

INITIAL APPLICATION FORM

JANA INVESTMENT TRUSTS

DATE: NOVEMBER 2021

Please use this Form if you are a new investor in the JANA Investment Trusts. If you are an existing investor and wish to make an additional investment, make a redemption or change your details, please go to jana.com.au/resources/jana-investment-trust-forms to access the relevant form.

Before signing this Initial Application Form (this Form), you should read the current Information Memorandum (IM) and any Supplementary IM, Constitution(s) for the appropriate Trust(s) or any website updates to which this Form relates. A copy of these documents is available free of charge from jana.com.au/resources/jana-investment-trust-forms, or by contacting Client Services on +61 2 7209 8415. This Form should be completed in accordance with the instructions contained within this Form.

Any person who gives another person a copy of this Form must at the same time give the person a copy of the IM and any Supplementary IM.

Please complete this Form and arrange for payment through the electronic funds transfer system with your bank and forward it to the address below:

Client Services: Ground Floor
105–153 Miller Street
North Sydney NSW 2060

Tel: +61 2 7209 8415
Email: institutional.services@mlcam.com.au

INSTRUCTIONS TO COMPLETE

To ensure that we are able to process your application quickly and efficiently, please cross (X) each box below to confirm that you have completed each section of this Form that is relevant to your investment:

- ☐ **Signed and dated** this Form
 - ☐ **Australian companies** - to be signed and dated by two directors or a director and secretary of the company or, if the company has only a sole director, that director.
 - ☐ **Other (Associations / Australian Regulated trusts / Foreign companies / Government bodies / Partnerships / Registered co-operatives / Unregulated Australian trusts and foreign trusts)** - To be signed and dated.
 - ☐ **Authorised Signatory List** - if an organisation wishes to authorise persons other than the director(s)/secretary signing this Form to make transactions in relation to the investment, then a certified copy of the Authorised Signatory List must be submitted to Registry Services.
- ☐ Supplied your **ABN or Company Tax File Number (TFN)** or country of tax residence for non-residents.
- ☐ Completed and attached an **"Entity - Tax Declaration Form"**. You can find this Form at the end of this Initial Application Form.
- ☐ Supplied your **email address**.
- ☐ Provided **certified proof of identity** - and attach certified copies of identity/verification documents to be attached with this Form.

Anti-money laundering and related laws

We are required to comply with our obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* (AML/CTF Act) and Australian Sanction laws.

Anti-money laundering and other related laws require us to collect and/or verify information about the identity of customers and related parties, including anyone acting on your behalf.

The following instructions for completing this Form will assist you in providing this information. The provision of complete and accurate information will enable us to process your application efficiently and meet our legislative obligations. Under relevant laws, we may be required to ask you for additional identity verification documents and/or information about you or a related party, either when we are processing your application or at some stage after we issue the units. We may pass any information we collect to the relevant government authority.

We reserve the right to restrict withdrawals from your account if we have not been provided with the necessary identification information about you or a related party.

Identity verification documents

Upon investing with MLC, you will be required to provide valid identity verification documentation. The actual documentation required will depend on what investor type your organisation is.

If any documentation you provide is not in English, it must be accompanied by an original copy of an English translation prepared by an accredited translator.

If we do not receive all the required valid customer identity verification documents in this Form or we are unable to verify your identity at any time, we may not be able to commence your investment or may not process any future withdrawal requests until we receive the required documents. We will contact you as soon as possible if we require more information.

Please provide the **certified copies** of the original identity verification documents (not scanned copies). Until we receive such document(s) we reserve the right to withhold processing any transaction requests you wish to make in the future.

Please refer to 'Approved Certifiers' for a list of persons who can certify these documents and see 'Certified copy requirements' for details of how documents must be certified.

Australian Tax File Number

MLC is authorised to ask for the entity's ABN or Company TFN to open an investment account for income distribution purposes and anti-money laundering. **If the investing entity does not provide this unique identifier, the application cannot be processed.**

Certified copy requirements

A certified copy is a document that has been approved as a true copy of an original document. The following certification requirements **must appear on each page of the copy**:

- The text: **'This is to certify that this is a true and correct copy of the original which I have sighted'**.
- **Signature** of the Approved Certifier.
- **Full printed name** of the Approved Certifier (e.g. Michelle Helena Citizen).
- **Capacity** of the Approved Certifier (e.g. solicitor).
- **Full address** of the Approved Certifier.
- **Registration number** (if applicable).
- **Date** that the document was certified.

