

Important Information

- AUSIEX is authorised under the *Income Tax Assessment Act 1936 (Cth)* to ask for your Tax File Number (TFN). It's not compulsory for you to tell us your TFN, Australian Business Number (ABN), or exemption code (if you have one). However, if you don't provide these details, we may need to deduct withholding tax at the maximum marginal tax rate (plus the Medicare levy) from any interest you earn on your Cash Products. Further, if you do not provide us these details, we will not be able to activate your International Markets trading account. If you provide your TFN or the other details mentioned above, they will apply to all your accounts with AUSIEX and you authorise disclosure of your TFN to third parties, where doing so is in accordance with taxation law.
- We are unable to accept applications for clients that are US citizens or residents however this may be subject to change at any time.
- Customers are required by law to provide details of their country/ies of tax residency to AUSIEX as part of our legal obligations under the *Foreign Account Tax Compliance Act (FATCA)* and Common Reporting Standard (CRS).
- One account owner (Director/Trustee) is required to complete and sign a W-8BEN-E form which is valid for 3 years. Please note, we are unable to accept DocuSign signatures for W-8BEN-E forms. Please print and sign this form pen to paper.
- Refer to the end of this document for sample W-8BEN-E forms, submission instructions and explanatory notes. Alternatively, the W-8BEN-E form, can be completed online. We will send you an email with these instructions when your application is being processed.

Client Checklist

Please ensure all applicants:

- Read and understand the International Markets Trading Terms and Conditions, the International Markets Exchange Rules and Market Conduct Information, the Financial Services Guide and the Privacy Policy.
- Complete all applicable fields within the application form.
- Read 'Section 5 – Direct Debit and Payment Instructions' and 'Section 6 – Risk Disclosure Statement'.
- Read and sign 'Section 7 – Client Declaration and Signature/s'.
- For Company accounts: One account owner (Company Director) to complete and sign the W-8BEN-E if the paper form is being completed. See sample Company W-8BEN-E form on pages 20-21 for instructions.
- For SMSF/Trust accounts: One Trustee must complete and sign the U.S. Department of Treasury IRS Form W-8BEN-E, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding if the paper form is being completed. See sample Trust W-8BEN-E form on pages 23-27 for instructions.

Adviser Checklist

- Read and understand the International Markets Trading Terms and Conditions, the International Markets Exchange Rules and Market Conduct Information, the Financial Services Guide, and the Privacy Policy.
- Read and sign 'Section 8 – Adviser Declaration and Signature'.

Adviser Details

Adviser code or username

Adviser name

Existing AUSIEX account number – if applicable

Type of account

- ☐ Company
 ☐ SMSF/Trust – Individual/Joint as Trustee
 ☐ SMSF/Trust – Company as Trustee

Note: For Individual or Joint accounts, please use form 1038.

1. Personal Details – Applicant/Director/Trustee 1

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First name Middle name/s Surname Date of birth – DD/MM/YYYY / /

Other name/s commonly known by – If applicable

☐ Male ☐ Female

Residential Address

Street address – Cannot be a PO Box

Suburb State Postcode

Country

Postal Address

☐ Same as residential address

Street address

Suburb State Postcode

Country

Contact Details – Must be applicant's details

Email address – Mandatory

Mobile number – Mandatory

Trade Confirmations will be sent by email only.

Home number – Optional

Work number – Optional

Identification – Complete this section if your client does **not have an existing share trading account with AUSIEX. Please choose one of the options below.**

To meet our obligations with the Anti Money Laundering/Counter-Terrorism Financing Act 2006, we must identify customers before we provide a service. Please select one of the following:

<input type="radio"/>	<p>Option 1 – Existing customer</p> <p>If you are an existing customer, please provide your Username or share trading account number below.</p> <p>Username/Share trading account number: <input type="text"/></p>
<input type="radio"/>	<p>Option 2 – New customer</p> <p>Please attach two copies of primary ID such as Australian Driver Licence (both the front and back of the card), and Passport or Medicare card. See the 'Identification Documentation Requirements' list available from our website for more information.</p> <p>By selecting this option and providing copies of your ID, you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.</p>
<input type="radio"/>	<p>Option 3 – New customer</p> <p>If you do not meet the criteria for Option 1 or Option 2 or you do not consent to your ID being electronically verified, please refer to the 'Identification Documentation Requirements' list available from our website.</p> <p>Please ensure the ID provided is originally certified.</p>

Online Access – Complete this section if your client does **not have an existing share trading account with AUSIEX.**

You will need this the first time you log in. Your Username will be provided in a welcome email when the account has been established.

Temporary Login Password

- i** Your nominated temporary password:
- Must be between 6 and 16 characters long
 - Is not case sensitive
 - Must not contain spaces
 - Can contain most characters except '<=>^{}'
 - Must not contain the word 'password'

Tax Residency Information

1. Are you a tax resident of Australia? – Mandatory	<input type="radio"/> Yes	<input type="radio"/> No
2. Tax File Number or Exemption Code		
3. Are you a tax resident of another country outside of Australia? – Mandatory If yes, please complete the Tax Residency table below.	<input type="radio"/> Yes	<input type="radio"/> No

Instructions for completion:

- List all of your other countries of tax residency and your TIN for that country or 'Reason Code' if no TIN is available.
- We are unable to accept applications for US citizens or residents however this may be subject to change at any time.
- Tax residency information is not required for Publicly Listed Companies or SMSFs.

For further instructions on how to complete this section see [explanatory notes #2](#) at the end of this application.

Country/ies of Tax Residency List all country/ies of tax residency.		Tax Identification Number (TIN)				
		1. Provide either TIN; OR 2. Select a 'Reason Code' if no TIN: A. My country of tax residency does not issue TINs B. I haven't been issued with a TIN by my country of tax residency C. My country of tax residency doesn't require disclosure of a TIN				
1		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
2		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
3		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

Job Category and Type

Refer to the '[Job and Industry Classifications List](#)' available on our website.

Job Category	Job Type

Source of Funds and Source of Wealth

Refer to [explanatory note #4](#) at the end of this document.

Source of Funds	Source of Wealth

1. Personal Details – Applicant/Director/Trustee 2

☐ Mr
 ☐ Ms
 ☐ Mrs
 ☐ Miss
 ☐ Dr
 ☐ Other

First name
 Middle name/s
 Surname
 Date of birth – DD/MM/YYYY / /

Other name/s commonly known by – If applicable
☐ Male
 ☐ Female

Residential Address

☐ Same as Applicant 1

Street address – *Cannot be a PO Box*

Suburb
 State
 Postcode

Country

Postal Address

☐ Same as Residential Address

Street address

Suburb
 State
 Postcode

Country

Contact Details – *Must be applicant's details*

Email address – *Mandatory*

Mobile number – *Mandatory*

Trade Confirmations will be sent by email only.

Home number – *Optional*

Work number – *Optional*

Identification – *Complete this section if your client does **not** have an existing share trading account with AUSIEX. Please choose one of the options below.*

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 - Must not contain the word 'password'

Tax Residency Information

1. Are you a tax resident of Australia? – <i>Mandatory</i>	<input type="radio"/> Yes	<input type="radio"/> No
2. Tax File Number or Exemption Code	<input type="text"/>	
3. Are you a tax resident of another country outside of Australia? – <i>Mandatory</i> If yes, please complete the Tax Residency table below.	<input type="radio"/> Yes	<input type="radio"/> No

Instructions for completion:

- List all of your other countries of tax residency and your TIN for that country or 'Reason Code' if no TIN is available.
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Country/ies of Tax Residency		Tax Identification Number (TIN)			
List all country/ies of tax residency.		1. Provide either TIN; OR 2. Select a 'Reason Code' if no TIN: A. My country of tax residency does not issue TINs B. I haven't been issued with a TIN by my country of tax residency C. My country of tax residency doesn't require disclosure of a TIN			
1		TIN:		OR	Reason Code: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
2		TIN:		OR	Reason Code: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
3		TIN:		OR	Reason Code: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

Job Category and Type

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Job Category	Job Type

Source of Funds and Source of Wealth

Refer to [explanatory note #4](#) at the end of this document.

Source of Funds	Source of Wealth

Additional Account Applicants

Please copy and fill out the above section for each additional account applicant.

2. Company Details – *If applicable*

Company name	Registered business name
Australian Business Number (ABN)	Australian Company Number (ACN)
Tax File Number (TFN) or Exemption Code – <i>Optional</i>	

Refer to [explanatory note #1](#) at the end of this document.

