Macquarie Asset Management AML/KYC Form

Please use **black ink** and complete the applicable sections in **BLOCK LETTERS**.

You are required to complete this form and send it to us with any required certified copies of your identification documents by email. If you email your identification documentation to us, we may request certified copies of the originals to follow in the mail for our records. If you are not able to email, please contact us.

Contact details

Macquarie Asset Management Client Service

Telephone

1800 814 523 or 61 2 8245 4900

Email

mam.clientservice@macquarie.com

Website

macquarie.com/mam

Macquarie is subject to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (**AML/CTF Laws**). To comply with AML/CTF Laws, we must collect certain information about each investor as set out below. If you do not have the identification documentation referred to, please contact Client Service for other acceptable identification documentation.

Macquarie may disclose your personal information in connection with AML/CTF Laws. In certain circumstances, Macquarie may be obliged to freeze or block an account where it is used in connection with illegal activities or suspected illegal activities. Freezing or blocking can arise as a result of Macquarie's account monitoring obligations under the AML/CTF Laws. If this occurs, Macquarie is not liable to you for any consequences or losses whatsoever and you agree to indemnify Macquarie if it is found liable to a third party in connection with the freezing or blocking of your account.

⚠ **Refer to 'Identification documents' and 'How to certify your documents' on page 10 and 11 for more information.**

Complete the sections noted in the table below for your particular investor type and send the completed form along with required identification documentation to us by email or mail.

Sections to be completed

	Type of investor		
Section	**Individual / Joint investors**	**Company (domestic/foreign including corporate trustees)**	**Trusts (including SMSFs, other unregulated trusts, managed investment schemes and charities)**
1	✓	✓	✓
2		✓	
3			✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
Who needs to sign?	• Individual in whose name the account is opened. • Joint applicants are deemed to be joint investors and both are to sign this form.	• Australian and foreign company forms are to be signed by two directors, a director and the company secretary, or a sole director on behalf of the company by authority of the board of directors. • Australian and foreign companies may also sign the form under power of attorney or other signing authority. If the form is signed by attorneys or other signatories, please provide evidence of signing authority. • For a foreign company that has a sole director, attach evidence of sole directorship.	• Two trustees, or otherwise in accordance with the trust deed. • If a corporate trustee, refer to column titled 'Company (domestic/foreign including corporate trustees'.

1 Details of individual

⚠ **All individuals, including directors of proprietary companies and trustees, are required to complete this section.**

Existing investor number

Please indicate the investor type ☐ Individual/Joint investors ☐ Individual trustee ☐ Company director ☐ Sole trader

Complete the below sections for the indicated individual. Please note that all fields are mandatory.

1.1 / Individual 1

Title | Full given name(s)

Surname | Date of birth / /

Any other name known by

Occupation

TFN **OR** Reason for exemption ☐ Non-resident ☐ Charity ☐ Other (specify below)

⚠ **If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ▶ *please complete the 'Macquarie Asset Management FATCA/CRS Self-Certification Form' and return it to us with this form. Download the form at macquarie.com/mam/fatca-crs.***

It is not compulsory for you to provide your TFN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes.

Residential address (cannot be a PO Box)

Street name and number

Suburb | State | Postcode

Country

Postal address

Is the postal address the same as residential address? ☐ Yes ▶ ***go to contact details*** ☐ No ▶ ***please provide below***

Street name and number

Suburb | State | Postcode

Country

Contact details

⚠ **At least one contact phone number and an email address must be provided. This information will be the primary contact information on file for the account.**

Email address*

Work phone number | Home phone number

Mobile phone number

* *If you provide your email address, you agree that we may provide you with information including statements, transaction confirmations, reports and other material by email. If an email address is provided for a corporate trustee or company, as well as for an individual, the corporate email address will be used. From time to time, we may still send you correspondence in the post. Contact Client Service if you wish to change your communication preferences.*

Are there any additional investors, individual trustees or company directors?