Note: A photocopy of a certified document will not be accepted. Original certification only.

Privacy Notification

The Trustee collects the information in this Form in order to process your investment instructions. Any personal information provided in this Form will be handled in accordance with the Trustee's privacy policy, available at mlc.com.au/privacy or by contacting Client Services on +61 2 7209 8415.

Approved Certifiers

Identity verification documents may be certified as a true and correct copy of an original document by one of the following persons in Australia. The person certifying must state their capacity (from the list below) and complete according to **certified copy requirements** listed above.

1. 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).
2. A Judge of a Court.
3. A Magistrate.
4. A chief executive officer of a Commonwealth Court.
5. A registrar or deputy registrar of a Court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the Statutory Declaration Regulations 1993).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public.
10. A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
12. An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993).
13. A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 1993).
14. An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more continuous years of service with one or more licensees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants with two or more years of continuous membership.
16. A foreign public notary whose appointment is lawful and their status as a notary public can be verified.

1. CONTACT DETAILS

Mandatory ()*

1A. Account Details

Account Name*

1B. Contact Details

Name*

Company Name*

Mailing Address

Unit/Level*

Street number*

Street name*

Suburb/Town*

State*

Postcode*

Country*

Phone Number*

Email*

2. INVESTOR TYPE

Mandatory ()*

Cross (X)	Investor type*	Sections to be completed*
<input type="checkbox"/>	Australian companies	3A, 3B, 3C, 4A, 4B, 5, 6, 7, 8, 9 (if applicable), 10, 11
<input type="checkbox"/>	Associations	3A, 3B, 3C, 4A, 4B, 5, 6, 7, 8, 9 (if applicable), 10, 11
<input type="checkbox"/>	Australian regulated trusts (including SMSFs and individual or corporate trustees)	3A, 3B, 3C, 4A, 4B, 5, 6, 7, 8, 9 (if applicable), 10, 11
<input type="checkbox"/>	Foreign companies	3A, 3B, 3C, 4A, 4B, 5, 6, 7, 8, 9 (if applicable), 10, 11
<input type="checkbox"/>	Government bodies	3A, 3B, 3C, 4A, 4B, 5, 6, 7, 8, 9 (if applicable), 10, 11
<input type="checkbox"/>	Partnerships	3A, 3B, 3C, 4A, 4B, 5, 6, 7, 8, 9 (if applicable), 10, 11
<input type="checkbox"/>	Registered co-operatives	3A, 3B, 3C, 4A, 4B, 5, 6, 7, 8, 9 (if applicable), 10, 11
<input type="checkbox"/>	Unregulated Australian trusts and foreign trusts	3A, 3B, 3C, 4A, 4B, 5, 6, 7, 8, 9 (if applicable), 10, 11

3. INVESTOR DETAILS

3A. Investor Details*

Mandatory*

- ☐ Australian companies ☐ Associations ☐ Australian regulated trusts
☐ Foreign companies ☐ Government bodies ☐ Partnerships ☐ Registered co-operatives
☐ Unregulated Australian trusts and foreign trusts

Account Name*

Account Designation*

Contact person name*¹

Contact person telephone:*

Australian ABN or Company TFN*

Please identify by ticking one of the box's below that is relevant to this investment:

☐ ABN

☐ Company TFN ²

☐ TFN exemption (provide reason)

Directors*

Ultimate beneficial owners of a 25% stake.

(If no individual, please provide name of Senior Managing Official (SMO). An SMO is an Individual with significant responsibility for managing the legal entity e.g., Chief Executive Officer, Chief Financial Officer, Chief Operation Officer).

(Please provide Certified IDs for Beneficial Owner or SMO provided above)

3B. Registered address and Principal place of business*

Unit Level*

Street Number*

Street Name*

Suburb/Town*

State*

Postcode*

Country*

Country of tax residence (non-Australian residents)*

¹ Please provide details of the person we should contact regarding this Form.

² If this Investor does not provide an Australian ABN or Company TFN the application cannot be processed. If the Investor is a foreign tax resident, please provide an equivalent identifier.