Type of company?	<input type="radio"/> Public	<input type="radio"/> Proprietary/Private
Was the company established in Australia?	<input type="radio"/> Yes	<input type="radio"/> No
If no, is this foreign company registered with ASIC?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, provide Australian Registered Business Number (ARBN)		
Is the company operating as a charity?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, what is the objective/purpose of the charity?		

Is the company's primary activity investing? Select 'Yes' if:	<input type="radio"/> Yes	<input type="radio"/> No
<ul style="list-style-type: none"> The company earns more than 50% of its total income from investment activities. For example, rent, interest or dividends; OR More than 50% of the entity's assets produce or are held for producing investment income. 		
Has the company ever been declared insolvent?	<input type="radio"/> Yes	<input type="radio"/> No

Company Industry Category and Type

Refer to the ['Job and Industry Classifications List'](#) on our website.

Company Industry Category

Company Industry Type

Source of Funds and Source of Wealth

Refer to [explanatory note #4](#) at the end of this document.

Source of Funds

Source of Wealth

Company Contact

☐ Same as Applicant 1

☐ Same as Applicant 2

Email address – *Mandatory*

Phone number

Company Address

Registered Business Address

☐ Same as Applicant 1

☐ Same as Applicant 2

Street address – *Cannot be a PO Box*

Suburb

State

Postcode

Country

Postal Address

☐ Same as registered address

Street address

Suburb

State

Postcode

Country

Principal Place of Business

☐ Same as registered address

Street address – *Cannot be a PO Box*

Suburb

State

Postcode

Country

Additional Director Details

List the full names of all additional directors of any foreign company or domestic proprietary company that are not listed as an applicant in Section 1. If there are more than three additional directors please take a copy of this section, complete and attach to your application.

Additional Director 1

<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Dr	<input type="radio"/> Other	
First name		Middle name/s		Surname		

Additional Director 2

<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Dr	<input type="radio"/> Other	
First name		Middle name/s		Surname		

Additional Director 3

<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Dr	<input type="radio"/> Other	
First name		Middle name/s		Surname		

Beneficial Owner Details – *Mandatory for Proprietary/Private Companies*

A. Are there any individuals who own 25% or more of the shares either directly or indirectly in the company?

<input type="radio"/> Yes – Go to D and provide details
<input type="radio"/> No – Go to B

B. Are there any individuals who control 25% or more of the shares either directly or indirectly in the company? For example through voting rights?

<input type="radio"/> Yes – Go to D and provide details
<input type="radio"/> No – Go to C

C. If there are no beneficial owners or controllers who control 25% or more of the shares either directly or indirectly, please provide details in D for any individual/s who are responsible for the strategic or financial decisions of the company. That is, the individual/s who exercises primary control over the company because of the position held, e.g. CEO, Managing Director or equivalent.

D. Please provide personal details of individuals – at least one individual must be listed.

<input type="radio"/> Beneficial Owner/Controller 1 same as Applicant 1 OR complete and return Appendix 1
<input type="radio"/> Beneficial Owner/Controller 2 same as Applicant 2 OR complete and return Appendix 1

Additional Beneficial Owners/Controllers

Please complete and return [Appendix 1](#) at the end of this form for each additional Beneficial Owner/Controller.

3. Individual Trustee/Joint Trustees/Corporate Trustee Details

Trust Type

☐ SMSF ☐ Family ☐ Testamentary ☐ Other

Full Trust Name – *As per Trust Deed*

Account Designation

Used when you wish to trade under the Trust. Ensure the account designation matches your Trust Deed or existing account.

i The words or reference to “trust”, “as trustee for”, “trustee”, “ATF”, “Testamentary” should **not** be used in the Account Designation.

Was the Trust established in Australia?

☐ Yes ☐ No

Is the Trust operating as a charity?

☐ Yes ☐ No

If yes, what is the objective/purpose of the charity?

Trust Tax Details

Australian Business Number (ABN)

Tax File Number (TFN) or Exemption Code – *Optional*

Refer to [explanatory note #1](#) at the end of this document.

Trust Industry Category and Type

Refer to the [‘Job and Industry Classifications List’](#) on our website.

i SMSF Trusts Industry Category is ‘Finance and Insurance’ and Trust Industry Type is ‘Superannuation Funds’.

Trust Industry Category

Trust Industry Type

Source of Funds and Source of Wealth

Refer to [explanatory note #4](#) at the end of this document.

Source of Funds

Source of Wealth

Settlor of Trust – *Mandatory except if trust type is SMSF or Testamentary Trust*

Was the trust established with a ‘settled sum’ of \$10,000 or more?

☐ Yes ☐ No

If yes, what is the name of the settlor?

1) Is the Trust’s primary business activity investing?

Tick “Yes” if the Trust earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends); or more than 50% of the Trust’s assets produce or are held for producing investment income.

☐ Yes ☐ No

If Yes and the Trust is NOT a SMSF or Charity, please answer question 2.

2) Are any Trust Applicants, Directors or Shareholders tax residents, citizens or residents of countries other than Australia?

☐ Yes ☐ No

Trust Address Details

Registered Address of the Trust

☐ Same as Applicant 1
☐ Same as Company

Street address – *Cannot be a PO Box*

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Postal Address

☐ Same as Applicant 1
☐ Same as Company

Street address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Additional Trustee Details – For individual trust type only

Please complete and return [Appendix 1](#) at the end of this form for each additional Trustee.

i Please note additional trustees who have completed Appendix 1 will **not** be granted operator access to the account. If there are additional operators, please photocopy section 1.

Beneficiary Details – Mandatory except for SMSF

Provide the type of membership class (e.g. unit holder, family member) or the full name of each beneficiary. If there are more than 2 membership classes/beneficiaries please take a copy of this section, complete and attach to your application.

Membership classes

OR provide Beneficiary details

Beneficiary 1

☐ Same as Applicant 1

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First name	Middle name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 2

☐ Same as Applicant 2

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First name	Middle name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Funding Instructions

The account listed below will be used for funding the International Markets AUD wallet for currency conversion or settling trades. You can transfer funds to/from this account via your International Markets Account. Trade settlement for International trades will not occur directly from this funding account. Applicant/s will be notified via email when a transfer of funds occurs in relation to the account.

Australian Bank account to be used for funding and withdrawals

Account name	BSB	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

- i**
- The nominated bank account must be in the same entity name provided in this application.
 - If the linked bank account has one or more parties which are not the share trading account holders, you must provide identification of those parties with a signature and ensure they sign the Declaration & Signature/s section of this form.
 - Please note that you are required to provide funds in advance in order to place a buy trade.

5. Direct Debit and Payment Instructions

I/We authorise and request Australian Investment Exchange Limited (APCA User ID no. 093 992 – Debit and 093 993 – Credit) to arrange for funds to be debited from/credited to my/our accounts as specified in this Application through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this authority is governed by and will remain in force in accordance with the Direct Debit/Credit Request Service Agreement section of the International Markets Trading Terms and Conditions governing each product and financial service I/we are applying for.

Payment Instructions

To fund your share trading account, and withdraw Australian dollars, you must nominate to do so through your nominated bank account. To fund/withdraw by direct debit/credit, you need

to provide your nominated bank account details in the Funding Instructions in Section 4. Please ensure that your nominated bank account is in the same name as your International Markets Account Application Form.

I/We agree for AUSIEX to remit funds to my/our nominated bank account.

I/We authorise the following:

- AUSIEX to verify the details of the bank account mentioned in this form with my/our Financial Institution;
- The Financial Institution to release information allowing AUSIEX to verify the account details mentioned in this form.

6. Risk Disclosure Statement

The risks involved with investment in International Securities differ significantly from investment in securities quoted on the regulated stock exchange for Australian shares.

This Risk Disclosure Statement does not disclose all of the risks associated with investment in International Securities. It should not be relied upon as a complete explanation of the risks involved. If you need further explanation regarding investment in international markets, you should seek appropriate professional advice. Below is an example that seeks to demonstrate the share trading risks when trading in International Securities. This example is for illustrative purposes only and should not be considered advice.

Example: Foreign Currency Risk

Your International Securities will be denominated in a currency other than Australian dollars.

- You buy 100 shares at US\$50 per share for a total value of US\$5,000.
- You purchase US\$5,000 at the rate of A\$/US\$0.60 and your initial investment cost is A\$8,333.33.
- If the A\$/US\$ strengthens to the rate of A\$/US\$0.70, the value of your investment falls to A\$7,142.86 assuming no change in the price of the shares.
- If the A\$/US\$ weakens to the rate of A\$/US\$0.50, the value of your investment rises to A\$10,000 assuming no change in the price of the shares.

