

**Please complete and send to:**

**Mail:** Attention: Schroders Unit Registry  
C/- Link Market Services  
PO Box 3721  
Rhodes NSW 2138

## Application form

12 November 2020

This offer of units is only made to recipients of this PDS and Application form within Australia and New Zealand. Units will only be issued on receipt of this completed application form, customer identification form and any documents required to be attached, issued together with the current PDS. Applications from US citizens or US residents who have an obligation to pay the US tax authorities on their worldwide income will not be accepted.

You should read all parts of the PDS and Additional Information Booklet before applying. Please phone the Schroders Client Services Team on **1300 136 471** or **+61 2 9210 9421** if outside Australia with any enquiries.

**Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). Start at the left of each answer space and leave a gap between words.**

Fields marked with an asterisk (\*) must be completed for the purposes of AML/CTF laws.

Schroders may record and monitor telephone calls for security, training and compliance purposes.

## Checklist

Please ensure you have completed all of the requirements in the checklist below in order for your application to proceed.

Completed the application form	<input type="checkbox"/>	Signed the application form	<input type="checkbox"/>
Attached a cheque or arranged a direct credit transfer	<input type="checkbox"/>	Completed a customer identification form	<input type="checkbox"/>
Attached certified copies of relevant identification documents	<input type="checkbox"/>	Read the PDS, Additional Information to the PDS and FSG	<input type="checkbox"/>

**Customer identification forms and relevant identification documents are only applicable for initial investments or where details have changed.**

## 1 Account details

Please tick if you are an existing Schroders investor. If yes, please quote your client and/or account number below:

Client number:

Account number:

**If your investor details have changed, please complete the details below. Otherwise, go to section 7.**

## 2 Investor details

What type of account are you opening? (Please indicate using an 'X').

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Joint           | <input type="checkbox"/> Sole Trader        | <input type="checkbox"/> Unregulated or Foreign Trust        |
| <input type="checkbox"/> Co-operative | <input type="checkbox"/> Custodian       | <input type="checkbox"/> Australian Company | <input type="checkbox"/> Foreign Company                     |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Government Body | <input type="checkbox"/> Association        | <input type="checkbox"/> Regulated Trust/Superannuation Fund |

**Investor 1 (individual accounts/sole trader)**

Title:

Full given name(s)\*

Surname\*

Date of birth\*    /    /

Sex  Male  Female

Your main country of residence, if not Australia\*

Tax File Number or reason for exemption ^

US Citizen or resident of the USA for tax purposes?\*  Yes  No

If yes, provide US Tax payer Identification Number (TIN)

Full business name of sole trader\*

ABN (if any)

**Investor 2 (joint accounts)**

Title:

Full given name(s)\*

Surname\*

Date of birth\*    /    /

Sex  Male  Female

Your main country of residence, if not Australia\*

Tax File Number or reason for exemption ^

US Citizen or resident of the USA for tax purposes?\*  Yes  No

If yes, provide US Tax payer Identification Number (TIN)

**Non-individual investors - company/partnership/trust/superannuation fund or other entity**

Full name of company/partnership/trustee/other entity\*:

Full name of superannuation fund/trust\*:

Principal activity of the fund/trust/company\*:

Are you a charity?\*  Yes  No

Country established, if not Australia\*

ABN/ARBN/ARSN:

Tax File Number (superannuation fund/trust/company – if applicable)

Failure to quote a Tax File Number (TFN) or Australian Business Number (ABN) is not an offence, however, we are required to withhold tax from your distributions at the highest marginal rate of tax (plus medicare levy) until your TFN or ABN is provided. Collection of TFN and ABN information is authorised and its use and disclosure are strictly regulated by the tax and privacy laws. If exempt please supply supporting documentation.

Existing clients (Australian investors only):  
We will use the Tax File Number (TFN)/Australian Business Number (ABN) or Exemption you have previously advised unless you request us not to.  
^ Tax File Number (TFN) exemption:  
Exemption – please write the full name of the benefit that you receive (eg "Age Pension").  
Non-resident – please write the full name of your country of residence. Not for profit organisations – who are not required to lodge a TFN. No TFN or do not wish to quote a TFN.