3C. Nature of Business/Industry*

Please identify the Nature of Business/Industry for this investment by indicating with a cross (X) one or more of the following which is applicable:

<input type="checkbox"/> Permanent Building Society Operation (732201)	<input type="checkbox"/> Health Insurance (742103)	<input type="checkbox"/> Superannuation Funds (741299)
<input type="checkbox"/> Credit Union Operation (732301)	<input type="checkbox"/> General Insurance (742204)	<input type="checkbox"/> Schools (842399)
<input type="checkbox"/> Money Market Corporations (732403)	<input type="checkbox"/> Portfolio, Investment, Management Service (751909)	<input type="checkbox"/> Post Graduate School, University, Operation (843101)
<input type="checkbox"/> Financial Intermediation (732901)	<input type="checkbox"/> Trustee Service (751914)	<input type="checkbox"/> Health Services (863908)
<input type="checkbox"/> Finance Companies (733001)	<input type="checkbox"/> Public Trustee (751915)	<input type="checkbox"/> Religious Organisation Operation (961008)
<input type="checkbox"/> Unit Trust Operation (734003)	<input type="checkbox"/> Government Administration (811)	<input type="checkbox"/> Business and Professional Associations (9621)
<input type="checkbox"/> Property Trusts (734006)	<input type="checkbox"/> Charities Operation (962920)	<input type="checkbox"/> All Other Business Services (786917)
<input type="checkbox"/> Financial Asset Investors (734007)		

4. SOURCE OF FUNDS/SOURCE OF WEALTH

4A. Source of Funds*

Source of Funds describes how the funding for this specific investment has been accumulated. Please identify the Source of Funds with one or more of the following by indicating with a cross (X):

<input type="checkbox"/> Investments	Please indicate the type of investments e.g. superannuation, real estate, financial etc
<input type="text"/>	
<input type="checkbox"/> Business activity	Please indicate the nature of business and industry
<input type="text"/>	
<input type="checkbox"/> Legal settlement	Please specify the type of legal settlement
<input type="text"/>	
<input type="checkbox"/> Other - Please specify	
<input type="text"/>	

4B. Source of Wealth*

Source of Wealth describes how total wealth for the Investor has been accumulated. Please identify the Source of Wealth with one or more of the following by indicating with a cross (X):

<input type="checkbox"/> Investments	Please indicate the type of investments e.g. superannuation, real estate, financial etc
<input type="text"/>	
<input type="checkbox"/> Business activity	Please indicate the nature of business and industry
<input type="text"/>	
<input type="checkbox"/> Legal settlement	Please specify the type of legal settlement
<input type="text"/>	
<input type="checkbox"/> Other - Please specify	
<input type="text"/>	

5. TRANSACTION INSTRUCTIONS

I direct that the following amounts be applied to each Trust in respect of this Initial Application.

Note: Minimum initial investment \$500,000 per Trust.

Trust	Amount (\$)
JANA Core Australian Share Trust	<input type="text"/>
JANA High Alpha Australian Share Trust	<input type="text"/>
JANA Passive Australian Share Trust	<input type="text"/>
JANA Small Caps Australian Share Trust	<input type="text"/>
JANA SRI Australian Share Trust	<input type="text"/>
JANA Enhanced Index Global Share Trust	<input type="text"/>
JANA Enhanced Index Global Share Trust with Currency Hedged	<input type="text"/>
JANA High Alpha Global Share Trust	<input type="text"/>
JANA High Alpha Global Share Trust with Currency Hedged	<input type="text"/>
JANA Passive Global Share Trust	<input type="text"/>
JANA Passive Global Share Trust with Currency Hedged	<input type="text"/>
JANA SRI Global Share Trust	<input type="text"/>
JANA SRI Global Share Trust with Currency Hedged	<input type="text"/>
JANA Emerging Markets Share Trust	<input type="text"/>
JANA Global Property Trust	<input type="text"/>
JANA Multi-Sector Credit Trust	<input type="text"/>
JANA Diversified Fixed Income Trust	<input type="text"/>
JANA Short-Maturity Diversified Debt Trust	<input type="text"/>
JANA Cash Trust	<input type="text"/>
JANA Moderate Trust	<input type="text"/>
JANA Tailored option (please specify) <input type="text"/>	<input type="text"/>

6. METHODS OF PAYMENT

By Electronic Funds Transfer (EFT)

Bank:	National Australia Bank Limited
BSB Number:	083-043
Account Number:	21 232 3178
SWIFT Address:	NATAAU3303X (for New Zealand investors only)
Account Name:	NNL ATF MLC Investments Limited (JANAIT) Application Account

7. PAYMENT DETAILS FOR WITHDRAWAL PROCEEDS

Please specify where any payments to your organisation should be directed.