You can see from this example that as the A\$ strengthens against US\$, the A\$ value of your US shares will fall. Of course the reverse applies – as the A\$ weakens against US\$, the A\$ value of your US shares will rise. Please note that this example is exclusive of brokerage, exchange fees, and any other fees and charges that may apply.

International Custodian

Your International Securities will be held in the custody of an International Custodian, appointed by us as set out in the International Markets Trading Terms and Conditions. Securities in the custody of an International Custodian may be subject to risk arising from change to the political, legal, regulatory and/or commercial environment of the country of the International Custodian or overseas stock exchange(s) that the securities are listed on.

Whilst we will use reasonable care in selecting International Custodians, we shall not be liable for any losses incurred by you by reason of any act, omission, fraud or negligence of any International Custodian in relation to the holding of or dealing with your International Securities.

POLITICAL AND REGULATORY RISK

Trading conditions and your ability to buy and sell securities in a foreign market may be affected by political risk and regulatory risk in the country in which the overseas market operates. Political risk may include sudden changes in laws and regulations imposed by the government, sometimes on short notice, and sometimes on a temporary basis. Regulatory risk is the risk that standards of conduct in the overseas market may differ from standards of disclosure and conduct that apply to securities quoted on the Australian Securities Exchange and Cboe Australia Pty Ltd. For example risks will be higher where companies are able to list on a foreign market with less initial and ongoing regulatory requirements than on the Australian Exchanges. As a result, securities traded on such a foreign market may be susceptible to high volatility and there are no assurances that there will be a liquid market for your investments.

Australia, as a member state of the United Nations, is obliged to implement United Nations Security Council sanctions. Australia also may be required to implement other international sanctions and sometimes imposes unilateral sanctions. Sanctions can cover various subject matters including financial restrictions.

Consequently, AUSIEX may be prohibited from dealing with certain persons or entities.

This means that if AUSIEX is aware that you are a Proscribed Person or entity, or associates of, then AUSIEX may be required to suspend, cancel or refuse you services or close or terminate any account, facility, transaction, arrangement or agreement with you. We may also be required to freeze your assets. You could incur significant costs as a result of these actions.

Taxation

AUSIEX does not provide taxation advice.

We recommend you obtain professional taxation advice to evaluate whether an investment in International Securities is appropriate to your particular financial circumstances and objectives.

In Summary

You and your advisers should be aware of the following additional acknowledgements you are making by signing this risk statement. You acknowledge:

- a. that investing in International Securities carries risks, including but not limited to:
 - i. gains from security price movements can be more than off-set by adverse foreign exchange movements;
 - ii. intra-day price movements on international security and currency exchanges can be relatively volatile;
 - iii. strong past performances are not necessarily indicative of future performance;
 - iv. taxation implications can be different from investing in Australian securities and may vary depending on your individual circumstances;
- b. that you accept without limitations all risk associated with investing in International Securities and the holding of your International Securities by an International Custodian.
- c. that AUSIEX does not give financial advice, make personal securities recommendations or provide any foreign exchange or taxation advice, and that it is your own responsibility to assess and evaluate proposed transactions in International Securities in the light of your financial situation, investment objectives and particular needs; and
- d. that AUSIEX recommends you seek appropriate professional advice before investing in International Securities.

7. Client Declaration and Signature/s

All applicants and the adviser must sign this declaration.

Applicant/s Declaration

By completing and signing this application, the Applicant(s) understand, acknowledge and agree that:

I/We have been supplied with the following documents, available on the AUSIEX website prior to receiving any financial service from AUSIEX, and have read, understand and agree to be bound to the following:

- Financial Services Guide
- International Markets Exchange Rules and Market Conduct Information
- International Markets Trading Terms and Conditions
- Share Trading Terms and Conditions
- Privacy Policy

I/We acknowledge that AUSIEX does not give financial advice, make personal securities recommendations or provide any foreign exchange or taxation advice, and that it is my/our own responsibility to assess and evaluate proposed transactions in International Markets in the light of my/our financial situation, investment objectives and particular needs.

I/We acknowledge that AUSIEX recommends that I/we seek professional advice before investing in International Markets. I/We understand the law prohibits the use of false names, as well as the giving or use of false documents in connection with the provision of financial services and the making, possession or use of a false document in connection with an identification procedure.

I am/We are not commonly known by any names different to those disclosed in this application form. The name of individual persons given in this application are true and correct and acknowledge that it will form part of the agreement with AUSIEX.

I/We declare that I/we are 18 years of age or over, the details as shown on this form are complete and correct. If there are any changes to this information in the future, I/we will advise AUSIEX as soon as possible.

I/We declare that I am/we are Australian resident(s) for taxation purposes.

I/We acknowledge that when there is more than one of us, we authorise AUSIEX to accept instructions from one or more of us on behalf of all of us.

Declaration regarding the AUSIEX International Markets trading account

I/We acknowledge and agree that my/our AUSIEX International Markets trading account will not take effect until AUSIEX notifies me/us that the identification and verification process has been satisfied. Until that time, AUSIEX is not under any obligation to accept or act on any instructions in relation to this account.

My/Our International Securities will be held in the custody of an International Custodian, appointed by AUSIEX and I/we will retain beneficial ownership (but not legal ownership) of our International Securities. I/We understand that the name of the International Custodian will appear on the share registry as a legal owner rather than my/our own name.

I/We understand and agree that I/we will not be eligible to trade in any International Market available exchange if I/we do not provide the necessary documentation to AUSIEX.

I/We acknowledge that I/we have read the Risk Disclosure Statement for AUSIEX International Markets relating to the risks of investing in International Markets and that I/we have read and understood its contents.

I/We acknowledge that AUSIEX is not obliged to notify me/us of any proposed Corporate Actions in relation to securities held by me/us except as outlined in the International Markets Terms and Conditions and cannot be held liable for any failure that I/We have not acted on a corporate action.

I/We consent to the following:

- Receiving all further information (including Financial Services Guides, Terms and Conditions, statements, notices and information about fees) by it being made available on the AUSIEX website.

- AUSIEX advising me via the nominated electronic address(es) (including email and SMS), that information is available on the AUSIEX website.
- I/We may not receive paper documents. I/We understand we need to check our accounts regularly for electronic communications and that I/we can change my/our nominated electronic address or withdraw my/our consent.
- I/We, the Applicant/s, acknowledge and agree that all confirmations are to be sent electronically to my/our email and where the confirmation is posted, that a charge will apply.

Privacy

I/We have read the notice regarding the collection, use and exchange of my/our personal information as set out in the International Markets Trading Terms and Conditions and Privacy Policy available on the AUSIEX website.

I/We have obtained the consent of any individual/s whose personal information is provided in this application. I/We acknowledge and consent to the collection, use or exchange of my/our personal information in accordance with the Privacy Policy.

Declaration in respect of my/our adviser

I/We, the Applicant/s, authorise the adviser to open an AUSIEX International Markets trading account with AUSIEX and to give instruction to AUSIEX on this account on my/our behalf.

I/We authorise AUSIEX to accept instructions on my/our behalf from my/our adviser and confirm that my/our adviser has the power to do the following in my/our name and on my/our behalf from time to time:

1. to have access to, receive, and enquire about information pertaining to an account;
2. to acquire, buy, deal with and dispose of, or sell any financial products;
3. to provide authorisation to make and receive payment for any financial products, transactions and attendant expenses by any means whatsoever and to give a goods receipts and discharges for the proceeds and sales on financial products and other monies;
4. to execute all contracts and other documents necessary or proper for the custody, dealing and transfer of financial products and related matters;
5. to receive, hold, or arrange custody of evidence or title to financial products; and
6. to exercise all rights, obligations, duties, and privileges now and in the future with regard to transacting in financial products that pertain to me as the holder of financial products;

I/We accept that my/our adviser has access to all information relating to transactions undertaken in relation to dealings with AUSIEX.

I/We acknowledge that my/our adviser or the Adviser's named licensee may delegate the authorisation as noted in subclauses above to persons nominated by the Australian Financial Services Licence holder from time to time.

I/We, the Applicant/s, declare that I/we have the legal capacity to make these declarations, accept the conditions and enter into the agreements referred to in the points above.

For Trusts Only

I/We:

- Warrant that the trust deed/instrument authorises the opening and operation of the account as contemplated by this Application, and
- Warrant that authority has been given by signature of the trustee/s, or where the trustee is a company, by resolution passed at a legally constituted meeting of director/s of the company for the opening and operation of the account/s in the name of and on the terms and conditions and in the manner set out in this Application.