☐ Yes ▶ ***go to section 1.2***

☐ No

Companies (including corporate trustees) ▶ ***go to Section 2***
Trusts (including SMSFs) with corporate trustees ▶ ***go to Section 2***
Trusts (including SMSFs) with individual trustees ▶ ***go to Section 3***
If none of the above ▶ ***go to Section 4***

Details of individual (continued)

1.2 / Individual 2

Title | Full given name(s)

Surname | Date of birth / /

Any other name known by

Occupation

TFN | **OR** Reason for exemption ☐ Non-resident ☐ Charity ☐ Other (specify below)

If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ▶ *please complete the 'Macquarie Asset Management FATCA/CRS Self-Certification Form' and return to us with this form. Download the form at macquarie.com/mam/fatca-crs.*

It is not compulsory for you to provide your TFN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes.

Residential address (cannot be a PO Box)

Street name and number

Suburb | State | Postcode

Country

Contact details

Email address*

Work phone number | Home phone number

Mobile phone number

* *If you provide your email address, you agree that we may provide you with information including statements, transaction confirmations, reports and other material by email. If an email address is provided for a corporate trustee or company, as well as for an individual, the corporate email address will be used. From time to time, we may still send you correspondence in the post. Contact Client Service if you wish to change your communication preferences.*

Are there any additional investors, individual trustees or company directors?

☐ Yes ▶ please provide details (as required in Section 1.2) of additional individuals on a separate sheet.

☐ No

Companies (including corporate trustees) ▶ ***go to Section 2***
Trusts (including SMSFs) with corporate trustees ▶ ***go to Section 2***
Trusts (including SMSFs) with individual trustees ▶ ***go to Section 3***
If none of the above ▶ ***go to Section 4***

2 Details of company

Foreign or domestic companies including corporate trustees

Full name of company or corporate trustee

We require the applicable identification documentation if it has not been provided previously. See page 10 for a list of acceptable identification documents.

What is the nature of the business activity? Please specify below:

☐ Corporate trustee

☐ Other (specify)

What industry does the company operate in?

Details of company (continued)

ACN or reason for exemption

ABN/TFN or reason for exemption

⚠ **It is not compulsory for you to provide your TFN or ABN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN or ABN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes.**

Principal place of office for your business (cannot be a PO Box)

Number and street name

Suburb State Postcode

Country

Registered address (if different from above)

Number and street name

Suburb State Postcode

Country

Contact details

⚠ **At least one contact telephone number and an email address must be provided.**

☐ Cross this box if same as 'Individual 1' in Section 1.1

If different, please complete below.

Email address

Work phone number Home phone number

Mobile phone number

Beneficial owners of company: Please provide details for each shareholder who is beneficially entitled to 25% or more of issued capital in the company. If no shareholder owns more than 25% of the company's shares, please list the persons who directly or indirectly control the company. *Please attach additional pages if there are more than two beneficial owners.*

A. Beneficial owner 1

☐ Cross this box if same as 'Individual 1' in Section 1.1. If different, please complete below.

Title Full given name(s)

Surname Date of birth / /

Residential address (cannot be a PO Box)

Number and street name

Suburb State Postcode

Country

Country of tax residence (if more than one, please specify all)

⚠ ***If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ▶ please complete the 'Macquarie Asset Management FATCA/CRS Self-Certification Form' and return to us with this form. Download the form at macquarie.com/mam/fatca-crs.***

B. Beneficial owner 2

☐ Cross this box if same as 'Individual 2' in Section 1.2. If different, please complete below.

