Date of birth

AFSL No: 383080 | ABN: 40 145 378 383

**Investor Services:** 1800 999 109

## **FATCA FORM**

This Foreign Account Tax Compliance Act ('FATCA') Form is to accompany a Registration Form if you selected "Yes" to any of the relevant FATCA fields.

If you need assistance completing this form, please call GPS Investor Services on 1800 999 109

| Individual 1   | Individual 2  | Individual 3                            |
|--|---|---|
| Full given name(s)   | Full given name(s)  | Full given name(s)                      |
|  |   |   |
| Surname  | Surname   | Surname                                 |
| US TIN   | US TIN  | US TIN                                  |
| (Diagonal)   | e list on a separate piece of paper if there are n                        | page than 2)                            |
| (7.0000  | , not on a coparate place of paper in energial and in                     | iore anam sy                            |
| rust   |   |   |
|  |   |   |
| case complete if the investing entity  | is a trust created in the US, established                                 | ander the laws of the os of a os ta     |
|  |   |   |
|  |   |   |
| rovide the trust's US Taxpaver Identi  | ification Number (TIN)  |   |
| rovide the trust's US Taxpayer Identi  | ification Number (TIN)  |   |
|  | _   | S                                       |
|  | _   | 5 □ NO                                  |
| the trust an exempt payee for US t   | _   | 5 □ NO                                  |
| the trust an exempt payee for US t   | _   | S NO                                    |
| s the trust an exempt payee for US to  | ax purposes?  | _                                       |
| s the trust an exempt payee for US to<br>ndividual Trustees<br>lease complete if any of the trustees | ax purposes? YEs  | or tax purposes.                        |
| s the trust an exempt payee for US to  | ax purposes?  | _                                       |
| the trust an exempt payee for US to<br>ndividual Trustees<br>lease complete if any of the trustees   | ax purposes? YEs  | or tax purposes.                        |
| ndividual Trustees lease complete if any of the trustees US Trustee 1                                | ax purposes? YEs  are US citizens or residents of the US for US Trustee 2 | or tax purposes.  US Trustee 3          |
| ndividual Trustees lease complete if any of the trustees US Trustee 1                                | ax purposes? YEs  are US citizens or residents of the US for US Trustee 2 | or tax purposes.  US Trustee 3          |
| ndividual Trustees lease complete if any of the trustees  US Trustee 1  Full given name(s)           | ax purposes?  | US Trustee 3 Full given name(s)         |
| ndividual Trustees lease complete if any of the trustees  US Trustee 1  Full given name(s)           | ax purposes?  | US Trustee 3 Full given name(s)         |
| US Trustee 1 Full given name(s)  Surname   | ax purposes?  | US Trustee 3 Full given name(s) Surname |
| ndividual Trustees lease complete if any of the trustees  US Trustee 1  Full given name(s)  Surname  | ax purposes?  | US Trustee 3 Full given name(s) Surname |

(If there are more than 3 US partners, provide the details of the additional US partners on a separate sheet)

Date of birth

Date of birth

## Company or Corporate Trustee

Please complete if the investing entity is a financial institution, or has a trustee that is a financial institution, for FATCA purposes.

| Provide the Global Intermediary Identif  | fication Number (GIIN), if applicable    |  |
|--|--|--|
| If the Company or Trustee does not ha  Deemed compliant Financial Institut  Exempt beneficial owner  Non reporting Financial Institution  Excepted Financial Institution  Other - please provide FATCA statu | ion                                      | status. (Select only ONE of the following categories |
| Beneficiaries Please complete if any of the benefician   | ries are US citizens or residents of the | e US for tax purposes.                               |
| US Beneficiary 1   | US Beneficiary 2                         | US Beneficiary 3                                     |
| Full given name(s)   | Full given name(s)                       | Full given name(s)                                   |
|  |  |  |
| Surname  | Surname                                  | Surname  |
|  |  |  |
| US TIN   | US TIN                                   | US TIN   |
| Residential address (NOT PO Box)   | Residential address (NOT PO Box)         | Residential address (NOT PO Box)                     |
| Date of birth  | Date of birth                            | Date of birth  |
| Partnership  Please complete if the partnership was  Provide the Partnership's US Taxpayer   |  | the laws of the US or a US taxpayer.                 |
| Is the Partnership an exempt payee for Partners  Please complete if any of the partners a  |  |  |
| US Partner 1   | US Partner 2                             | US Partner 3   |
| Full given name(s)   | Full given name(s)                       | Full given name(s)                                   |
|  |  |  |
| Surname  | Surname                                  | Surname  |
| US TIN   | US TIN                                   | US TIN   |
| US TIN   | 03 11N                                   |  |
| Residential address (NOT PO Box)   | Residential address (NOT PO Box)         | Residential address (NOT PO Box)                     |
| Date of birth  | Date of birth                            | Date of birth  |
|  |  |  |

(If there are more than 3 US partners, provide the details of the additional US partners on a separate sheet)