relates to the Product Disclosure Statement ('PDS') issued by Pinnacle Fund Services Limited (ABN 29 082 494 362, AFSL 238371) as the Responsible Entity ('RE'), in relation to the following Resolution Capital Fund ('Fund'):

1. Resolution Capital Global Listed Infrastructure Fund – Active ETF

# APPLICATION FORM

## IMPORTANT INFORMATION

**Defined terms in this Application Form have the definition given to them in the PDS.  
THE PDS AND ADDITIONAL INFORMATION TO THE PDS FOR THE RELEVANT FUND MUST BE READ PRIOR TO  
COMPLETING THIS APPLICATION FORM.**

**The registry service provider is Automic Group (“Registry”).**

For assistance you can contact registry by calling them on 1300 902 587 or +61 2 7208 4521 if you are outside Australia.

## REGISTRY MAILING INFORMATION:

**Please post original in the mail to:**

Resolution Capital Global Listed Infrastructure Fund – Active ETF  
c/- Automic Group  
GPO Box 5193  
Sydney NSW 2001

## APPLICATION PAYMENT INFORMATION

### Electronic Funds Transfer (EFT)

The Registry will contact you with a request for payment once the paper application form has been received this will enable your application and the incoming cash to be reconciled.

Electronic Funds Transfer (‘EFT’):

<b>Payee:</b>	ITF RGIF App Account
<b>Bank:</b>	Westpac
<b>BSB:</b>	036-051
<b>Account Number:</b>	629399
<b>Description:</b>	[Investor SRN number] <i>This will be supplied to you in the request for payment.</i>

Please note applications received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day, requests received after 12:00pm Sydney time are deemed to be received the next business day.

## ADDITIONAL INVESTMENT INFORMATION

Once you have made an initial application, the Registry will provide you with a standing BPAY reference. If an additional investment is made using the BPAY reference, no further instruction is required.

Alternatively, you may find your BPAY details by logging onto your investor portal at:

<https://investor.automic.com.au/#/home>

To make an additional investment without using BPAY please use the additional investment form available on the funds website.

# APPLICATION FORM CHECKLIST

## IMPORTANT INFORMATION

If you are not able to provide the **Anti-Money Laundering/Counter-Terrorism Financing (AML/CTF)** information requested in the Application Form, please refer to the FAQ or contact us for a list of alternative information you may supply.

Each document supplied must be certified as a true copy of an original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

<input type="checkbox"/>	<p><b>Section 1 – Investor Details</b></p> <p>Provide your details depending on the type of customer you are. Please complete only the pages that are relevant to you.</p> <p>(A) <input type="checkbox"/> Individual (including a sole trader, or an adult acting as a trustee for a minor) or Joint Account</p> <p>(B) <input type="checkbox"/> Partnership</p> <p>(C) <input type="checkbox"/> Australian Company</p> <p>(D) <input type="checkbox"/> Foreign Company</p> <p>(E) <input type="checkbox"/> Self Managed Superannuation Fund (SMSF)</p> <p>(F) <input type="checkbox"/> Australian Regulated Trust (other than a SMSF)</p> <p>(G) <input type="checkbox"/> Unregulated Trust (including foreign trusts)</p> <p>(H) <input type="checkbox"/> Association or Registered Co-operative</p> <p>(I) <input type="checkbox"/> Government Body</p> <p><i>Note 1: If you believe the above investor categories do not adequately represent your legal structure or disposition, please contact us on 1300 010 311 or by e-mail at: service@pinnacleinvestment.com.</i></p>
<input type="checkbox"/>	<p><b>Section 2 – Application Amount and Payment Details</b></p> <p>Indicate the amount you wish to invest in the Fund and the payment details for your investment for the Fund</p>
<input type="checkbox"/>	<p><b>Section 3 – Distribution Election</b></p> <p>Select your distribution payment method</p>
<input type="checkbox"/>	<p><b>Section 4 – Fund Information</b></p> <p>The information you may receive from us</p>
<input type="checkbox"/>	<p><b>Section 5 – Adviser Access</b></p> <p>Provide your adviser's details, if applicable, for access to your statements</p>
<input type="checkbox"/>	<p><b>Section 6 – Tax File Number Notification or Exemption</b></p> <p>Provide tax file number(s)</p>
<input type="checkbox"/>	<p><b>Section 7 – Consumer Attributes</b></p> <p>Indicate your consumer attributes to assist the RE in meeting its obligations under the Treasury Laws Amendment (Design and Distribution Obligations and Product Intervention Powers) Act 2019 (the Design and Distribution Obligations)</p>
<input type="checkbox"/>	<p><b>Section 8 – Declaration and Application Signatures</b></p> <p>Read the declaration, elect the account operating authority, and provide the appropriate signatures</p>