# 3

## Contact details

### Investor 1

Postal Address

Unit number:

Street number

Street name:

Suburb:

State:

Postcode:

Country:

Contact:

Work phone number:

Home phone number:

Fax number:

Mobile phone number:

Email address for investor 1 **(Mandatory field)**:

### Investor 2 (if applicable)

Postal Address

Unit number:

Street number

Street name:

Suburb:

State:

Postcode:

Country:

Contact:

Work phone number:

Home phone number:

Fax number:

Mobile phone number:

Email address for investor 2

### Non-individual investors

Postal address

Unit number:

Street number:

PO Box number:

Street name:

Suburb:

State:

Postcode:

Country:

Contact:

Work phone number:

Home phone number:

Fax number:

Mobile phone number:

Email address **(Mandatory field)**:

**By providing your email address, you agree that we may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time we may still need to send you letters in the post.**

# 4

## Adviser details

Complete your adviser details (If applicable)

Adviser name:

Adviser contact:

Phone number:

Dealer Group stamp:

Mobile phone number:

Adviser email:

Adviser authorised representative no:

Unit number:

Street number:

Street name:

Suburb:

State:

Postcode:

Country:

Contact name:

Telephone (business hours):

Adviser firm name:

Dealer group name:

Dealer Group AFS Licence Number

# 5

## Other recipients of client reports

Full name:

Email:

Full name:

Email:

Full name:

Email:

# 6

## Bank account

This will be your primary bank account linked to your investment account.  
Please provide your nominated account details in the section below.

Financial Institution Name:

Branch Name:

Branch Number (BSB):

Account Number:

Account Name:

**The nominated bank must be an Australian Authorised Deposit Taking Institution. Please note the Responsible Entity will not issue cheques for income distributions or withdrawal payments.**

# 7 Investment Details

Purpose of investment\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Source of funds\*

Savings       Inheritance  
 Redundancy    Proceeds from asset sale

Other (please provide brief details)

Please specify the investment amount against the corresponding fund in the table below:

Professional Class	APIR	Beneficiary Lodgement Code*	Minimum initial investment of AUD 500,000	Distribution Reinvestment	Preference <sup>A</sup> Bank Deposit
Schroder Wholesale Australian Equity Fund	SCH6237AU	<b>WEP</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Australian Equity Fund	SCH0002AU	<b>AEF</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Equity Opportunities Fund	SCH5738AU	<b>EOP</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Fixed Income Fund	SCH0016AU	<b>FIS</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Absolute Return Income Fund	SCH0024AU	<b>HSS</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Real Return CPI Plus 5% Fund	SCH0039AU	<b>RRF</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Strategic Growth Fund	SCH0010AU	<b>BFS</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Recovery Fund	SCH4757AU	<b>GRS</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Specialist Private Equity Fund	SCH0038AU	<b>SPE</b>		Accumulation class – no cash distributions	

Wholesale Class	APIR	Beneficiary Lodgement Code*	Minimum initial investment of AUD 20,000	Distribution Reinvestment	Preference Bank Deposit
Schroder Wholesale Australian Equity Fund	SCH0101AU	<b>WAE</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Equity Opportunities Fund	SCH0035AU	<b>EOF</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Sustainable Global Core Fund	SCH0003AU	<b>GES</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Value Fund	SCH0030AU	<b>GAV</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Value Fund (Hedged)	SCH0032AU	<b>GVH</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Emerging Markets Sustainable Fund	SCH0097AU	<b>QEW</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Sustainable Equity Fund	SCH0040AU	<b>GDB</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Sustainable Equity Fund (Hedged)	SCH0051AU	<b>GDH</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Fixed Income Fund	SCH0028AU	<b>FIF</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Absolute Return Income Fund	SCH0103AU	<b>HSF</b>		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Real Return CPI Plus 5% Fund	SCH0047AU	<b>RRW</b>		<input type="checkbox"/>	<input type="checkbox"/>

