IDENTIFICATION FORM UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS

GUIDE TO COMPLETING THIS FORM

- This form is for all Trusts that are not subject to the oversight of an Australian statutory regulator. Trusts that are subject to the oversight of an Australian statutory regulator, including Self-Managed Superannuation Funds, should complete the AUSTRALIAN REGULATED TRUSTS AND TRUSTEES IDENTIFICATION FORM.
- o Provide information about the Trust (Section 1) and complete the Trust verification procedure (Section 3).
- o Provide details for ALL Trustees (Section.1.4) and provide a separate Customer ID Form for ONE of the Trustees.
- o Provide details for the Trust's Beneficial Owners (Section 1.5) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Tax information must be collected from an authorised representative of the Trust
- Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: TRUST IDENTIFICATION	N PROCEDURE		
1.1 General Information			
Full name of the Trust			
Full having a series of the Tractice			
Full business name of the Trustee in respect of the Trust (if any)			
Country where Trust established (if not established in Australia)			
Full Name of Settlor/s*			
* The person/s who settles the initial sum or ass	sets to create the Trust.		
1.2 Type of Unregulated Trust			
Tick ✓ Select one of the following types of Tru	sts		
Family Trust	Charitable Tru	ust	Testamentary Trust
Other type provide description			
Self-managed superannuation funds, registered complete the AUSTRALIAN REGULATED TRI			
1.3 Beneficiaries Details			
Provide the names (1.3.1) and/or class/es (1.3. has both named and class/es of beneficiaries).	2) of the Trust's beneficiaries. B	Both the names and classes of be	eneficiaries must be provided (if the Trust
1.3.1 Named Beneficiaries			
Full Given / Entity name(s)		Surname	
1			
2			
3			
4			
1.3.2 Class/es of beneficiaries (e.g. unit holders	s family members of named pers	son, charitable organisations/cau	(292
1.0.2 Glassies of Berteilolaines (e.g. unit floracity	, ranning members of named perc	oon, onamasio organisations/sad	
If there are more beneficiaries provide details o	n a separate sheet and tick this	box 🗆 .	

1.4 Trustee Details

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

Trustee 1	Truste	ee 2	Tr	Trustee 3	
full given name(s)/ Company name	Full given name(s)/ C	Full given name(s)/ Company name)/ Company name	
Gurname	Surname	Surname			
Residential/ Business Address PO Box is NOT acceptable)	Residential/ Business (PO Box is NOT acceptable)	Residential/ Business Address (PO Box is NOT acceptable)		ess Address	
Suburb State Country Postcode	Suburb Country	State Postcode	Suburb	State Postcode	
f there are more Trustees, provide their of A Customer ID form should be complete hould be completed for a Trustee who is	ed for ONE of the Trustees base	d on the nature of this			
Beneficial Ownership					
vide the names of the individuals that d y must be listed again below to confirm	that they are the Trust's Benefic	cial Owners.			
cludes control by acting as Trustee; or to capacity to direct the Trustees; or the a mplete separate individual customer	bility to appoint or remove the T	rustees.		Ü	
ovided for this individual as a Trustee				Tom has alleady been	
ull given name(s) Surr	name	Role	e (such as Trustee or App	pointer)	

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SECTION 2: TAX INFORMATION

Colle	ction of tax status in accordance with the United States Foreign Account Tax Comp	oliance Act (FATCA) and Common Re	eporting Star	ndard (CRS).		
2.1 T	ax Status					
Tick	✓ one of the Tax Status boxes below (if the Trust is a Financial Institution, pleas	e provide all the requested information	n below)			
	Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)					
	Provide the Trust's Global Intermediary Identification Number (GIIN), if applicable					
	If the Trust is a Financial Institution but does not have a GIIN, provide its FATCA s	status (select ✓ ONE of the following	status)			
	☐ Deemed Compliant Financial Institution					
	☐ Excepted Financial Institution					
	☐ Exempt Beneficial Owner					
	Non Reporting IGA Financial Institution (If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)					
	☐ Nonparticipating Financial Institution					
	☐ US Financial Institution					
	☐ Other (describe the Trust's FATCA status in the box provided)					
	PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL I	NSTITUTIONS				
	Is the Financial Institution an Investment Entity located in a Non-Participating CF	RS Jurisdiction and managed by anot	her Financia	I Institution?		
	Yes No					
	If Yes, proceed to section 2.2 (Foreign Controlling Persons). If No, Please go to	section 3 to complete the form.				
	CRS Participating Jurisdictions are on the OECD website at http://www.oecd.org/tax/automa	atic-exchange/crs-implementation-and-ass	istance/crs-by	-jurisdiction.		
	Australian Registered Charity or Deceased Estate					
	If the Trust is an Australian Registered Charity or Deceased Estate, please procedure	ed to section 3 to complete the form.				
	, , , , , , , , , , , , , , , , , , ,					
	A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org .)					
	If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed	d to section 2.3 (Country of Tax Resid	lency).			
	Other (Trusts that are not previously listed – Passive Non-Financial Entities))					
	Please proceed to section 2.2 (Foreign Controlling Persons).					
2.2	Foreign Controlling Persons (Individuals)					
	r oroigir controlling r croons (marriadals)					
Are a	any of the Trust's Controlling Persons tax residents of countries other than Australia	1	Yes \square	No \square		
If the	Trustee is a company, are any of this company's Controlling Persons tax residents	s of countries other than Australia	Yes □	No \square		
	ontrolling Person is any individual who directly or indirectly exercises control over the Trust. For Trustee company this includes any beneficial owners controlling more than 25% of the shares			or Beneficiaries.		
	Residency rules differ by country. Whether an individual is tax resident of a particular country is ry, the location of a person's residence or place of work. For the US, tax residency can be as a		nt of time a pe	rson spends in a		
	s to either of the two questions above, please provide the details of these individual ach Controlling Person (unless already provided as a Beneficial Owner).	ls below and complete a separate Ind	ividual Ident	ification Form		
	Full given name(s) Surname F	Role (such as Trustee or Beneficiary,	etc. refer * b	pelow)		
			_			
		1				
	re are more controlling persons, provide details on a separate sheet and tick this box. $ackslash$	1.				
1 100	500 to 300tion 2.3.					

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2.3 Count	ry of Tax Residency
Is the Trust	a tax resident of a country other than Australia? Yes \Boxedown No \Boxedown
	se provide the Trust's country of tax residence and tax identification number (TIN) or equivalent below. If the Trust is a tax resident of more ner country, please list all relevant countries below.
If No, please	e proceed to section 3 to complete the form.
	number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Employee Identification a US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.
1. Cou	ntry TIN If no TIN, list reason A, B or C
2. Cou	ntry TIN If no TIN, list reason A, B or C
3. Cou	ntry TIN If no TIN, list reason A, B or C
Reason C SECTION Trust Verifica	The Trust has not been issued with a TIN The country of tax residency does not require the TIN to be disclosed 13: UNREGULATED TRUST VERIFICATION PROCEDURE tion procedure the verified: Full name of the Trust and Settlor/s name
Tick √	
	Verification options (select one or more of the following options used to verify the Trust) An original or certified copy of the Trust Deed or if not reasonably available an original or certified extract of the Trust Deed *. Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable).
* Documents	that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.
→ Ensure	NOTE: that a customer ID Form has been provided for ONE of the Trustees as per 1.4 AND that individual customer ID Forms have been provided for the Trust's Beneficial Owners as per 1.5 AND attach a legible certified copy of the documentation used to verify the Trust (and any required translation)

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