Applicant/Director/Trustee 1

Full name Date signed – DD/MM/YYYY / /

Signature – Must be signed pen to paper with the exception of using DocuSign

For electronic signatures only

- I/We agree that if I/we choose to execute this document which is required by the Participant, utilising DocuSign, I/we acknowledge that:
 - I/we are signing this application form electronically and that my/our electronic signature is equivalent to my/our 'wet ink' signature;
 - I/we are legally bound to the terms and conditions of this form; and
 - I/we confirm that my/our electronic signature is valid and that I/we are authorised to enter into the relevant agreement with the Participant as described in this form.

Applicant/Director/Trustee 2 – If applicable

Full name Date signed – DD/MM/YYYY / /

Signature – Must be signed pen to paper with the exception of using DocuSign

 If there are more than 2 applicants, please take a copy of this section, complete and attach to your Application.

8. Adviser Declaration and Signature

- As the adviser, I agree that the above client/s has/have been provided with the Financial Services Guide prior to receiving any financial service from AUSIEX and the client/s has/have also been supplied with the following documents, including but not limited to the:
 - International Markets Exchange Rules and Market Conduct Information;
 - International Markets Trading Terms and Conditions;
 - Share Trading Terms and Conditions;
 - Privacy Policy.
- I have been appointed by the applicant/s as their client adviser and I have identified the applicant/s and where applicable the Trust.
- AUSIEX is authorised to take instruction/s from this client's adviser on behalf of the applicant/s.

Adviser

Full name Date signed – DD/MM/YYYY / /

Signature – Must be signed pen to paper with the exception of using DocuSign

For electronic signatures only

- I agree that if I choose to sign this document utilising DocuSign, I acknowledge that:
 - I hold an authorised, current, and valid licence for DocuSign;
 - I have advised the signatory of this document that they are signing electronically;
 - I am signing this application form electronically and that my electronic signature is equivalent to my 'wet ink' signature;
 - I am legally bound to the terms and conditions of this form; and
 - I confirm that my electronic signature is valid and that I am authorised to enter into the relevant agreement with the Participant as described in this form.

Explanatory Notes

1. Australian Business Number (ABN), Tax File Number (TFN) or Exemption Code

Providing your ABN, TFN or Exemption Code is not compulsory, but if you do not, tax may be taken out of your interest at the highest marginal tax rate plus Medicare levy.

If you quote your TFN or ABN, you authorise AUSIEX to disclose it to its related bodies corporate, ASX Settlement Corporation, the provider of your cash management account, trustees, sponsors of your shareholdings and their agents and other issuers of securities for purposes relating to the securities in the trading account.

TFN and Trusts

Formal trust – established as a legal entity under a formal trust deed and has a TFN. Quote the TFN of the formal trust.

Informal trust – no formal arrangements in place e.g. minor, and there is no requirement for you to furnish a Trust income tax return to the Australian Taxation Office. Provide the Tax File Number/s of the Trustee/s.

2. Tax Identification Number (TIN)

If you are a tax resident of another country, you will be asked for your Tax Identification Number (TIN) issued to you in that country, if you have one.

TIN is an international term which may have a different name in some countries.

A compilation of links to information about TINs for many countries can be found here: <https://www.oecd.org/>

Examples are Tax File Number (TFN) in Australia, Social Insurance Number (SIN) in Canada, Unique Taxpayer Reference (UTR) or National Insurance Number (NINO) in United Kingdom, Permanent Account Number (PAN) in India, IRD Number in New Zealand, and Tax Reference Number (TRN) in Malaysia.

3. Account Designation

Account Designation is used when you wish to trade under the name of a Superannuation Fund, Family Trust, Minor or Deceased Estate. Examples include: Brown S/F A/C, Brown Family A/C, Louise Brown (minor). Please ensure that your account designation matches that of your Trust Deed or existing account.

4. Source of Funds and Source of Wealth

Source of Funds:

The origin and the means of transfer of the Fund to service the new product (e.g., salary/wages, business income)

- | | | |
|----------------------------|-------------------------|--|
| • Salary/Wages | • Loan | • Inheritance |
| • Commission | • Insurance payment | • Gift/Donation |
| • Bonus | • Compensation payment | • Windfall |
| • Business income/earnings | • Government benefits | • Tax refund |
| • Business Profits | • Sales of an asset | • Additional Sources (provide sources) |
| • Rental income | • Liquidation of assets | |
| • Superannuation/pension | • Redundancy | |

Source of Wealth:

The origin of your financial standing or total net worth (e.g., how you have generated your wealth)

- | | | |
|----------------------------------|------------------------------|--|
| • Business income/earnings | • Gift/Donation | • Owns real estate/property |
| • Business profits | • Insurance payment | • Refused to answer |
| • Compensation payment | • Investment income/earnings | • Rental income |
| • Controlled money account | • Liquidation of assets | • Sale of assets |
| • Corporate investments earnings | • Mergers & Acquisitions | • Additional Sources (provide sources) |

Appendix 1

Additional Beneficial Owner, Controller or Trustee 1

Please copy and complete this form for each additional Beneficial Owner and additional Trustee not already mentioned in this application.

<input type="radio"/> Additional Beneficial Owner/Controller		<input type="radio"/> Additional Trustee	
<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Mrs	<input type="radio"/> Miss
<input type="radio"/> Dr	<input type="radio"/> Other		

First name	Middle name/s	Surname	Date of birth – DD/MM/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Other name/s commonly known by – *If applicable*

☐ Male ☐ Female

Street address – *Cannot be a PO Box*

Suburb	State	Postcode	Country – <i>If not Australia</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact number	Email address
<input type="text"/>	<input type="text"/>

Identification – Choose one of the options below.

To meet our obligations with the *Anti Money Laundering/Counter-Terrorism Financing Act 2006*, we must identify customers before we provide a service. Please select one of the following:

<input type="radio"/>	Option 1 – Existing customer If you are an existing customer, please provide your Username or share trading account number below. Username/Share trading account number: <input type="text"/>
<input type="radio"/>	Option 2 – New customer Please attach two copies of primary ID such as Australian Driver Licence (both the front and back of the card), and Passport or Medicare card. See the ' Identification Documentation Requirements ' list available from our website for more information. By selecting this option and providing copies of your ID, you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.
<input type="radio"/>	Option 3 – New customer If you do not meet the criteria for Option 1 or Option 2 or you do not consent to your ID being electronically verified, please refer to the ' Identification Documentation Requirements ' list available from our website. Please ensure the ID provided is originally certified .

Appendix 1

Additional Beneficial Owner, Controller or Trustee 2

Please copy and complete this form for each additional Beneficial Owner and additional Trustee not already mentioned in this application.

<input type="radio"/> Additional Beneficial Owner/Controller		<input type="radio"/> Additional Trustee	
<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Mrs	<input type="radio"/> Miss
<input type="radio"/> Dr	<input type="radio"/> Other		

First name	Middle name/s	Surname	Date of birth – DD/MM/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Other name/s commonly known by – *If applicable*

☐ Male ☐ Female

Street address – *Cannot be a PO Box*

Suburb	State	Postcode	Country – <i>If not Australia</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact number	Email address
<input type="text"/>	<input type="text"/>

Identification – Choose one of the options below.

To meet our obligations with the *Anti Money Laundering/Counter-Terrorism Financing Act 2006*, we must identify customers before we provide a service. Please select one of the following:

<input type="radio"/>	Option 1 – Existing customer If you are an existing customer, please provide your Username or share trading account number below. Username/Share trading account number: <input type="text"/>
<input type="radio"/>	Option 2 – New customer Please attach two copies of primary ID such as Australian Driver Licence (both the front and back of the card), and Passport or Medicare card. See the ' Identification Documentation Requirements ' list available from our website for more information. By selecting this option and providing copies of your ID, you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.
<input type="radio"/>	Option 3 – New customer If you do not meet the criteria for Option 1 or Option 2 or you do not consent to your ID being electronically verified, please refer to the ' Identification Documentation Requirements ' list available from our website. Please ensure the ID provided is originally certified .

Declarations for Additional Beneficial Owner, Controller or Trustee/s

1. The information I provided to you in this form is complete and correct.
2. The name of individual persons given in this form are true and correct and I understand the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure.
3. That I consent to the collection, use and exchange of my personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions and Privacy Policy for each product I/we are applying for.
4. AUSIEX is required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* to collect information about you and verify your identity before we can provide you with the services or products for which you've applied. If you selected 'Passport or Australian Driver Licence' as the method of ID in this form the following applies to you:
 - a. I consent to having electronic identification performed using personal details and identification documents. I have provided, and understand that providing false or misleading information about my identity is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.
 - b. I consent to having my personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems.
 - c. I understand that my personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases.
 - d. As part of the electronic identification process, I permit these external organisations to record, use and disclose my information in accordance with their own privacy policies and legal obligations. I understand that AUSIEX and its outsourced providers will access records held about me by these external organisations only for the purpose of matching the identifying information I have chosen to provide.