## Section 1 – Investor Details

### A. INDIVIDUAL OR JOINT APPLICANTS

**Investor 1** Title: \_\_\_\_\_ Given name/s: \_\_\_\_\_  
Surname: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Residential address** (street address only): \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Postal address** (if different from above): \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** The postal address will be used for all account correspondence; however we also require your residential address.

Phone no.: (\_\_\_\_) \_\_\_\_\_ Mobile no.: \_\_\_\_\_  
Facsimile no.: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

What is your occupation? ☐ Retired ☐ Other - please describe: \_\_\_\_\_

**Are you investing as a sole trader?** NO ☐ / YES ☐ If “Yes”, then please provide ABN/ARN: \_\_\_\_\_

Full business name: \_\_\_\_\_

Principal place of business (if any)(street address only): \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

#### TAX CERTIFICATIONS

Are you a US citizen? NO ☐ / YES ☐

Are you a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐

(**Note:** please select “Yes” if you are a dual resident in Australia and another country).

If “Yes”, please complete the table below for the countries outside of Australia in which you are a tax resident:

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

#### ACCOUNT OPENING FOR A MINOR OR JOINT ACCOUNT

Are you opening an account on behalf of a minor (i.e. acting as trustee for a child under the age of 18)?

NO ☐ / YES ☐ - if ‘Yes’, please provide details of the minor in the section below.

Are you opening a joint account?

NO ☐ / YES ☐ - If ‘Yes’, please provide details of Investor 2 in the section below.

☐ **ATTACH:** Certified copy of the current Australian driver’s licence or passport of Investor 1.

**Note:** Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**If this is not a joint application or an application for a minor, please proceed to Section 2.**

## Section 1 – Investor Details

### A. INDIVIDUAL OR JOINT APPLICANTS (continued)

#### Minor

Given name/s: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address (Street Address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

#### TAX CERTIFICATIONS

Is the minor a US citizen? NO ☐ / YES ☐

Is the minor a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐

(Note: please select “Yes” if the minor is a dual resident in Australia and another country).

If “Yes”, please complete the table below for the countries outside of Australia in which the minor is a tax resident:

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

☐ **ATTACH:** Certified copy of the current Australian driver’s licence or passport of the Minor.

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 2.

#### Investor 2

Title: \_\_\_\_\_ Given name/s: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Phone no.: (\_\_\_\_) \_\_\_\_\_ Mobile no.: \_\_\_\_\_

Facsimile no.: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

What is your occupation? ☐ Retired ☐ Other - please describe: \_\_\_\_\_

#### TAX CERTIFICATIONS

Are you a US citizen? NO ☐ / YES ☐

Are you a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐

(Note: please select “Yes” if the minor is a dual resident in Australia and another country).

If “Yes”, please complete the table below for the countries outside of Australia in which the minor is a tax resident:

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

☐ **ATTACH:** Certified copy of the current Australian driver’s licence or passport of Investor 2

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

Please proceed to Section 2.