Continued on the next page

Wholesale Class	APIR	Beneficiary Lodgement Code*	Minimum initial investment of AUD 20,000	Distribution Reinvestment	Preference Bank Deposit
Schroder Real Return CPI Plus 3.5% Fund	SCH0096AU	R3W		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Strategic Growth Fund	SCH0102AU	SBF		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Asia Pacific Fund	SCH0006AU	APF		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Emerging Markets Fund	SCH0034AU	GEM		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Recovery Fund	SCH0095AU	GRW		<input type="checkbox"/>	<input type="checkbox"/>
Other – Please specify:				<input type="checkbox"/>	<input type="checkbox"/>

The minimum initial investment is \$500,000 for the Professional Class and \$20,000 for the Wholesale Class. To make a direct deposit, application money can be deposited directly into the following account:

**Name of bank:** JPMorgan Chase Bank N.A.  
**Branch:** Sydney Australia  
**Name of bank account:** Schroder Applications Trust Account No.1  
**SWIFT:** CHASAU2X  
**BSB:** 212 200  
**Account number:** 01003 6955

Application monies for amounts in excess of \$5 million should be transferred by RTGS and released to Schroders before 12pm on the day of the application to avoid any delays in processing the application. Please make your cheque payable to: '**Schroder Applications Trust Account No. 1**' and cross '**Not Negotiable**'.

\* Please quote the surname, super fund name, trust name, company name when making electronic fund transfer.

^ If a preference is not indicated, your distribution entitlement will be reinvested as additional units in the Fund.

Any cost incurred by Schroders in paying distributions by bank deposit may be payable by the investor.

## 8 Reporting

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Please indicate your preference for contact by ticking the appropriate box. All correspondence is to be emailed to:

Investor       Adviser/Consultant       Other as specified in 5 above

Please ensure email addresses are provided in the relevant contact section.

## 9 Annual financial report

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If you elect to receive a copy of the Fund's annual report, we are required by law to provide a copy to you free of charge (which will be sent to your specified email address). If you do not elect to receive a copy, then you may access the Annual Report on our website at [www.schroders.com.au](http://www.schroders.com.au)

Please mark if you would like to receive a copy of the Annual Report each year.

I wish to receive a copy of the Annual Report each year.

## 10 Declaration and signature (must be completed)

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By signing this application the investor acknowledges and confirms that they:

- Are 18 years of age or over (otherwise applications must be made in the name of parent/guardian and signed by parent/guardian).
- Agree to be bound by the provisions of the PDS, Additional Information Booklet, Application Form and the Fund's Constitution (which may be amended from time to time).
- Acknowledge that Schroders reserves the right to refuse an application for units at its discretion.
- Declare that this application was included in, or accompanied by, the current PDS and Additional Information Booklet, which they have read.
- Acknowledge that neither Schroders nor any other person guarantees the return of capital, or the performance of any Fund.
- Acknowledge that telephone conversations with Schroders may be recorded.
- Authorise Schroders to apply the Tax File Number or Australian Business Number quoted to all investments in the name of the investor.
- Authorise Schroders to collect, hold, use and disclose personal information about the investor in accordance with Schroders' Privacy Statement and the privacy statement in the Additional Information Booklet, including direct marketing.
- Confirm that they have the proper authority as detailed in the signatories terms and conditions section of the PDS, Additional Information Booklet and Application Form.
- Are not a politically exposed person.

**Individual/Sole trader/Joint/Partnership/Trustee/Responsible entity/Custodian**

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Signature Name Date

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Signature Name Date

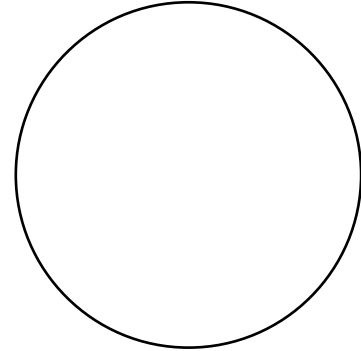
**Company/Incorporated or Unincorporated association/Registered co-operatives  
/Government body (at least TWO to sign unless you indicate otherwise)**

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Signature Name and title Date  
(e.g. Director, secretary or sole director/Secretary)

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Signature Name and title Date  
(e.g. Director, secretary or sole director/Secretary)



Company seal  
(if applicable):

**Additional authorised signatories (including attorneys/agents)\***

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Signature Name Date

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Signature Name Date

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Signature Name Date

Please indicate who is to sign  Any 1 to sign  2 to sign  All to sign

If you do not indicate a choice, Schroders will assume any one signatory can sign.