- e. I consent to providing my name, address and date of birth to selected credit reporting agencies to match this information against their records.
- f. I understand that this is done only for identity verification purposes as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

You do not have to consent to electronic verification. If you do not want to be verified electronically, please contact us for alternative options of confirming your identity.

For electronic signatures only

- I/We agree that if I/we choose to execute any document which is required by the AUSIEX in relation to the AUSIEX International Market services, utilising DocuSign, I/we understand that:
 - a. I/we are signing the documents electronically and that my/our electronic signature is equivalent to my/our 'wet ink' signature; and
 - b. I/we are legally bound to the terms and conditions of the documents.

Additional Beneficial Owner, Controller or Trustee 1

Full name Date signed – DD/MM/YYYY
 / /

Signature – *Must be signed pen to paper with the exception of using DocuSign*

Additional Beneficial Owner, Controller or Trustee 2

Full name Date signed – DD/MM/YYYY
 / /

Signature – *Must be signed pen to paper with the exception of using DocuSign*

The AUSIEX International Markets service ("International Markets" or "International Trading") is an international share trading, nominee and custody service provided by Australian Investment Exchange Limited ("AUSIEX") ABN 71 076 515 930, AFSL 241400, a wholly owned subsidiary of Nomura Research Institute, Ltd. ("NRI").

How to submit your documents

Clients

Please provide your completed and signed form with relevant supporting documents to your adviser.

If you are required to send Original Certified Copies of documents please send via post to:

📍 **AUSIEX, Locked Bag 3005, Australia Square NSW 1215**

☎ 1800 252 351 ✉ international@ausiex.com.au 🌐 ausiex.com.au

Advisers

Lodge this form and all supporting documents
ausiex.com.au > Administration > eSubmit



9. Complete your Form W-8BEN-E

What is Form W-8BEN-E?

Form W-8BEN-E is a tax form required by the United States Inland Revenue Service (IRS).

Who must complete Form W-8BEN-E?

Form W-8BEN-E must be completed by clients operating International Securities Trading Accounts. One authorised representative (Company Director) is required to complete the W-8BEN-E form.

Purpose of Form W-8BEN-E

Form W-8BEN-E establishes that you are not a U.S. person for tax purposes and, if applicable, allows you to claim a reduced rate of, or exemption from, U.S. withholding tax on income derived from U.S. shares.

Expiration of Form W-8BEN-E

The W-8BEN-E will remain in effect for a period starting on the date the form is signed and ending on the last day of the third succeeding calendar year, unless a change of circumstances makes any information on the form incorrect.

Can the Form W-8BEN-E be completed online?

Yes – when we receive your application, an email will be sent with instructions to complete the W-8BEN-E form online.

i No alterations or liquid paper (correction fluid) on the W-8BEN-E Form. Crossing out or scribbling are NOT accepted and will lead to rejection of the form.

DO NOT complete this form if you are a U.S. citizen or green card holder.

We are unable to accept DocuSign signatures for W-8BEN forms. Please print and sign this form pen to paper.

Please note that you have obligations under U.S. tax laws to provide information necessary for U.S. tax withholding and reporting requirements. The information below has been provided to assist you with your obligations, however, you should ensure that you understand your obligations before completing and returning the forms to AUSIEX. AUSIEX is unable to provide you with advice in relation to your obligations or the U.S. tax consequences of your investment. For further advice contact the IRS or your U.S. tax adviser. **To view IRS instructions on completing the form go to www.irs.gov/formw8bene.**

Application Type	Sections to Complete on W-8BEN-E	Guidelines on Completion
Company	Part I: 1, 2, 4, 5, 6, 7, 8, 9a, 9b and 9c	<p>See completed Company sample form on pages 20 & 21.</p> <ul style="list-style-type: none"> • Question 1 – Enter the company name (the company name must match the name on the AUSIEX International Markets Account Application form). • Question 2 – The country of incorporation should be Australia. • Question 4 – For Company accounts tick the 'Corporation' box. • Question 5 – Tick Active NFFE if you meet the criteria as defined in Part XXV, OR Tick Passive NFFE if you meet the criteria as defined in Part XXVI. • Question 6 – Must be a Registered Office Address & match the Registered Office Address on the AUSIEX International Markets Account Application form. • Question 7 – Insert mailing address (if address is not the same as the Registered Office Address). • Question 8 – Complete if applicable. However, if you have a U.S TIN we will not be able to accept your application. • Questions 9a – Provide your GIIN if you are a financial institution registered with the IRS. • Question 9b – Complete if applicable. • Question 9c – tick 'NOT LEGALLY REQUIRED' in the space provided.
	Part III: 14 a and b	<ul style="list-style-type: none"> • Question 14 – For administration purposes we can only process Company applications where the applicant can select 'a' and 'b'. Please also complete the type of limitation. Companies would generally tick "Company that meets the ownership Complete 14(a) with country of residency and base erosion test".
	Part XXV: 39, OR XXVI: 40a and b	<ul style="list-style-type: none"> • Question 39 – Tick if Active NFFE selected in Part I, Question 5. • Question 40a – Tick if Passive NFFE. Select 'b' or 'c' as applicable.
	Sign Part XXX	<ul style="list-style-type: none"> • Sign Part XXX, print name of signer and date in U.S. format (MM/DD/YYYY). • Tick to certify that you can sign on behalf of the entity in line 1 of the form.

The following parts are the required sections with corresponding page numbers to be completed for Company accounts, extracted from the 8-page W-8BEN-E form.

x DO NOT use Liquid Paper anywhere on the form.

x DO NOT alter, cross out or scribble anywhere on the form. Use a new form instead.

x DO NOT complete this form if you are a U.S. citizen or green card holder

<p>Form W-8BEN-E (Rev. October 2021) Department of the Treasury Internal Revenue Service</p>	<p>Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)</p> <p>► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code. ► Go to www.irs.gov/FormW8BENE for instructions and the latest information. ► Give this form to the withholding agent or payer. Do not send to the IRS.</p>	<p>OMB No. 1545-1621</p>												
<p>Do NOT use this form for:</p> <ul style="list-style-type: none"> • U.S. entity or U.S. citizen or resident • A foreign individual • A foreign individual or entity claiming that income is effectively connected with the U.S. (unless claiming treaty benefits) • A foreign government, international organization, foreign central bank of issue, foreign government of U.S. possession claiming that income is effectively connected with the U.S. (unless claiming treaty benefits) (see instructions for other exceptions) • Any person acting as an intermediary (including a qualified intermediary acting as a qualified intermediary) 														
<p>Part I Identification of Beneficial Owner</p>														
<p>1 Name of organization that is the beneficial owner SAMPLE PTY LTD</p>		<p>2 Country of incorporation or organization AUSTRALIA</p>												
<p>3 Name of disregarded entity receiving the payment (if applicable, see instructions)</p>														
<p>4 Chapter 3 Status (entity type) (Must check one box only):</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Tax-exempt organization</td> </tr> <tr> <td><input type="checkbox"/> Central Bank of Issue</td> <td><input type="checkbox"/> Private foundation</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Disregarded entity</td> </tr> <tr> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> International organization</td> </tr> <tr> <td><input type="checkbox"/> Foreign Government - Controlled Entity</td> <td><input type="checkbox"/> Foreign Government - Integral Part</td> </tr> </table>			<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> International organization	<input type="checkbox"/> Foreign Government - Controlled Entity	<input type="checkbox"/> Foreign Government - Integral Part
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership													
<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization													
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation													
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity													
<input type="checkbox"/> Estate	<input type="checkbox"/> International organization													
<input type="checkbox"/> Foreign Government - Controlled Entity	<input type="checkbox"/> Foreign Government - Integral Part													
<p>5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XV). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant FFI with no debt investment entities. Complete Part VIII. <input type="checkbox"/> Certain investment entities. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. </td> </tr> </table>			<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XV). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant FFI with no debt investment entities. Complete Part VIII. <input type="checkbox"/> Certain investment entities. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI.										
<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XV). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant FFI with no debt investment entities. Complete Part VIII. <input type="checkbox"/> Certain investment entities. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI.													
<p>6 Permanent residence address (street, apt. or suite no., or rural route) 1 SAMPLE STREET</p> <p>City or town, state or province. Include postal code where appropriate. KEW VIC 3101</p> <p>Country AUSTRALIA</p>														
<p>7 Mailing address (if different from above) PO BOX 11</p> <p>City or town, state or province. Include postal code where appropriate. KEW VIC 3101</p> <p>Country AUSTRALIA</p>														

The following parts are the required sections with corresponding page numbers to be completed for Company accounts, extracted from the 8-page W-8BEN-E form.