Pay via EFT into the following account:³

Name of Australian bank or financial institutional

Branch

Account Name

BSB Number

Account Number

 -

8. INCOME DISTRIBUTION INSTRUCTION

Please note: Unless one of the following options is selected, income will be automatically reinvested.

I direct any income to be distributed as nominated below (please tick the appropriate box):

- ☐ Reinvest in additional units (back into the relevant trust)
- ☐ Use the same bank account in section 7 "Payment Details for Withdrawal proceeds".
- ☐ Pay via EFT into the following account: ³

Name of Australian bank or financial institutional

Branch

Account Name

BSB Number

Account Number

 -

9. MANAGEMENT FEE REBATE INSTRUCTION

Please note: Unless one of the following options is selected, your rebate entitlement will be automatically reinvested.

Until subsequent written instruction is provided, I/we authorise the Trustee to process my/our rebate entitlement as follows (please tick appropriate box):

- ☐ Reinvest in additional units (back into the relevant Trust)
- ☐ Use the same bank account in Section 7 "Payment Details for Withdrawal proceeds".
- ☐ Pay via EFT into the following account: ³

Name of Australian bank or financial institutional

Branch

Account Name

BSB Number

Account Number

 -

³ If the bank account details in this section are changed, they will then be the default bank account details on your account.

10. DELEGATION OF AUTHORITY

Mandatory ()*

The people whose names and signatures appear below are authorised to act on our behalf in dealing with the Trustee in connection with matters relating to the administration of our investment in the JANA Investment Trusts.

The Trustee may therefore, until receipt of further written notice, accept and act on notices, instructions, requests, data, information and evidence given, made or furnished under this Delegation of Authority. We indemnify the Trustee and its agents in respect of any claim or liability incurred by any of them arising directly or indirectly from action taken or omissions made in reliance on or pursuant to such notices, instructions, requests, data, information or evidence.

Specimen Signature*	Full Name* <input type="text"/>
	Date signed (DD/MM/YYYY)* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specified Matters ⁴	<input type="text"/>

Specimen Signature*	Full Name* <input type="text"/>
	Date signed (DD/MM/YYYY)* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specified Matters ⁴	<input type="text"/>

Specimen Signature*	Full Name* <input type="text"/>
	Date signed (DD/MM/YYYY)* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specified Matters ⁴	<input type="text"/>

Specimen Signature*	Full Name* <input type="text"/>
	Date signed (DD/MM/YYYY)* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specified Matters ⁴	<input type="text"/>

Signature instructions (eg number of signatures required, company seal required).

⁴ If the delegated authority is not limited to specific matters (eg withdrawal payments) the word 'General' should be entered. Please attach a schedule if more space is required.

11. DECLARATION

I wish to subscribe for units in the JANA Investment Trusts in the amount and allocation detailed above and in doing so, agree to be bound by the provisions of the relevant Trust's constitution, as amended from time to time.

I warrant that the making of this Form is an amount of, not less than \$500,000 for units in any individual Trust and/or I otherwise fall within the categories of 'wholesale client' under the Corporations Act 2001 (Cth) and I warrant, if I received the offer in New Zealand, I am a wholesale investor within the meaning of the Financial Markets Conduct Act 2013 (NZ) and I indemnify the Trustee and its agents for any loss or damage which may arise if this is not the case.

I acknowledge that an initial application will not be accepted by the Trustee until this Form, and all documents provided are true and correct and verified in accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

I declare that all details in this Form and all documents provided are true and correct. I agree to advise the Trustee, MLC Investments Limited (MLC) (ABN 30 002 641 661) (AFSL 230705), of any change in circumstances in future including changes affecting my declared tax residency status within 30 days and I agree to indemnify MLC against any liabilities whatsoever arising out of it acting on any of these details or any future details provided by me in connection with this application.

I have read and understood the Information Memorandum (IM) and any Supplementary IM to which this Form relates and I agree to be bound by the IM and any Supplementary IM, each as replaced, supplemented or updated from time to time, and acknowledge that an investment in the JANA Investment Trusts is subject to investment risk, including possible delays in repayment, loss of income and capital invested.