**Please send the completed application and customer identification form to the address below.**

Attention: Schroders Unit Registry  
c/-Link Market Services  
PO Box 3721  
Rhodes NSW 2138  
Australia

\* Must be accompanied by a certified copy of a power of attorney



# Customer identification forms

## Customer identification forms

In order to comply with the requirements under the 'Anti-Money Laundering and Counter Terrorism Financing Act 2006' (AML/CTF Law), a customer identification form must be completed for all new investors. We will be unable to process your application request if a customer identification form and the requested supporting documents are not provided.

If you are an existing investor and you have previously provided a customer identification form, you will not be required to complete another customer identification form.

## How to complete the customer identification forms?

- Identify your customer type in the table below.
- Complete the relevant fields in the relevant customer type identification form.
- Attach a legible certified copy or extract of your identification documents (see definitions below).

Please send the application form to Schroders Unit Registry together with the relevant completed identification form and supporting identification documents.

## Which customer identification form to use?

The information you need to provide depends upon your customer type. You will only need to complete the section(s) of the form that relate(s) to your particular customer type and circumstances, as follows:

Customer type	Identification form to be completed
Individual	Individual and sole trader identification form
Sole trader (a person who is self employed e.g. carpenter)	Individual and sole trader identification form
Regulated Trust/ Superannuation fund	Complete the regulated trust and trustee identification form PLUS either the Australian company trustee or foreign company trustee identification form if the trustee is a company
Australian company	Australian company identification form
Unregulated Trust	<b>Refer to <a href="http://www.schroders.com.au">www.schroders.com.au</a> for relevant identification forms.</b>
Foreign company	
Partnership	
Government body	
Associations – Incorporated or Unincorporated	
Co-operatives – Unregistered or Registered	

## What does 'certified copy' mean?

**Certified copy** means a document that has been certified as a true copy of an original document. The certifier should sign the copy document (printing his/her name clearly underneath) and clearly indicate his/her position or capacity together with a contact address and phone number. The certifier must indicate that the document is a true copy of the original and that any photo is a true likeness of the person.

## What does 'certified extract' mean?

**Certified extract** means an extract that has been certified as a true copy of some of the information contained in a complete original document.

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**Who can certify documents or extracts?**

People who can **certify** documents or extracts are; (*Italics are added for ease of comprehension*)

- 1 *(a lawyer)* a person who is enrolled on the roll of the Supreme Court of a State or Territory, or 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 Peace;
  - 7 a notary public (for the purposes of the Statutory Declaration Regulations 1993);
  - 8 a police officer;
  - 9 *(a postal agent)* an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
  - 10 *(the post office)* 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 2 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 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
  - 14 an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees; and
  - 15 *(an accountant)* a member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.
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For the most recent update of persons who can certify documents please refer to our website [www.schroders.com.au](http://www.schroders.com.au)

# IDENTIFICATION FORM: INDIVIDUALS & SOLE TRADERS

## GUIDE TO COMPLETING THIS FORM

o Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.

## 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

Business / Occupation

## 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 also 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 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 individual has not been issued with a TIN

**Reason C** The country of tax residency does not mandate provision of the TIN.

**SECTION 3: VERIFICATION PROCEDURE**

Please provide either ONE certified copy of a document from Part I or if you are unable to provide this, then a certified copy of a document from both Part II AND III.

**PART I – ACCEPTABLE PRIMARY 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 Centrelink
<input type="checkbox"/>	Health card issued by 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 ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

Tick ✓	BOTH documents from this section must be presented
<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.