For admin purposes we can only process applications where the applicant selects both 'a' and 'b'.

For new accounts leave blank.

Question 9c tick box if not legally required.

Form W-8BEN-E (Rev. 10-2021)

Page **2**

9a GIIN

b Foreign TIN

c Check if FTIN not legally required. ☐

10 Reference number(s) (see instructions)

Please complete country of residency

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a ☐ The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b ☐ The beneficial owner derives the item (or items) of income for which the treaty requirements of the treaty provision dealing with limitation on benefits. The following must be included in an applicable tax treaty (check only one; see instructions):

- ☐ Government
- ☐ Tax-exempt pension trust or pension fund
- ☐ Other tax-exempt organization
- ☐ Publicly traded corporation
- ☐ Subsidiary of a publicly traded corporation
- ☐ Company that meets the ownership and base erosion test
- ☐ Company that meets the derivative benefits test
- ☐ Company with an item of income that meets active trade or business test
- ☐ Favorable discretionary determination by the U.S. competent authority received
- ☐ No LOB article in treaty
- ☐ Other (specify Article and paragraph): _____

c ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

Companies generally need to tick "Company that meets the ownership and base erosion test".

Tick part XXV Active NFFE selected in Part I. Question 5.

Form W-8BEN-E (Rev. 10-2021)

Page **7**

Part XXV Active NFFE

39 ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a ☐ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States), excepted territory NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or excepted territory NFFE.

If Passive NFFE tick 40a. Select 'b' or 'c' as applicable.

Check box 40b or 40c, whichever applies.

b ☐ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**

c ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE.

IF 'c' is selected please ensure section XXIX is completed

Form W-8BEN-E (Rev. 10-2021)

Page **8**

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1445.

This must be ticked to certify capacity to sign for the entity identified on line 1 of this form

Signed by authorised representative, such as Company Director.

Print name of signer including middle name.

Must be completed with U.S. date format MM/DD/YYYY

☒ I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here

J Sample

John Sample

05-22-2022

Signature of individual authorized to sign for beneficial owner

Print Name

Date (MM-DD-YYYY)

Application Type	Sections to Complete on W-8BEN-E	Guidelines on Completion
Non-SMSF Trusts (including Family, Unit, Testamentary) W-8BEN-E	Part I: 1, 2, 4, 5, 6, 7, 8, 9a and 9c	<p>See completed Trust sample form on pages 23-24. Only one Trustee is required to complete a W-8BEN-E for a Family Trust.</p> <ul style="list-style-type: none"> • Question 1 – Name of Trust (Do NOT abbreviate the name, must be as appears on Trust deed). • Question 2 – Country where Trust Fund established. • Question 4 – For administration purposes we can only process Trust applications where the applicant can select the Complex trust box. • Question 5 – Tick, Active NFFE, if criteria is met as defined in Part XXV, OR Tick, Passive NFFE, if criteria is met as defined in Part XXVI. • Question 6 – Must be a residential address & match the residential address on the AUSIEX International Markets Account Application form. Must be the Registered Office Address if Corporate Trustee. • Question 7 – Insert mailing address, (if address is not the same as the residential address) and must match mailing address on the AUSIEX International Markets Account Application form. • Question 8 – Complete if applicable. However, if you have a U.S TIN we will not be able to accept your application. • Questions 9a – Provide your GIIN if you are a financial institution registered with the IRS; or • Question 9c – tick 'NOT LEGALLY REQUIRED' in the space provided.
	Part III: 14 a and b	<ul style="list-style-type: none"> • Question 14 – For administration purposes we can only process Trust applications where the applicant can select 'a' and 'b'. Please also complete the type of limitation. Companies would generally tick "Other" and fall under "Article 16 (2)(g) - ownership/ base erosion test".
	Part XXV: 39, OR XXVI: 40a and b or c if applicable	<ul style="list-style-type: none"> • Question 39 – Tick if Active NFFE selected in Part I, Question 5. • Question 40a – Tick if Passive NFFE. Select 'b' or 'c' as applicable. If 'c' is ticked Section XXIX needs to be completed
	Part XXX	<ul style="list-style-type: none"> • Sign Part XXX, print name of Signer and date in U.S. date format (MM/DD/YYYY). Tick to certify that you can sign on behalf of the entity in line 1 of the form.

The following parts are the required sections with corresponding page numbers to be completed for Trust accounts, extracted from the 8-page W-8BEN-E form.

- ✗ **DO NOT** use Liquid Paper anywhere on the form.
- ✗ **DO NOT** alter, cross out or scribble anywhere on the form. Use a new form instead.
- ✗ **DO NOT** complete this form if you are a U.S. citizen or green card holder
- ✗ **DO NOT** abbreviate the name of the Trust

<p>Form W-8BEN-E (Rev. October 2021) Department of the Treasury Internal Revenue Service</p>	<p>Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)</p> <p>► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code. ► Go to www.irs.gov/FormW8BENE for instructions and the latest information. ► Give this form to the withholding agent or payer. Do not send to the IRS.</p>	<p>OMB No. 1545-1621</p>
<p>Do NOT use this form for:</p> <ul style="list-style-type: none"> • U.S. entity or U.S. citizen or resident • A foreign individual • A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) • A foreign partner in a partnership that is a U.S. entity • A foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) • A foreign government, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 911, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) • Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) 		
<p>Part I Identification of Beneficial Owner</p>		
<p>1 Name of organization that is the beneficial owner CITIZEN FAMILY TRUST</p>		<p>2 Country of incorporation or organization AUSTRALIA</p>
<p>3 Name of disregarded entity receiving the payment (if applicable, see instructions)</p>		
<p>4 Chapter 3 Status (entity type) (Must check one box only):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Simple trust</p> <p><input type="checkbox"/> Central Bank of Issue</p> <p><input type="checkbox"/> Grantor trust</p> <p><input type="checkbox"/> Tax-exempt organization</p> <p><input type="checkbox"/> Private foundation</p> <p><input type="checkbox"/> Disregarded entity</p> </div> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Complex trust</p> <p><input type="checkbox"/> Estate</p> <p><input type="checkbox"/> International organization</p> </div> </div> <p style="font-size: small;">If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).</p> <p><input type="checkbox"/> Participating FFI.</p> <p><input type="checkbox"/> Reporting Model 1 FFI.</p> <p><input type="checkbox"/> Reporting Model 2 FFI.</p> <p><input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part X. See instructions).</p> <p><input type="checkbox"/> Sponsored FFI. Complete Part IV.</p> <p><input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.</p> <p><input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.</p> <p><input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.</p> <p><input type="checkbox"/> Certified deemed-compliant FFI. Complete Part VIII.</p> <p><input type="checkbox"/> Certain investment entity. Complete Part IX.</p> <p><input type="checkbox"/> Owner-documented FFI. Complete Part X.</p> <p><input type="checkbox"/> Restricted distributor. Complete Part XI.</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.</p> <p><input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.</p> <p><input type="checkbox"/> International organization. Complete Part XIV.</p> <p><input type="checkbox"/> Exempt retirement plans. Complete Part XV.</p> <p><input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI.</p> <p><input type="checkbox"/> Territory financial institution. Complete Part XVII.</p> <p><input type="checkbox"/> Nonprofit organization. Complete Part XXII.</p> <p><input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.</p> <p><input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV.</p> <p><input type="checkbox"/> Active NFFE. Complete Part XXV.</p> <p><input type="checkbox"/> Passive NFFE. Complete Part XXVI.</p> <p><input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII.</p> <p><input type="checkbox"/> Direct reporting NFFE.</p> <p><input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII.</p> <p><input type="checkbox"/> Account that is not a financial account.</p> </div> </div>		
<p>6 Permanent residence address (street, apt. or suite no., or rural route) 1 SAMPLE STREET</p>		
<p>City or town, state or province. Include postal code where appropriate. KEW VIC 3101</p>		<p>Country AUSTRALIA</p>
<p>7 Mailing address (if different from above) PO BOX 11</p>		
<p>City or town, state or province. Include postal code where appropriate. KEW VIC 3101</p>		<p>Country AUSTRALIA</p>
<p>For Paperwork Reduction Act Notice, see separate instructions.</p>		

The following parts are the required sections with corresponding page numbers to be completed for Trust accounts, extracted from the 8-page W-8BEN-E form.