Title Full given name(s)

Surname Date of birth / /

Details of company (continued)

Residential address (cannot be a PO Box)

Number and street name

Suburb State Postcode

Country

Country of tax residence (if more than one, please specify all)

⚠ **If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ▶ *please complete the 'Macquarie Asset Management FATCA/CRS Self-Certification Form' and return to us with this form. Download the form at macquarie.com/mam/fatca-crs.***

Please indicate company type by selecting one of the following:

- ☐ Public listed company ▶ ***go to Section 2.1***
- ☐ Majority owned subsidiary of a listed public company ▶ ***go to Section 2.2***
- ☐ Licensed and subject to the regulatory oversight of a commonwealth, state or territory statutory regulator in relation to its activities as a company ▶ ***go to Section 2.3***
- ☐ Foreign company ▶ ***go to Section 2.4***
- ☐ Proprietary (including corporate trustees). If applying on behalf of a trust ▶ ***go to Section 3***. If not ▶ ***go to Section 4***
- ☐ Unlisted public company ▶ ***go to Section 4***
- ☐ Other (specify) ▶ ***go to Section 4***

2.1 / Public listed company

Name of exchange on which shares are listed

Once complete ▶ ***go to Section 4***

2.2 / Majority owned subsidiary of a listed public company

Name of parent

Exchange of parent listing ACN ABN (if any)

Once complete ▶ ***go to Section 4***

2.3 / Licensed company subject to regulatory oversight

Name of regulator

Regulatory details

Once complete if you are applying on behalf of a trust ▶ ***go to Section 3.*** If not ▶ ***go to Section 4***

2.4 / Foreign company

Please complete the relevant sections below, along with the '*Macquarie Asset Management FATCA/CRS Self-Certification Form',* and return to us with this form. Download the form at macquarie.com/mam/fatca-crs

A. Registered with ASIC

Full registered name ARBN

Name and address of local agent in Australia

Name of agent

Number and street name

Suburb State Postcode

Country

Details of company (continued)

Country of formation/incorporation/registration

Registered address in country of formation

B. Registered by foreign registration body. Please ensure you complete (A) above if you are also registered with ASIC.

Name of foreign registration body

Registration number

Country of formation/incorporation/registration

Registered address in country of formation

Please indicate company type by selecting one of the following:

☐ Private/Proprietary ☐ Public ☐ Other (specify)

C. Not registered by foreign registration body or ASIC

Address of principal place of business in country of formation

Number and street name

Suburb State Postcode

Country

Once complete if you are applying on behalf of a trust ▶ ***go to Section 3.*** If not ▶ ***go to Section 4***

3 Details of trust

To be completed on behalf of regulated superannuation funds (including SMSFs), other unregulated trusts, managed investment schemes and charities.

Full name of trustees and trust/entity

⚠ **We require the applicable identification documentation for the trust if not provided previously. Refer to 'Identification documents' at the back of this form for a list of acceptable identification documents.**

Country in which the trust/entity was established

What is the nature of the business activity? ☐ SMSF

☐ Other (specify)

What industry does the trust operate in?

ABN/TFN or reason for exemption

⚠ **It is not compulsory for you to provide your TFN or ABN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN or ABN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes**

Country of tax residence

⚠ **If the country of tax residence is not Australia ▶ *please complete the 'Macquarie Asset Management FATCA/CRS Self-Certification Form' and return to us with this form. Download the form at macquarie.com/mam/fatca-crs.***

Details of trust (continued)

3.1 / Type of trust

Please indicate trust structure by selecting one of the following:

☐ Trust is registered and subject to domestic regulatory oversight in its activities as a trust (eg SMSF – the regulator is generally the ATO).

Name of regulator

☐ Managed investment scheme registered with ASIC

ARSN

☐ Managed investment scheme which is not registered with ASIC, only has wholesale clients and does not make small scale offerings to which Section 1012E of the Corporations Act 2001 applies

☐ Trust is a government superannuation fund established by legislation

Name of legislation

☐ Other unregulated trust. Specify type of trust

3.2 / Trust beneficiaries

A. Trust beneficiary 1

☐ Cross this box if same as 'Individual 1' in Section 1.1. If different, please complete below.

Name

B. Trust beneficiary 2

☐ Cross this box if same as 'Individual 2' in Section 1.2. If different, please complete below.