I have read and understood the privacy information in the IM and any Supplementary IM and this Form. I agree to receive annual tax statements in soft copy. I agree to obtain financial reports via the internet.

None of IOOF Holdings Ltd ABN 49 100 103 722, MLC Investments Limited ABN 30 002 641 661 AFSL 230705, MLC Asset Management Services Limited ABN 38 055 638 474 AFSL 230687 or any other member of the IOOF group of companies or any appointed investment managers, guarantee the repayment of capital, payment of income or the performance of the JANA Investment Trusts.

Additional declaration for New Zealand investors

In addition to the above declarations, if I have received the offer in New Zealand, I warrant that:

- the making of the initial application is an amount of at least NZ\$750,000 per Trust; and
- I have read the 'Notice to residents of New Zealand' in the accompanying IM, any Supplementary IM and completed the "Minimum Subscription Certification" below, and
- I indemnify MLC and its agents for any loss or damage which may arise if this is not the case.

For each New Zealand investor who is providing the "Minimum Subscription Certification"

I confirm that I understand that:

- the usual legal rules that require information to be given to investors for offers of financial products do not apply if the amount invested upfront by me (plus any other investments I have already made in those financial products) is NZ\$750,000 or more per Trust; and
- I may not receive a complete and balanced set of information about this investment; and
- I have fewer legal protections for this investment; and
- this investment is not suitable for retail investors; and
- I have been advised to ask questions, read all documents carefully, and seek independent financial advice.

Signature	Date signed (DD/MM/YYYY)
<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"/>
Full name	Date of birth (DD/MM/YYYY)
<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"/>
Office Held	
<input type="text"/>	

Signature <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	Date signed (DD/MM/YYYY) <div style="display: flex; justify-content: space-around; align-items: center;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>
Full name <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	Date of birth (DD/MM/YYYY) <div style="display: flex; justify-content: space-around; align-items: center;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>
Office Held <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	

A corporation may execute this instruction with or without a common seal. In either case it must be signed by a director or secretary or otherwise in accordance with the corporation's constitution and the *Corporations Act 2001 (Cth)*.

If the corporation has only one director, and that director is the corporation's sole company secretary then that director alone may sign. If this is the case, the sole director must state next to his/her name that he/she is the sole director and sole company secretary.

GUIDE TO COMPLETING THIS FORM

- o This form is required for any entity that is required to confirm:
 - a) Its FATCA status (FATCA = Foreign Account Tax Compliance Act),
 - b) Its CRS status (CRS = Common Reporting Standard), or
 - c) Whether it or any of its controlling persons are foreign tax residents, or
- o An entity can be a company, trust, partnership, association, registered co-operative or government body.
- o Complete one form for each entity. Complete all applicable sections of this form in BLOCK LETTERS.
- o Tax information must be collected from an authorised representative of the entity
- o Contact your licensee if you have any queries.

SECTION 1: ENTITY DETAILS

1.1 General Information

Full name

ACN or other registration number

Registered address or principal place of business (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

SECTION 2: TAX INFORMATION

2.1 Tax Status

Tick ☒ **one of the Tax Status boxes below** (if the entity 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 entity's Global Intermediary Identification Number (GIIN), if applicable

If the entity 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 Entity is a Trustee-Documented Trust, provide the Trustee's GIIN)
- ☐ Nonparticipating Financial Institution
- ☐ US Financial Institution
- ☐ Other (describe the 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>.

- ☐ **A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate**

If the entity type is listed above, 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 entity is a Foreign 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 Controlling Persons).

2.2 Foreign Controlling Persons (Individuals)

Does the entity have any Controlling Persons* who are tax residents of countries other than Australia? Yes ☐ No ☐

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

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 Controlling Person (unless already provided as Beneficial Owner).

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 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 entity a tax resident of a country other than Australia? Yes ☐ No ☐

If Yes, please provide the entities' country of tax residence and tax identification number (TIN) or equivalent below. If the entity 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 entity has not been issued with a TIN

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

SECTION 3: DECLARATION**IMPORTANT NOTE:**

→ Complete the Declaration section below (either an authorised representative of the entity or their financial planner to sign)

By completing and signing this declaration I certify that the information I have provided is true and correct.

ENTITY DECLARATION (To be completed by an authorised representative of the entity, such as a Director or Trustee)

Representative Name	<input type="text"/>		
Capacity (Company Director, Trustee, etc.)	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

OR