## Section 1 – Investor Details

### B. PARTNERSHIP

#### B.1 PARTNERSHIP DETAILS

Full name of partnership: \_\_\_\_\_

Registered business name of partnership (if any): \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

Country where partnership is established: Australia YES ☐ / NO ☐ If 'No', then please name country: \_\_\_\_\_

Describe the partnership's principal business activity: \_\_\_\_\_

**Registered address** (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Postal address** (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** The postal address will be used for all account correspondence; however we also require your registered address.

Phone no.: (\_\_\_\_) \_\_\_\_\_ Mobile no.: \_\_\_\_\_

Facsimile no.: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the partnership regulated by a professional association?

**YES** ☐ - Provide name of association: \_\_\_\_\_

Provide membership details: \_\_\_\_\_. Please provide the details requested for Partner 1 in B.2 below.

**NO** ☐ - How many partners are in the partnership? \_\_\_\_\_. Please provide details of ALL partners in B.2 below.

#### B.2 PARTNER DETAILS

##### Partner 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

##### Partner 2:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

##### Partner 3:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

(If there are more partners, provide details on a separate sheet and tick this box ☐)

**Proceed to B.3 of Section 1.**

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## Section 1 – Investor Details

### B. PARTNERSHIP (continued)

#### B.3 BENEFICIAL OWNER DETAILS

##### Category A Beneficial Owners

Please provide details for each individual who:

- ultimately owns 25% or more of the issued capital of the partnership through direct or indirect shareholdings, or
- is entitled (directly or indirectly) to exercise 25% or more of the voting rights of the partnership, including power to veto.

##### Category B Beneficial Owners

If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls\* the partnership. If no such person can be identified then the most senior managing official(s) of the partnership (such as the Managing Partner) is/are taken to be the beneficial owner(s) of the partnership.

\*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices.

##### **Beneficial Owner 1:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner): \_\_\_\_\_

##### **Beneficial Owner 2:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner): \_\_\_\_\_

##### **Beneficial Owner 3:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner): \_\_\_\_\_

##### **Beneficial Owner 4:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Partner): \_\_\_\_\_

(If there are more beneficial owners, provide details on a separate sheet and tick this box ☐)

**Proceed to B.4 of Section 1**

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## Section 1 – Investor Details

### B. PARTNERSHIP (continued)

#### B.4 TAX CERTIFICATIONS

1. Is the partnership's place of effective management situated outside of Australia? NO ☐ / YES ☐ If 'Yes', please complete table below.

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

2. Please select ONE of the following categories and provide the information requested:

☐ **United States Partnership**

(The partnership was created in the US, established under the laws of the US or is a US tax payer)

Is the partnership an exempt payee for US tax purposes?

YES ☐ - please provide the exemption code: \_\_\_\_\_

NO ☐

**Proceed to B.5 of Section 1.**

☐ **Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

Provide the partnership's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_

If the partnership does not have a GIIN, please advise of FATCA status:

**Proceed to B.5 of Section 1.**

☐ **Financial Institution – Investment Entity**

Provide the partnership's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_

If the partnership does not have a GIIN, please advise of FATCA status:

Is the partnership located outside of Australia and managed by another Financial Institution?

YES ☐ - please also tick 'Other' below and provide the information requested.

NO ☐ - **Proceed to B.5 of Section 1.**

☐ **Active Non-Financial Entity**

(During the previous reporting period, less than 50% of the partnership's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

**Proceed to B.5 of Section 1.**

☐ **Other**

(None of the above applies to the partnership)

Is any one of the Beneficial Owners or partners of the partnership, a US citizen? NO ☐ / YES ☐

Is any one of the Beneficial Owners or partners of the partnership, a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐

(Note: please select "Yes" if they are a dual resident in Australia and another country).