For admin purposes we can only process applications where the applicant selects both 'a' and 'b'.

For new accounts leave blank.

Question 9c tick box if not legally required.

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Form W-8BEN-E (Rev. 10-2021)

9a GIIN

b Foreign TIN

c Check if FTIN not legally required. ☐

10 Reference number(s) (see instructions)

Please complete this with 'Australia'.

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a ☒ The beneficial owner is a resident of **AUSTRALIA** within the meaning of the income tax treaty between the United States and that country.

b ☒ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

☐ Government

☐ Tax-exempt pension trust or pension fund

☐ Other tax-exempt organization

☐ Publicly traded corporation

☐ Subsidiary of a publicly traded corporation

☐ Company that meets the ownership

☐ Company that meets the debt-ownership

☐ Company with an item of income that meets active trade or business test

☐ Favorable discretionary determination by the U.S. competent authority received

☐ No LOB article in treaty

☒ Other (specify Article and paragraph):

Trusts generally need to tick 'Other' and specify "Article 16 (2)(g) - ownership/base erosion test".

c ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

Tick part XXV 39 Active NFFE selected in Part I. 5.

Page 7

Form W-8BEN-E (Rev. 10-2021)

Part XXV Active NFFE

39 ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; and
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a ☐ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or a partnership.

If Passive NFFE tick 40a. Select 'b' or 'c' as applicable.

Check box 40b or 40c, whichever applies.

b ☐ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); or

c ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the entity.

If 'c' is selected please ensure section XXIX is completed

Page 8

Form W-8BEN-E (Rev. 10-2021)

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); and
- The beneficial owner is an exempt foreign person as defined in the instructions.

Confirm that you have capacity to sign for entity.


Signed by authorised representative, such as Trustee/Director.

Print name of signer including middle name.

U.S. date format MM/DD/YYYY.

I agree that I will submit a new form whenever my certification on this form becomes incorrect.

☒ I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here  John Sample 05-22-2022

Signature of individual authorized to sign for beneficial owner Print Name Date (MM-DD-YYYY)

Form W-8BEN-E (Rev. 10-2021)

SMSF's W-8BEN-E	Part I: 1, 2, 4, 5, 6, 7, 8, 9a and 9c	<p>See sample completed forms on pages 26-27.</p> <ul style="list-style-type: none"> • Question 1 – Name of SMSF (Do NOT abbreviate the name, must be as appears on Trust Deed). • Question 2 – Country where SMSF established. • Question 4 – For administration purposes we can only process SMSF applications where the applicant can select the Complex trust box. • Question 5 – Tick Nonreporting IGA FFI. • Question 6 – Must be a residential address & match the residential address on the AUSIEX International Markets Account Application form. Must be the Registered Office Address if Corporate Trustee. • Question 7 – Insert mailing address, (if address is not the same as the residential address) and must match mailing address on the AUSIEX International Markets Account Application form. • Question 8 – Complete if applicable. However, if you have a U.S TIN we will not be able to accept your application. • Questions 9a – Provide your GIIN if you are a financial institution registered with the IRS; or • Question 9c – tick 'NOT LEGALLY REQUIRED' in the space provided.
	Part III: 14 a and b	<ul style="list-style-type: none"> • Question 14 – for administration purposes we can only process Trust applications where the applicant can select 'a' and 'b'. Please also complete the type of limitation. Companies would generally tick "Other" and fall under "Article 16 (2)(g) - ownership/ base erosion test". Complete 14(a) with country of residency.
	Part XII: 26	<ul style="list-style-type: none"> • Question 26 – Tick if you are a resident of Australia and meet the requirements of a Nonreporting IGA FFI and your Superannuation Fund is treated as an Australian Retirement Fund. If you meet these requirements enter 'Australia' and 'Australian Retirement Fund' as shown on the sample form for SMSFs. Tick "Model 1 IGA".
	Part XXX	<ul style="list-style-type: none"> • Sign Part XXX, print name of Signer and date in U.S. date format (MM/DD/ YYYY). Tick to certify that you can sign on behalf of the entity in line 1 of the form.
Corporate Trust Account W-8BEN-E	As per Non-SMSF Trusts Account instructions	<ul style="list-style-type: none"> • Only one Trustee required to complete a W-8BEN-E for a Corporate Trust or SMSF. • Part I, Question 6 – must be the Corporate Trust address as listed on the ASIC register. • Part XXX – Trustee to sign & date in U.S. date format (MM/DD/ YYYY) (Trustee = Director with signing authority for the Corporate Trust).
Corporate SMSF Account W-8BEN-E	As per SMSF Account instructions above	<p>Refer to SMSF Account instructions above.</p> <ul style="list-style-type: none"> • For Part I, Question 6 and Part XXX refer to Corporate Trust Account instructions.

The following parts are the required sections with corresponding page numbers to be completed for Trust accounts, extracted from the 8-page W-8BEN-E form.

Form W-8BEN-E (Rev. October 2021) Department of the Treasury Internal Revenue Service	Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) ▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code. ▶ Go to www.irs.gov/FormW8BENE for instructions and the latest information. ▶ Give this form to the withholding agent or payer. Do not send to the IRS.	OMB No. 1545-1621
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Do NOT use this form for:</p> <ul style="list-style-type: none"> • U.S. entity or U.S. citizen or resident • A foreign individual • A foreign individual who is a partner, officer, director, or shareholder of a U.S. entity • A foreign partnership • A foreign government or political subdivision • A foreign government-owned entity • Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) </div> <div style="width: 45%;"> <p>Instead use Form:</p> <ul style="list-style-type: none"> W-9 W-8BEN (Individual) or Form 8233 W-8ECI W-8IMY W-8ECI or W-8EXP W-8IMY </div> </div>		
<p>Part I Identification of Beneficial Owner</p>		
1 Name of organization that is the beneficial owner CITIZEN FAMILY TRUST		2 Country of incorporation or organization AUSTRALIA
3 Name of disregarded entity receiving the payment (if applicable, see instructions)		
4 Chapter 3 Status (entity type) (Must check one box only): <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Simple trust <input type="checkbox"/> Central Bank of Issue <input type="checkbox"/> Grantor trust <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> International organization </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Foreign Government - Integral Part </div> </div>		
<p>If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a Reporting IGA FFI, or an exempt FFI) </div> <div style="width: 45%;"> <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Participating FFI </div> <div style="width: 45%;"> <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Reporting Model 1 FFI </div> <div style="width: 45%;"> <input type="checkbox"/> International organization. Complete Part XIV. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Reporting Model 2 FFI </div> <div style="width: 45%;"> <input type="checkbox"/> Exempt retirement plans. Complete Part XV. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. </div> <div style="width: 45%;"> <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sponsored FFI. Complete Part IV. </div> <div style="width: 45%;"> <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVII. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. </div> <div style="width: 45%;"> <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XVIII. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. </div> <div style="width: 45%;"> <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XIX. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. </div> <div style="width: 45%;"> <input type="checkbox"/> Complete Part XX. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Certified deemed-compliant FFI. Complete Part VIII. </div> <div style="width: 45%;"> <input type="checkbox"/> 501(c) organization. Complete Part XXI. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Certain investment entities. Complete Part IX. </div> <div style="width: 45%;"> <input type="checkbox"/> Nonprofit organization. Complete Part XXII. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Owner-documented FFI. Complete Part X. </div> <div style="width: 45%;"> <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Restricted distributor. Complete Part XI. </div> <div style="width: 45%;"> <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Account that is not a financial account. </div> <div style="width: 45%;"> <input type="checkbox"/> Active NFFE. Complete Part XXV. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Passive NFFE. Complete Part XXVI. </div> <div style="width: 45%;"> <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Direct reporting NFFE. </div> <div style="width: 45%;"> <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. </div> </div>		
6 Permanent residence address (street, apt. or suite no., or rural route) 1 SAMPLE STREET		
City or town, state or province. Include postal code where appropriate. KEW VIC 3101		Country AUSTRALIA
7 Mailing address (if different from above) PO BOX 11		
City or town, state or province. Include postal code where appropriate. KEW VIC 3101		Country AUSTRALIA
For Paperwork Reduction Act Notice, see separate instructions.		
Cat. No. 59689N		Form W-8BEN-E (Rev. 10-2021)

The following parts are the required sections with corresponding page numbers to be completed for Trust accounts, extracted from the 8-page W-8BEN-E form.

For admin purposes we can only process applications where the applicant selects both 'a' and 'b'.

For new accounts leave blank.