Name

▶ ***Please provide the full name of each beneficiary or a description of each class of beneficiaries. If there are more than two beneficiaries, please attach additional pages.***

3.3 / Beneficial owner of trust

⚠ **Required for unregulated trusts only.**

A beneficial owner is the person who controls the activities of the trust.

Please select one of the following:

☐ Cross this box if same as 'Individual 1' in Section 1.1. ☐ Cross this box if same as 'Individual 2' in Section 1.2.

☐ None of the above. Please complete below and provide the required identification documents. Refer to 'Identification documents' at the back of this form for more information.

Title Full given name(s)

Surname Date of birth / /

Residential address (cannot be a PO Box)

Number and street name

Suburb State Postcode

Country

Country of tax residence (if more than one, please specify all)

⚠ **If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ▶** ***please complete the 'Macquarie Asset Management FATCA/CRS Self-Certification Form' and return to us with this form. Download the form at macquarie.com/mam/fatca-crs.***

Details of trust (continued)

3.4 / Settlor of trust

⚠ **Required for unregulated trusts only.**

The settlor is the person who made the initial contribution to the trust.

Please select one of the following:

☐ Cross this box if settlor is deceased.
☐ Cross this box if the initial contribution was less than $10,000.
☐ Cross this box if same as 'Individual 1' in Section 1.1.
☐ Cross this box if same as 'Individual 2' in Section 1.2.
☐ None of the above. Please complete below.

Title | Full given name(s)

Surname

4 Additional information

4.1 What is the purpose of investment? (Select all applicable options)

☐ Savings ☐ Growth ☐ Income ☐ Retirement ☐ Business account
☐ Other (specify)

4.2 Detail the source of your investment amount (Select all applicable options)

☐ Savings ☐ Income ☐ Retirement ☐ Business account
☐ Other (specify)

4.3 Detail the source of your wealth (Select all applicable options)

☐ Ownership of business ☐ Employment ☐ Inheritance ☐ Investments ☐ Sale of property/assets
☐ Other (specify)

5 Update nominated bank accounts

⚠ **Distribution of income and redemption proceeds can only be paid into an account with an Australian financial institution. This account must be in the investor's name. Payment to a third party bank account is not permitted. For example, if you applied as a corporate trustee for a trust, the bank account name must include the name of the trust.**

A. Redemption proceeds

Name of financial institution

Account name

Branch number (BSB) ☐☐☐ – ☐☐☐ Account number

B. Distribution of income

☐ Cross this box if same as nominated redemption bank account details. If different, please complete below.

Name of financial institution

Account name

Branch number (BSB) ☐☐☐ – ☐☐☐ Account number

6 Client acknowledgement

i. I/We will not knowingly do anything to put Macquarie in breach of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) and related rules (**AML/CTF Laws**). I/We will notify Macquarie if I/we are aware of anything that may put Macquarie in breach of
AML/CTF Laws.

ii. If requested, I/we will provide additional information and assistance, and comply with all reasonable requests to facilitate Macquarie's compliance with AML/CTF Laws in Australia or an equivalent overseas jurisdiction.

iii. I/We undertake that I/we are not aware and have no reason to suspect that:
- the money used to fund the investment is derived from or related to:
  - money laundering, terrorism financing or similar activities
  - illegal activities, and
- proceeds of investment made in connection with the Fund will fund illegal activities.

iv. I/We confirm that I/we have provided all information required and that the information is accurate, complete and up to date.

v. I/We agree to personal information about me/us being collected, used and disclosed in accordance with Macquarie's Privacy Policy and the privacy statement in the Information Booklet, including direct marketing.

vi. I/We agree:
- that the representations set out in the preceding paragraph are made by me/us on the date on which I/we sign this Form and on each day thereafter until the termination of the Fund
- to promptly notify Macquarie of any change in circumstance which would cause the representations and warranties set out above to be incorrect or misleading.

vii. If we are a custodian, we confirm that we are authorised by our client to give the undertakings above on behalf of our client.