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

(If more space is required, please use a separate sheet and tick this box ☐)

**Proceed to B.5 of Section 1.**

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#### **B.5 DOCUMENTS TO PROVIDE**

- ☐ **ATTACH: Certified copy of the Partnership Agreement; and**
- ☐ **ATTACH: Certified copy of the current Australian driver's licence or passport of Partner Number 1; and**
- ☐ **ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in B.3 of Section 1; and**
- ☐ **ATTACH: For partnerships regulated by a professional association, provide an original current membership certificate OR membership details independently sourced from the relevant association**

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

***Please proceed to Section 2.***

## Section 1 – Investor Details

### C. AUSTRALIAN COMPANY

#### C.1 COMPANY DETAILS

Full company name as registered by ASIC: \_\_\_\_\_

Full business name (if different): \_\_\_\_\_

Country where registered / incorporated: Australia YES ☐ / NO ☐ - If 'No', please go to D. Foreign Company of section 1.

ACN: \_\_\_\_\_

Describe the company's principal business activity: \_\_\_\_\_

**Registered office address** (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Postal address** (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

**Principal place of business** (if different from registered address)(street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Phone no.: (\_\_\_\_) \_\_\_\_\_

Facsimile no.: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### C.2 COMPANY TYPE

Select only ONE of the following categories:

☐ Public company (companies whose name does not include Pty or Proprietary) – **proceed to C.3 of Section 1**

☐ Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as a private company) – provide the details of all directors below:

Number of directors of the company: \_\_\_\_\_

**Director 1:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 2:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 3:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 4:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

(If there are more directors, please provide details on a separate sheet and tick this box ☐)

**Proceed to C.3 of Section 1**

#### C.3 REGULATORY/LISTING DETAILS

Please select any of the following category that applies to the company and provide the information requested. **If none applies, please proceed to C.4 of Section 1.**

☐ **Australian public listed company**  
(The company is listed on an Australian financial market, such as the ASX)

Name of market/exchange: \_\_\_\_\_ **Proceed to C.5 of Section 1.**

☐ **Majority-owned subsidiary of an Australian listed company**  
(The company is majority owned by an Australian company that is listed on an Australian financial market, such as the ASX)

Australian listed company name: \_\_\_\_\_

Name of market/exchange: \_\_\_\_\_ **Proceed to C.5 of Section 1.**

☐ **Australian regulated company**  
(The company is **licensed** and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company's registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.)

Regulator's name: \_\_\_\_\_

Licence details (e.g. AFSL No., ACL No., RSE No.): \_\_\_\_\_ **Proceed to C.5 of Section 1**

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## Section 1 – Investor Details

### C. AUSTRALIAN COMPANY (continued)

#### C.4 BENEFICIAL OWNER DETAILS

This section is to be completed by a company that is NOT an Australian public listed company, Majority-owned subsidiary of an Australian listed company, or an Australian regulated company as per C.3 of Section 1.

##### Category A Beneficial Owners

Please provide details for each individual who ultimately owns 25% or more of the company's issued share capital. This includes individuals with indirect ownership of 25% or more of the company.

##### Category B Beneficial Owners

If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls\* the company. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or other directors) is/are taken to be the beneficial owner(s) of the company.

\*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.

##### **Beneficial Owner 1:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

##### **Beneficial Owner 2:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

##### **Beneficial Owner 3:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

##### **Beneficial Owner 4:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

(If there are more beneficial owners, provide details on a separate sheet and tick this box ☐)

**Proceed to C.5 of Section 1.**

.....Continue over page

## Section 1 – Investor Details

### C. AUSTRALIAN COMPANY (continued)

#### C.5 TAX CERTIFICATIONS

1. Is the company also a tax resident of a country outside of Australia? NO ☐ / YES ☐ If 'Yes, please complete table below.