Question 9c tick box if not legally required.

Please complete country of residency

Trusts generally need to tick 'Other' and specify "Article 16 (2)(g) - ownership/base erosion test".

Part XII - Tick Question 26 if you are a resident of Australia and meet the requirements of a Nonreporting IGA FFI and your Superannuation Fund is treated as an Australian Retirement Fund - complete all details as shown.

Tick "Model 1 IGA"

This must be ticked to certify capacity to sign for the entity identified on line 1 of this form

Signed by authorised representative, such as Trustee/Director.

Print name of signer including middle name.

Must be completed in U.S. date format MM/DD/YYYY

Form W-8BEN-E (Rev. 10-2021) Page **2**

9a GIIN	b Foreign TIN	c Check if FTIN not legally required. <input type="checkbox"/>
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10 Reference number(s) (see instructions)

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a ☒ The beneficial owner is a resident of AUSTRALIA treaty between the United States and that country.

b ☒ The beneficial owner derives the item (or items) of income for which the treaty benefits requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

<input type="checkbox"/> Government	<input type="checkbox"/> Company that meets the ownership and base erosion test
<input type="checkbox"/> Tax-exempt pension trust or pension fund	<input type="checkbox"/> Company that meets the derivative benefits test
<input type="checkbox"/> Other tax-exempt organization	<input type="checkbox"/> Company with an item of income that meets active trade or business test
<input type="checkbox"/> Publicly traded corporation	<input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received
<input type="checkbox"/> Subsidiary of a publicly traded corporation	<input type="checkbox"/> No LOB article in treaty
<input checked="" type="checkbox"/> Other (specify Article and paragraph): _____	

c ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

Form W-8BEN-E (Rev. 10-2021) Page **5**

Part XII Nonreporting IGA FFI

26 ☐ I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and AUSTRALIA. The applicable IGA is a ☐ Model 1 IGA or a ☐ Model 2 IGA; and is treated as a AUSTRALIAN RETIREMENT FUND under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor. The trustee is: ☐ U.S. ☐ Foreign

Form W-8BEN-E (Rev. 10-2021) Page **8**

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); and

I am an exempt foreign person as defined in the instructions.

I, John Sample, am the individual who has control, receipt, and payment of the income of which the entity is claiming treaty benefits. This form becomes incorrect if I am not the individual who has control, receipt, and payment of the income of which the entity is claiming treaty benefits.

☒ I agree that I will submit a new form with the entity if the entity's information changes.

☒ I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here <u>John Sample</u>	John Sample	05-22-2022
Signature of individual authorized to sign for beneficial owner	Print Name	Date (MM-DD-YYYY)

Form **W-8BEN-E** (Rev. 10-2021)

Form **W-8BEN-E**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:**Part I Identification of Beneficial Owner****1** Name of organization that is the beneficial owner**2** Country of incorporation or organization**3** Name of disregarded entity receiving the payment (if applicable, see instructions)**4** Chapter 3 Status (entity type) (Must check one box only):☐ Simple trust☐ Tax-exempt organization☐ Corporation☐ Complex trust☐ Partnership☐ Foreign Government - Controlled Entity☐ Central Bank of Issue☐ Private foundation☐ Estate☐ Foreign Government - Integral Part☐ Grantor trust☐ Disregarded entity☐ International organizationIf you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. ☐ Yes ☐ No**5** Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)☐ Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).☐ Nonreporting IGA FFI. Complete Part XII.☐ Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.☐ Participating FFI.☐ International organization. Complete Part XIV.☐ Reporting Model 1 FFI.☐ Exempt retirement plans. Complete Part XV.☐ Reporting Model 2 FFI.☐ Entity wholly owned by exempt beneficial owners. Complete Part XVI.☐ Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.☐ Territory financial institution. Complete Part XVII.☐ Excepted nonfinancial group entity. Complete Part XVIII.☐ Sponsored FFI. Complete Part IV.☐ Excepted nonfinancial start-up company. Complete Part XIX.☐ Certified deemed-compliant nonregistering local bank. Complete Part V.☐ Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.☐ Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.☐ 501(c) organization. Complete Part XXI.☐ Nonprofit organization. Complete Part XXII.☐ Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.☐ Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.☐ Certified deemed-compliant limited life debt investment entity. Complete Part VIII.☐ Excepted territory NFFE. Complete Part XXIV.☐ Active NFFE. Complete Part XXV.☐ Certain investment entities that do not maintain financial accounts. Complete Part IX.☐ Passive NFFE. Complete Part XXVI.☐ Excepted inter-affiliate FFI. Complete Part XXVII.☐ Owner-documented FFI. Complete Part X.☐ Direct reporting NFFE.☐ Sponsored direct reporting NFFE. Complete Part XXVIII.☐ Restricted distributor. Complete Part XI.☐ Account that is not a financial account.**6** Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 10-2021)

Part I Identification of Beneficial Owner (continued)**8** U.S. taxpayer identification number (TIN), if required**9a** GIIN**b** Foreign TIN**c** Check if FTIN not legally required. ☐**10** Reference number(s) (see instructions)**Note:** Please complete remainder of the form including signing the form in Part XXX.**Part II Disregarded Entity or Branch Receiving Payment.** (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)**11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment☐ Branch treated as nonparticipating FFI.☐ Reporting Model 1 FFI.☐ U.S. Branch.☐ Participating FFI.☐ Reporting Model 2 FFI.**12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

13 GIIN (if any)**Part III Claim of Tax Treaty Benefits** (if applicable). (For chapter 3 purposes only.)**14** I certify that (check all that apply):**a** ☐ The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.**b** ☐ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):☐ Government☐ Company that meets the ownership and base erosion test☐ Tax-exempt pension trust or pension fund☐ Company that meets the derivative benefits test☐ Other tax-exempt organization☐ Company with an item of income that meets active trade or business test☐ Publicly traded corporation☐ Favorable discretionary determination by the U.S. competent authority received☐ Subsidiary of a publicly traded corporation☐ No LOB article in treaty☐ Other (specify Article and paragraph): _____**c** ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).**15** **Special rates and conditions** (if applicable—see instructions):

The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI**16** Name of sponsoring entity: _____**17** **Check whichever box applies.**☐ I certify that the entity identified in Part I:

- Is an investment entity;
- Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
- Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

☐ I certify that the entity identified in Part I:

- Is a controlled foreign corporation as defined in section 957(a);
- Is not a QI, WP, or WT;
- Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
- Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank**18** ☐ I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts**19** ☐ I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle**20** Name of sponsoring entity: _____**21** ☐ I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity**22** ☐ I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts**23** ☐ I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a ☐ (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b** ☐ I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** ☐ I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d** ☐ I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** ☐ (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** ☐ Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** ☐ Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI

- 26** ☐ I certify that the entity identified in Part I:
- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a ☐ Model 1 IGA or a ☐ Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
 - If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ .
The trustee is: ☐ U.S. ☐ Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue

- 27** ☐ I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XIV International Organization

Check box 28a or 28b, whichever applies.

- 28a** ☐ I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).
- b** ☐ I certify that the entity identified in Part I:
- Is comprised primarily of foreign governments;
 - Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
 - The benefit of the entity's income does not inure to any private person; **and**
 - Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

- 29a** ☐ I certify that the entity identified in Part I:
- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
 - Is operated principally to administer or provide pension or retirement benefits; **and**
 - Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.
- b** ☐ I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - No single beneficiary has a right to more than 5% of the FFI's assets;
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
- (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
- (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
- (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
- (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.
- c** ☐ I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - Has fewer than 50 participants;
 - Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
 - Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
 - Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans (continued)

- d** ☐ I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e** ☐ I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f** ☐ I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30** ☐ I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31** ☐ I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32** ☐ I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33** ☐ I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34** ☐ I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 ☐ I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 ☐ I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

38 ☐ I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

39 ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a ☐ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b** ☐ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c** ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVII Excepted Inter-Affiliate FFI

41 ☐ I certify that the entity identified in Part I:

- Is a member of an expanded affiliated group;
- Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
- Does not make withholdable payments to any person other than to members of its expanded affiliated group;
- Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
- Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

42 Name of sponsoring entity: _____

43 ☐ I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

☐ I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here

Signature of individual authorized to sign for beneficial owner

Print Name

Date (MM-DD-YYYY)

AFFIDAVIT FOR UNCHANGED STATUS: under penalties of perjury I declare that I have examined and signed the above Form W-8BEN-E and that the information and certifications contained therein remained the same and unchanged for the period beginning _____ to the present, and were true, correct and complete for those years. (Please attach a separate statement if any information has changed.)

SIGN HERE _____

DATE (MM/DD/YYYY) _____