# IDENTIFICATION FORM: AUSTRALIAN REGULATED TRUSTS & TRUSTEES

## GUIDE TO COMPLETING THIS FORM

- o Complete the following in BLOCK LETTERS:
  - Section 1 (all parts) – all trusts.
- AND select ✓ and complete one of the following sections for the trustees:
  - Section 2 (applicable parts) – selected trustee is an Individual.
  - Section 3 (applicable parts) – selected trustee is an Australian Company.

## SECTION 1: TRUST DETAILS

### 1.1 General Information

Full name of trust

Full business name (if any)

Country where trust established

### 1.2 Type of Trust (select ✓ only one of the following trust types and provide the information requested)

Tick ✓	Select one of the following type of Regulated Trust
<input type="checkbox"/>	<b>Self-Managed Superannuation Fund</b> Provide the SMSF's ABN <input style="width: 400px; height: 20px;" type="text"/>
<input type="checkbox"/>	<b>Registered managed investment scheme</b> Provide Australian Registered Scheme Number (ARSN) <input style="width: 400px; height: 20px;" type="text"/>
<input type="checkbox"/>	<b>Unregistered managed investment scheme</b> (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 style="width: 400px; height: 20px;" type="text"/>
<input type="checkbox"/>	<b>Government superannuation fund</b> Provide name of the legislation establishing the fund <input style="width: 400px; height: 20px;" type="text"/>
<input type="checkbox"/>	<b>Other regulated Trust</b> (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 style="width: 400px; height: 20px;" type="text"/> Provide the Trust's ABN or registration/licensing details <input style="width: 400px; height: 20px;" 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: INDIVIDUAL DETAILS (to be completed for individual trustees)

### Trustee One

Full Given Name(s)  Surname  Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is NOT acceptable)

Suburb  State  Postcode  Country

### Trustee Two

Full Given Name(s)  Surname  Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is NOT acceptable)

Suburb  State  Postcode  Country

### Trustee Three

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 NOT acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 3: AUSTRALIAN COMPANY DETAILS (to be completed if selected trustee is an Australian Company)**

**3.1 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

**3.2 Regulatory/ Listing Details (select ✓ the following categories which apply to the trustee company and provide the information requested)**

**Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

**Australian listed company**

Name of market / exchange

**Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market / exchange

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

**Public - Listed** *If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE.*

**Public - Unlisted** *Continue to Section 3.5*

**Proprietary** *Continue to Section 3.4*

**3.4 Directors (only needs to be completed for proprietary companies)**

**This section does NOT need to be completed for public and listed companies.**

How many directors are there?  provide full name of each director below

	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.*

**3.5 Beneficial owners / Shareholders** (only needs to be completed for unlisted public companies, proprietary companies that are not regulated companies as selected in Section 3.2)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital. If there is no one under this category then please provide any individual who is entitled (directly or indirectly) to exercise 25% of more of the voting rights (including a power of veto) and if there is no one that satisfies either of these categories, then provide the details of any individual who holds the position of senior managing official (or equivalent).

**Beneficial owner 1**

Full given name(s)  Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Beneficial owner 2**

Full given name(s)  Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Beneficial owner 3**

Full given name(s)  Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**SECTION 4: 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 4.

**4.1 Tax Status**

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

If the Trust or Trustee is a Financial Institution but does not have a GIIN, provide the Trust's 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 Trust's FATCA status in the box provided)

## GUIDE TO COMPLETING THIS FORM

- o This form is for AUSTRALIAN COMPANIES only. For companies with an address, principle place of business or that are 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 Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact Schroders if you have any queries.

## SECTION 1: AUSTRALIAN COMPANY DETAILS (to be completed if the company is an Australian Company)

### 1.1 General Information

Full name as registered by ASIC	
ACN	
Principal business activity	

### 1.2 Registered Address of Company

Provide the registered address as registered with ASIC (PO Box is not acceptable).