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number:

2. Please select only ONE of the following categories that apply to the company and provide the information requested:



#### Financial Institution

(The company is a custodial or depository institution, an investment entity or a specified insurance company)

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

If the company does not have a GIIN, please advise of FATCA status: \_\_\_\_\_

*Proceed to C.6 of Section 1.*



#### Public Listed Company, Majority Owned Subsidiary of an Australian Listed Company or an Australian Registered Charity

*Proceed to C.6 of Section 1.*



#### Active Non-Financial Entity

(During the previous reporting period, less than 50% of the company's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

*Proceed to C.6 of Section 1.*



#### Other

(None of the above applies to the company)

Is any one of the company's Beneficial Owners a US citizen? NO ☐ / YES ☐

Is any one of the company's Beneficial Owners, a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐

(Note: please select "Yes" if they are a dual resident in Australia and another country).

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

(If more space is required, please use a separate sheet and tick this box ☐)

*Proceed to C.6 of Section 1.*

#### C.6 DOCUMENTS TO PROVIDE

**Australian regulated company, Australian listed public company, or majority owned by an Australian public listed company as per C.3 of Section 1.**

☐ NO ATTACHMENT REQUIRED

*Please proceed to Section 2.*

**For all other companies**

☐ ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in C.4 of Section 1.

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

*Please proceed to Section 2.*

## Section 1 – Investor Details

### D. FOREIGN COMPANY

#### D.1 COMPANY DETAILS

Full name of foreign company: \_\_\_\_\_

Full business name (if different): \_\_\_\_\_

Country where formed/ registered / incorporated: \_\_\_\_\_

Describe the company's principal business activity: \_\_\_\_\_

Registered by a foreign body? NO ☐ /YES ☐ If 'Yes', provide name of registration body: \_\_\_\_\_

**Is the foreign company registered with ASIC?**

☐ **Yes** Provide the Australian Registered Body Number (ARBN): \_\_\_\_\_

Provide EITHER : ☐ principal place of business address in Australia, OR ☐ local agent's name and address details

Address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Full name of local agent in Australia: \_\_\_\_\_

☐ **No** Provide company identification number (if any) issued by the foreign registration body: \_\_\_\_\_

Date of company registration or incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide principal place of business in the company's country of formation or incorporation:

Address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

#### Registered address

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).

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Postal address** (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no.: (\_\_\_\_) \_\_\_\_\_

Facsimile no.: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Proceed to D.2 of Section 1**

#### D.2 COMPANY TYPE

Select only ONE of the following categories:

☐ Public company (companies whose name does not include Pty or Proprietary) – **proceed to D.3 of Section 1**

☐ Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as a private company) – provide details of all directors below:

Number of directors of the company: \_\_\_\_\_.

**Director 1:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 2:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 3:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

**Director 4:** Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

(If there are more directors, please provide details on a separate sheet and tick this box ☐)

**Proceed to D.3 of Section 1**

.....Continue over page

## Section 1 – Investor Details

### D. FOREIGN COMPANY (continued)

#### D.3 REGULATORY/LISTING DETAILS

Please select any of the following category that applies to the company and provide the information requested. **If none applies, please proceed to D.4 of Section 1.**

☐

##### Public listed company

(The company is a listed company on a financial market that is subject to disclosure requirements to ensure transparency of beneficial ownership comparable to similar public listing requirements in Australia)

Name of market/ exchange/ disclosure regime: \_\_\_\_\_

Country: \_\_\_\_\_. **Proceed to D.5 of Section 1.**

☐

##### Majority-owned subsidiary of an Australian public listed company

(The company is majority owned by an Australian company that is listed on an Australian financial market, such as the ASX)

Australian listed company name: \_\_\_\_\_

Name of market/exchange: \_\_\_\_\_. **Proceed to D.5 of Section 1.**

☐

##### Regulated in Australia

(The company is **licensed** and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company's registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.)

Regulator's name: \_\_\_\_\_

Licence details (e.g. AFSL No. , ACL No., RSE No.): \_\_\_\_\_. **Proceed to D.5 of Section 1.**

#### D.4 BENEFICIAL OWNER DETAILS

This section is to be completed by a company that is NOT a public listed company, majority owned by an Australian public listed company or a company regulated in Australia as per D.3 of section 1.