viii. Other than Macquarie Bank Limited ABN 46 008 583 542 (**Macquarie Bank**), any Macquarie Group entity noted in this material is not an authorised deposit-taking institution for the purposes of the Banking Act 1959 (Commonwealth of Australia). The obligations of these other Macquarie Group entities do not represent deposits or other liabilities of Macquarie Bank. Macquarie Bank does not guarantee or otherwise provide assurance in respect of the obligations of these other Macquarie Group entities. In addition, (a) the investor is subject to investment risk including possible delays in repayment and loss of income and principal invested and (b) none of Macquarie Bank, or any other Macquarie Group entity, guarantees any particular rate of return on or the performance of the investment nor do they guarantee repayment of capital in respect of the investment.

Authorisation 1

Signature

Date / /

Name

Title ☐ Director ☐ Company Secretary ☐ Trustee ☐ Sole Director ☐ Attorney ☐ Other

Authorisation 2

Signature

Date / /

Name

Title ☐ Director ☐ Company Secretary ☐ Trustee ☐ Attorney ☐ Other

Please send the completed form and required certified identification documentation to **mam.clientservice@macquarie.com**.

Identification documents

Type of investor	Documentation required
• **Individual** • **Joint investors** • **Individual trustee** • **Sole trader** • **Beneficial owner**	For each individual, we require **one** of the following: ☐ FSC/FPA form completed by your financial adviser (where applicable) ☐ certified copy of Australian drivers licence ☐ certified copy of Australian passport ☐ certified copy of a card issued under a state or territory law for the purpose of proving a person's age which contains a photograph of the person in whose name the document is issued ☐ certified copy of foreign passport or similar document issued for the purpose of international travel that contains a photograph and the signature of the person in whose name the document is issued.
Foreign company (including corporate trustees) not registered with ASIC	For a **foreign company** (including corporate trustees), we require **one** of the following: ☐ FSC/FPA form completed by your financial adviser (where applicable) ☐ certified copy of a certificate of registration issued by a foreign registration body.
Unregulated trust	For a **trust** (including unregulated trusts, managed investment schemes and charities) we require **one** of the following: ☐ FSC/FPA Form completed by your financial adviser (where applicable) ☐ certified copy of the trust deed or extract of the trust deed (we will only use the trust deed for AML/CTF purposes and will not otherwise review the trust deed) ☐ copy of a notice of assessment issued from the Australian Tax Office within the last 12 months ☐ hand-signed letter from a solicitor or qualified accountant verifying the name of the trust.

How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Document certifiers must be independent from the customer and documents can not be certified by a related party. The date of the certification should be no more than 12 months old at the time you lodge the Form. If the certified documents are dated more than 12 months prior to the date you lodged your Form, we may not be able to proceed with your Form.

Sample wording

I, ***[full name]***, a ***[category of persons listed below]***, certify that this ***[name of document]*** is a true and correct copy of the original.

[Signature and date]

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Who can certify copies of documents?

Financial corporations (bank, building society, credit union)	• Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declarations Regulations 2018 (Cth)) • Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 2018 (Cth)) • Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
Post office	• Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public • Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
JP	• Justice of the Peace
Legal	• Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described) • Judge of a court • Magistrate • Chief executive officer of a Commonwealth court • Registrar or deputy registrar of a court • Notary public (for the purposes of the Statutory Declarations Regulations 2018 (Cth))
Police	• Australian police officer
Diplomatic service	• Australian consular officer • Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))
Accountant	• Accountant who is a fellow of the National Tax Accountants' Association or a member of Chartered Accountants Australia and New Zealand, the Association of Taxation and Management Accountants, CPA Australia or the Institute of Public Accountants
Medical practitioner	• Medical practitioner • Pharmacist • Dentist • Chiropractor • Physiotherapist • Nurse • Occupational therapist • Psychologist • Midwife • Optometrist • Veterinary surgeon
Financial adviser	• Financial adviser or financial planner
Migration agent	• Migration agent registered under Division 3 of Part 3 of the Migration Act 1958 (Cth)