Street							
Suburb		State		Postcode		Country	

### 1.3 Regulatory/ Listing Details (select ✓ each of the following categories that apply to the company & provide the information requested)

**Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name	
Licence details	

**Australian listed company**

Name of market / exchange	
---------------------------	--

**Majority-owned subsidiary of an Australian listed company**

Australian listed company name	
Name of market / exchange	

### 1.4 Company Type (select ✓ only ONE of the following categories and provide any information requested)

- Public - Listed** Go to Section 3.
- Public - Unlisted** Go to Section 1.6
- Private/Proprietary** Go to Section 1.5 below

### 1.5 Directors (only needs to be completed for proprietary companies)

How many directors are there?  provide full name of each director below

	Full given name(s)	Surname
1		
2		
3		
4		

If there are more directors, provide details on a separate sheet.



**1.6 Shareholders**

*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 1.6.1)    No  (Complete 1.6.2)

**1.6.1 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.**

**Shareholder 1**

Full given name(s)					Surname		
Date of birth (dd/mm/yyyy)							
Residential address (PO Box is NOT acceptable)							
Street							
Suburb		State		Postcode		Country	

**Shareholder 2**

Full given name(s)					Surname		
Date of birth (dd/mm/yyyy)							
Residential address (PO Box is NOT acceptable)							
Street							
Suburb		State		Postcode		Country	

**Shareholder 3**

Full given name(s)					Surname		
Date of birth (dd/mm/yyyy)							
Residential address (PO Box is NOT acceptable)							
Street							
Suburb		State		Postcode		Country	

*If there are more Beneficial Owners, provide details on a separate sheet*

**Please proceed to Section 3.**

**1.6.2 Other Beneficial Owners**

If there are no individuals who meet the requirement of 1.6.1, 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)

*If there are more Beneficial Owners, provide details on a separate sheet*

**Please proceed to Section 3.**

## SECTION 2: VERIFICATION PROCEDURE

Please provide either ONE certified copy of a document from Part I or if you are unable to provide this, then a certified copy of a document from both Part II AND III for each shareholder listed in Section 1.6.

### PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

<b>Tick ✓</b>	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

<b>Tick ✓</b>	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 Centrelink
<input type="checkbox"/>	Health card issued by Centrelink
<b>Tick ✓</b>	<b>AND ONE</b> 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 ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

<b>Tick ✓</b>	<b>BOTH</b> documents from this section must be presented (where translated into English where applicable)
<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

### PART IV - AUSTRALIAN COMPANY - should only be completed for companies

<b>Tick ✓</b>	<b>Verification options</b> (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.

## SECTION 3: TAX INFORMATION

### 3.1 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

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

If the company is a Financial Institution, the form is now complete.

**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, the form is now complete.

- An Active Non-Financial Entity (NFE)** (Active NFEs include those that, during the previous reporting period, derived less than 50% of their gross income from passive income (e.g. dividends, interests and royalties) and held less than 50% of assets producing the 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' ([www.oecd.org](http://www.oecd.org)).

If the company is an Active NFE, the form is now complete.

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

Please proceed to section 3.2 (Foreign Beneficial Owners).

**3.2 Foreign Beneficial Owners**

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

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 1.6).

**Person 1**

Full given name(s)	Surname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Taxpayer Identification Number (TIN)	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text"/>

**Person 2**

Full given name(s)	Surname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Taxpayer Identification Number (TIN)	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text"/>

**Person 3**

Full given name(s)	Surname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Taxpayer Identification Number (TIN)	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text"/>

# IDENTIFICATION FORM: UNREGULATED AUSTRALIAN & FOREIGN TRUSTS

## GUIDE TO COMPLETING THIS FORM

This form is for UNREGULATED TRUSTS and TRUSTEES. For Trusts subject to the oversight of an Australian statutory regulator, including Self-Managed Superannuation Funds, complete the AUSTRALIAN REGULATED TRUSTS AND TRUSTEES IDENTIFICATION FORM.

- Complete the following in BLOCK LETTERS:
  - Sections 1 and 5 (all parts) – all trusts.
- AND** select ✓ and complete one of the following sections for ONLY ONE of the trustees:
  - Section 2 (applicable parts) – selected trustee is an Individual.
  - Section 3 (applicable parts) – selected trustee is an Australian Company.
  - Section 4 (applicable parts) – selected trustee is a Foreign Company.