##### Category A Beneficial Owners

Please provide details for each individual who ultimately owns 25% or more of the company's issued share capital. This includes individuals with indirect ownership of 25% or more of the company.

##### Category B Beneficial Owners

If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls\* the company. If no such person can be identified, then the most senior managing official(s) of the company (such as the managing director or other directors) is/are taken to be the beneficial owner(s) of the company.

\*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.

##### Beneficial Owner 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

##### Beneficial Owner 2:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

.....Continue over page

## Section 1 – Investor Details

### D. FOREIGN COMPANY (continued)

#### D.4 BENEFICIAL OWNER DETAILS (continued)

##### Beneficial Owner 3:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

##### Beneficial Owner 4:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): \_\_\_\_\_

(If there are more beneficial owners, provide details on a separate sheet and tick this box ☐)

**Proceed to D.5 of Section 1.**

#### D.5 TAX CERTIFICATIONS

Please select only ONE of the following categories that apply to the company, and provide the information requested:

1. Is the company a tax resident of a country outside of Australia? NO ☐ / YES ☐ If 'Yes, please complete table below.

Country of tax residency	Tax Identification Number (TIN) or equivalent number

If applicable, please specify the reason for the non-availability of a tax identification number: \_\_\_\_\_

2. Please select only ONE of the following categories that apply to the company, and provide the information requested:

☐ **United States Company**

(The company was created in the US, established under the laws of the US or is a US tax payer)

Is the company an exempt payee for US tax purposes? YES ☐ - please provide the exemption code: \_\_\_\_\_  
NO ☐

**Proceed to D.6 of Section 1.**

☐ **Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company**

Provide the company's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_  
If the company does not have a GIIN, please advise of FATCA status: \_\_\_\_\_

**Proceed to D.6 of Section 1.**

☐ **Financial Institution – Investment Entity**

Provide the company's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_  
If the company does not have a GIIN, please advise of FATCA status: \_\_\_\_\_

Is the company located outside of Australia and managed by another Financial Institution?  
YES ☐ - please also tick 'Non-US Passive NFE' below and provide the information requested.  
NO ☐ - **Proceed to D.6 of Section 1.**

☐ **Public Listed Company, Majority Owned Subsidiary of a Public Listed Company or International Organisation**

**Proceed to D.6 of Section 1.**

.....Continue over page

☐ **A Charity or an Active Non-Financial Entity**

(The company is a non-profit organisation; or during the previous reporting period, less than 50% of the company's gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.) Refer to the FAQ for other types of Active Non-Financial Entities or seek assistance from your tax adviser.

**Proceed to D.6 of Section 1.**

☐ **Passive Non-Financial Entity**

(None of the above applies to the company)

Is any one of the company's Beneficial Owners a US citizen? NO ☐ / YES ☐

Is any one of the company's Beneficial Owners, a resident of a country other than Australia for tax purposes? NO ☐ / YES ☐

(Note: please select "Yes" if they are a dual resident in Australia and another country).

If "Yes", please complete the table below for the countries outside of Australia in which they are a tax resident:

Name of person	Country of tax residency	Tax Identification Number (TIN) or equivalent number	If no TIN available, please describe reason.

(If more space is required, please use a separate sheet and tick this box ☐)

**Proceed to D.6 of Section 1.**

## D.6 DOCUMENTS TO PROVIDE

☐ **ATTACH:** Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in D.4 of Section 1.

☐ **ATTACH:** For a company that is not registered with ASIC, provide a certified copy of the registration certificate.

*Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.*

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 2.**



## Section 1 – Investor Details

### E. SELF MANAGED SUPERANNUATION FUND (SMSF)

#### E.1 FUND DETAILS

Full name of the fund: \_\_\_\_\_

ABN: \_\_\_\_\_

**Registered office address** (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Postal address** (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no.: (\_\_\_\_) \_\_\_\_\_

Facsimile no.: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### E.2 BENEFICIARY (MEMBER) DETAILS

**Please provide details of all members of the SMSF**

##### Beneficiary 1:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation: ☐ Retired ☐ Other - please describe: \_\_\_\_\_

##### Beneficiary 2:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation: ☐ Retired ☐ Other - please describe: \_\_\_\_\_

##### Beneficiary 3:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation: ☐ Retired ☐ Other - please describe: \_\_\_\_\_

##### Beneficiary 4:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation: ☐ Retired ☐ Other - please describe: \_\_\_\_\_

**Proceed to E.3 of Section 1.**

.....Continue over page

## Section 1 – Investor Details

### E. SELF MANAGED SUPERANNUATION FUND (SMSF) (continued)

#### E.3 TRUSTEE TYPE

##### SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED

- ☐ **INDIVIDUAL TRUSTEES – complete E.4 of Section 1**
- ☐ **CORPORATE TRUSTEE – complete E.5 of Section 1**

#### E.4 INDIVIDUAL TRUSTEES

- ☐ **I/we confirm that the member(s) listed in E.2 of Section 1 is/are also the trustee(s) of the SMSF.**

If there is only ONE member in the SMSF, please provide details of the additional trustee below:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation: ☐ Retired ☐ Other - please describe: \_\_\_\_\_

- ☐ **ATTACH: Certified copy of the current Australian driver's licence or passport of each individual trustee**

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 2.**

#### E.5 CORPORATE TRUSTEE

Full company name as registered by ASIC: \_\_\_\_\_

Full business name (if different): \_\_\_\_\_

ACN: \_\_\_\_\_

Describe the company's principal business activity (not applicable if the company only acts as a corporate trustee): \_\_\_\_\_

**Registered office address** (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Postal address** (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

**Principal place of business** (if different from registered address)(street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

- ☐ **I/we confirm that the member(s) listed in E.2 of Section 1 is/are also the director(s) of the corporate trustee of the SMSF.**

If there is only ONE member in the SMSF and there is an additional director of the corporate trustee, please provide their details below:

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation: ☐ Retired ☐ Other - please describe: \_\_\_\_\_

- ☐ **ATTACH: Certified copy of the current Australian driver's licence or passport of each director of the corporate trustee**

Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

**Please proceed to Section 2.**

## Section 1 – Investor Details

### F. AUSTRALIAN REGULATED TRUST (Excluding SMSF)

#### F.1 TRUST DETAILS

Full name of the trust: \_\_\_\_\_

ABN: \_\_\_\_\_

Country where trust was established: Australia YES ☐ / NO ☐ If 'No', then please go to G. Unregulated Trust (including Foreign Trust) of Section 1.

Describe the trust's principal business activity: \_\_\_\_\_

**Registered office address** (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Postal address** (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no.: ( \_\_\_\_\_ ) \_\_\_\_\_

Facsimile no.: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### F.2 TYPE OF REGULATED TRUST

Select ONE of the following categories that apply to the trust and provide the information required. **If none applies, then please go to G. Unregulated Trust (Including Foreign Trust) of Section 1.**

☐ **Registered managed investment scheme** – provide the Australian Registered Scheme Number (ARSN): \_\_\_\_\_

☐ **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: \_\_\_\_\_

☐ Please attach a copy of an offer document or trust deed of the unregistered managed investment scheme

☐ **Government superannuation fund** – provide name of the legislation establishing the fund: \_\_\_\_\_

☐ **Other regulated trust** (the trust is registered and 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 regulator (e.g. ASIC, APRA): \_\_\_\_\_

Provide the trust's registration/licensing details (e.g. RSE No.): \_\_\_\_\_

#### F.3 TAX CERTIFICATIONS

Select ONE of the following categories that apply to the trust and provide the information required:

☐ **Australian regulated superannuation fund:**  
Include government super funds, APRA regulated super funds and pooled superannuation trusts - **please proceed to F.4 of Section 1.**

☐ **Other Australian regulated trust:**  
Please provide the trust's Global Intermediary Identification Number (GIIN), if applicable: \_\_\_\_\_

If the trust does not have a GIIN, please advise of FATCA status:

\_\_\_\_\_

**Please proceed to F.4 of Section 1.**

.....Continue over page

## Section 1 – Investor Details

### F. AUSTRALIAN REGULATED TRUST (Excluding SMSF) (continued)

#### F.4 TRUSTEE TYPE

##### **SELECT THE TRUSTEE TYPE AND PROCEED AS DIRECTED**

- ☐ **INDIVIDUAL TRUSTEES – complete F.5 of Section 1.**
- ☐ **CORPORATE TRUSTEE – complete C. Australian Company of Section 1 if the corporate trustee is an Australian Company or D. Foreign Company of Section 1 if the corporate trustee is a Foreign Company.**

#### F.5 INDIVIDUAL TRUSTEE

How many individual trustees does the trust have? \_\_\_\_\_. Please provide details of ALL individual trustees below:

**Trustee 1:** Full name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

What is your occupation? ☐ Retired ☐ Other - please describe: \_\_\_\_\_

**Trustee 2:** Full name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

What is your occupation? ☐ Retired ☐ Other - please describe: \_\_\_\_\_

**Trustee 3:** Full name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

What is your occupation? ☐ Retired ☐ Other - please describe: \_\_\_\_\_

**Trustee 4:** Full name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

What is your occupation? ☐ Retired ☐ Other - please describe: \_\_\_\_\_

**Please proceed to Section 2.**

## Section 1 – Investor Details

### G. UNREGULATED TRUST (INCLUDING FOREIGN TRUST)

#### G.1 TRUST DETAILS

Full name of the trust: \_\_\_\_\_

ABN: \_\_\_\_\_

Country where trust was established: Australia YES ☐ / NO ☐ If 'No', then please name country: \_\_\_\_\_

Describe the trust's principal business activity: \_\_\_\_\_

**Registered office address** (street address only): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Postal address** (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no.: ( \_\_\_\_ ) \_\_\_\_\_

Facsimile no.: ( \_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### G.2 TYPE OF UNREGULATED TRUST

Please select only ONE of the following categories:

- ☐ Family trust      ☐ Charitable trust      ☐ Testamentary trust      ☐ Unit trust  
☐ Other type, please provide description: \_\_\_\_\_

Full name of the settlor(s)\*: \_\_\_\_\_

(\*settlor is the person who settles the initial sum or assets to create the trust)

#### G.3 BENEFICIARY DETAILS

Does the trust identify its beneficiaries by class, e.g. unit holders, family members of named person, charitable organisations/causes?

☐ NO / ☐ YES - If 'Yes', then provide details of the class(es) of beneficiaries: \_\_\_\_\_

Does the trust identify its beneficiaries by name?

☐ NO / ☐ YES - If 'Yes', then provide details of all beneficiaries below.

How many beneficiaries are in the trust? \_\_\_\_\_

##### Beneficiary 1:

Given name(s)/entity name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

##### Beneficiary 2:

Given name(s)/entity name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

##### Beneficiary 3:

Given name(s)/entity name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

##### Beneficiary 4:

Given name(s)/entity name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

(If there are more beneficiaries, provide details on a separate sheet and tick this box ☐)

.....Continue over page

## Section 1 – Investor Details

### G. UNREGULATED TRUST (INCLUDING FOREIGN TRUST) *(continued)*

#### G.4 BENEFICIAL OWNER DETAILS

##### Beneficial Owners

Are there any individuals who are entitled to 25% or more of the trust income or assets?

☐ NO / ☐ YES - If 'Yes', then provide details of those individuals below:

##### **Beneficial Owner 1:**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_