## SECTION 1A: TRUST DETAILS

### 1.1 General Information

Full name of trust

Full business name (if any)

Country where trust established

### 1.2 Type of Trust (select ✓ only one of the following trust types and provide the information requested)

Family Trust     
  Charitable Trust     
  Testamentary Trust

Other trust type

Trust description (e.g. Family, unit, charitable, estate)

### 1.3 Beneficiary Details

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

**Yes** Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)  (Go to Section 1.4)

**No** How many beneficiaries are there?  provide full name of each beneficiary below

	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"/>
5	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
6	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

If there are more beneficiaries, provide details on a separate sheet

### 1.4 Settlor Details

Full name of the settlor of the trust

- The settlor details are not required if:
- the material asset contribution to the trust by the settlor at the time the trust is established less than \$10,000; or
  - the settlor is deceased.

**1.5 Trustee Details**

How many trustees are there?  provide full name & address of each trustee below

**Trustee 1**

Full given name(s) or Company name  Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Trustee 2**

Full given name(s) or Company name  Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Trustee 3**

Full given name(s) or Company name  Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Trustee 4**

Full given name(s) or Company name  Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Trustee 5**

Full given name(s) or Company name  Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Trustee 6**

Full given name(s) or Company name  Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

If there are more trustees, provide details on a separate sheet

**(Go to Section 1B)**

## SECTION 1B: TRUST VERIFICATION PROCEDURE

Tick ✓	Verification options (supply one of the following options used to verify the Trust)
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment). <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A letter from a solicitor or qualified accountant that confirms the name of the trust.
<input type="checkbox"/>	An original or certified copy or certified extract of the trust deed.

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

**Complete ONLY ONE of the following sections, as required, to collect the additional information about the identity of ONLY ONE of the trustees:**

- **Section 2 (applicable parts) – where the selected trustee is an Individual.**
- **Section 3 (applicable parts) – where the selected trustee is an Australian Company.**
- **Section 4 (applicable parts) – where the selected trustee is a Foreign Company.**

## SECTION 2A: INDIVIDUAL DETAILS (to be completed if 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 NOT acceptable) <b>Only provide address details if not provided in Section 1.5 above.</b>			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 2B: INDIVIDUAL TRUSTEE VERIFICATION PROCEDURE

### PART I – ACCEPTABLE PRIMARY 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 Centrelink.
<input type="checkbox"/>	Health card issued by 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).

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

Tick ✓	BOTH documents from this section must be presented
<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.*

**If the selected trustee is an individual, proceed to section 5.**

**SECTION 3A: AUSTRALIAN COMPANY DETAILS (to be completed if selected trustee is an Australian Company)**

**3.1 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

**3.2 Regulatory/ Listing Details** (select ✓ the following categories which apply to the trustee company and provide the information requested)

**Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

**Australian listed company**

Name of market / exchange

**Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market / exchange

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

**Public – listed** Continue to Section 5

**Public - unlisted** Continue to Section 3.5

**Proprietary** Continue to Section 3.4

**3.4 Directors** (only needs to be completed for proprietary companies)

**This section does NOT need to be completed for public and listed companies.**

How many directors are there?  provide full name of each director below

	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.

**3.5 Shareholders** (complete for all companies other than listed or regulated companies)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital. If there is no one under this category then please provide any individual who is entitled (directly or indirectly) to exercise 25% of more of the voting rights (including a power of veto) and if there is no one that satisfies either of these categories, then provide the details of any individual who holds the position of senior managing official (or equivalent).

**Shareholder 1**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Shareholder 2**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Shareholder 3**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**3.6 Shareholder Verification**

Please provide either ONE certified copy of a document from Part I or if you are unable to provide this, then a certified copy of a document from both Part II AND III for each shareholder listed in Section 3.5

**PART I – ACCEPTABLE PRIMARY ID DOCUMENTS**

<b>Tick ✓</b>	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**

<b>Tick ✓</b>	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 Centrelink
<input type="checkbox"/>	Health card issued by Centrelink
<b>Tick ✓</b>	<b>AND ONE</b> 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 ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick ✓</b>	<b>BOTH</b> documents from this section must be presented (where translated into English where applicable)
<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.

**If the selected trustee is an Australian company, proceed to section 5.**



**SECTION 4: FOREIGN COMPANY DETAILS (to be completed if selected trustee is a Foreign Company)****4.1 General Information**Full name of foreign company Country of formation / incorporation / registration  Select  if registered by a foreign body and provide name of body **4.2 Is the foreign company registered with ASIC? (select  ONE of the following)** **Yes** Provide ARBN Provide **EITHER**  principal place of business address in Australia **OR**  local 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 foreign 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 **4.3 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 **4.4 Regulatory/ Listing Details (select  each of the following categories that apply to the trustee company & provide the information requested)** **Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)Regulator name Licence details  **Listed as defined in the FSC/FPA Guidelines**Name of market / exchange  **Majority-owned subsidiary of an Australian listed company**Australian listed company name Name of market / exchange **4.5 Company Type (select  only ONE of the following categories and provide any information requested)** **Public – Listed** Go to Section 5 below. **Public - Unlisted** Go to Section 4.7 below. **Private/Proprietary** Go to Section 4.6 below. **Other** Go to Section 4.6 below.

**4.6 Directors** (complete for all companies other than public or listed companies)

How many directors are there?  provide full name of each director below

	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.

**4.7 Shareholders** (complete for all companies other than listed or regulated companies)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital

**Shareholder 1**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Shareholder 2**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Shareholder 3**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**4.8 Shareholder Verification**

Please provide either ONE certified copy of a document from Part I or if you are unable to provide this, then a certified copy of a document from both Part II AND III for each shareholder listed in Section 4.7.

**PART I – ACCEPTABLE PRIMARY 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 Centrelink
<input type="checkbox"/>	Health card issued by 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 ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

Tick ✓	BOTH documents from this section must be presented (where translated into English where applicable)
<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.*

**SECTION 5: TAX INFORMATION**

**5.1 Tax Status**

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

**Financial Institution or Trust with a Trustee that is a Financial Institution** (A Trust that is primarily established for custodial or investment purposes or a Trust that has a Trustee that is a Financial Institution in its own right)

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

If the Trust or Trustee is a Financial Institution but does not have a GIIN, provide the Trust's FATCA status (select ✓ ONE of the following status)

- Deemed Compliant Financial Institution
- Excepted Financial Institution
- Exempt Beneficial Owner
- Non Reporting IGA Financial Institution
- 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 5.2 (Foreign Controlling Persons). If No, form is now complete.

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, form is now complete.

**A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include those that, during the previous reporting period, derived less than 50% of their gross income from passive income (e.g. dividends, interests and royalties) and held less than 50% of assets producing the 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' ([www.oecd.org](http://www.oecd.org)).

If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed to section 5.3 (Country of Tax Residency).

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

Please proceed to section 5.2 (Foreign Controlling Persons).

**5.2 Foreign Controlling Persons**

Are any of the Trust beneficiaries, Trustees, settlors or beneficial owners tax residents of countries other than Australia Yes  No

If the Trustee is a company, are any of this company's beneficial owners tax residents of countries other than Australia Yes  No

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).

**Person 1**

Full given name(s)  Surname

Taxpayer Identification Number (TIN)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Person 2**

Full given name(s)  Surname

Taxpayer Identification Number (TIN)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Person 3**

Full given name(s)  Surname

Taxpayer Identification Number (TIN)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

\* A Controlling Person is any individual who directly or indirectly exercises control over the Trust. For a Trust, this includes 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 also be as a result of citizenship or residency.

**5.3 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, the form is now complete.

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.

Name	Country	TIN	If no TIN, list reason for A, B or C
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

**Reason B** The Partnership has not been issued with a TIN

**Reason C** The country of tax residence does not mandate provision of the TIN.